

**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 - Health Underwriters PAC

ADDRESS (number and street)

2000 N. 14th St., Ste. 450

Check if different than previously reported. (ACC)

Arlington

VA

22201

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00283135

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- X July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

04

01

2005

through

06

30

2005

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

07

14

2005

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

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

National Association of Health Underwriters - Health Underwriters PAC

Report Covering the Period: From: ^M04 ^D01 ^Y2005 To: ^M06 ^D30 ^Y2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2005		31016.61
(b) Cash on Hand at Beginning of Reporting Period	31016.61	
(c) Total Receipts (from Line 19)	44014.59	126667.18
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	75031.20	157683.79
<hr/>		
7. Total Disbursements (from Line 31)	77376.90	146481.26
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	-2345.70	11202.53
<hr/>		
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 (Rev. 02/2003)

Page 3

Write or Type Committee Name

National Association of Health Underwriters - Health Underwriters PAC

Report Covering the Period: From: ^M04 ⁻01 ⁻2005 To: ^M06 ⁻30 ⁻2005

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)	22192.00	66456.00
(ii) Unitemized	21822.59	60211.18
(iii) TOTAL (add Lines 11(a)(i) and (ii))	44014.59	126667.18
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	44014.59	126667.18
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	44014.59	126667.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	44014.59	126667.18

DETAILED SUMMARY PAGE

of Disbursements

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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.....	4376.90	14731.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	4376.90	14731.26
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	73000.00	131750.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	77376.90	146481.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	77376.90	146481.26

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	44014.59	126667.18
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	44014.59	126667.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4376.90	14731.26
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4376.90	14731.26

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

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

FOR LINE NUMBER: PAGE 6 / 138
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. MS. Teri Dumas Adams		Date of Receipt M / D / Y Y Y Y 04 / 20 / 2005
Mailing Address PD Box 1290		Transaction ID: 50708.C2794
City Prairieville	State LA	Zip Code 70769-1290
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Strategies	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 160.00	

Full Name (Last, First, Middle Initial) B. MS. Teri Dumas Adams		Date of Receipt M / D / Y Y Y Y 05 / 31 / 2005
Mailing Address PD Box 1290		Transaction ID: 50708.C3173
City Prairieville	State LA	Zip Code 70769-1290
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Strategies	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. MS. Teri Dumas Adams		Date of Receipt M / D / Y Y Y Y 06 / 30 / 2005
Mailing Address PD Box 1290		Transaction ID: 50713.C3908
City Prairieville	State LA	Zip Code 70769-1290
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Strategies	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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

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

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

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

Full Name (Last, First, Middle Initial) A. Keny Aldridge		Date of Receipt M / D / Y 04 / 20 / 2005
Mailing Address 1501 N. Limestone, Suite 100		Transaction ID: 50708.C2923
City Lexington	State KY	Zip Code 40505-3200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer CKBS Insurance Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) B. Keny Aldridge		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 1501 N. Limestone, Suite 100		Transaction ID: 50708.C3320
City Lexington	State KY	Zip Code 40505-3200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer CKBS Insurance Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) C. Keny Aldridge		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 1501 N. Limestone, Suite 100		Transaction ID: 50713.C4030
City Lexington	State KY	Zip Code 40505-3200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer CKBS Insurance Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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)
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FOR LINE NUMBER: PAGE 8 / 138
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MR. Stephen Andersen		Date of Receipt M / D / Y Y Y Y 04 / 04 / 2005
Mailing Address 7431 O Street		Transaction ID: 50708.C2197
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 160.00	

Full Name (Last, First, Middle Initial) B. MR. Stephen Andersen		Date of Receipt M / D / Y Y Y Y 05 / 02 / 2005
Mailing Address 7431 O Street		Transaction ID: 50708.C3379
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. MR. Stephen Andersen		Date of Receipt M / D / Y Y Y Y 06 / 02 / 2005
Mailing Address 7431 O Street		Transaction ID: 50708.C3380
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 138

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. MS. Elizabeth Ashmore		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address 7808 University Avenue, Suite B		Transaction ID: 50708.C2201
City Lubbock	State TX	Zip Code 79423-2128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ashmore Agency Inc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. MS. Elizabeth Ashmore		Date of Receipt M / D / Y 05 / 02 / 2005
Mailing Address 7808 University Avenue, Suite B		Transaction ID: 50708.C3387
City Lubbock	State TX	Zip Code 79423-2128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ashmore Agency Inc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. MS. Elizabeth Ashmore		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 7808 University Avenue, Suite B		Transaction ID: 50708.C3388
City Lubbock	State TX	Zip Code 79423-2128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ashmore Agency Inc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 138

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. MR. David Ayre		Date of Receipt M / D / Y 04 / 20 / 2005
Mailing Address 8340 South 3000 East, # 500		Transaction ID: 50708.C2710
City	State	Zip Code
Salt Lake City	UT	84121-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Intermountain Financial Benefit	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. MR. David Ayre		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 8340 South 3000 East, # 500		Transaction ID: 50708.C3042
City	State	Zip Code
Salt Lake City	UT	84121-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Intermountain Financial Benefit	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. MR. David Ayre		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 8340 South 3000 East, # 500		Transaction ID: 50713.C3727
City	State	Zip Code
Salt Lake City	UT	84121-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Intermountain Financial Benefit	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 138

(check only one)

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

Full Name (Last, First, Middle Initial) A. MR. Thomas Belding		Date of Receipt M / D / Y 04 / 20 / 2005
Mailing Address 10917 Old River Trail		Transaction ID: 50708.C2988
City	State	Zip Code
Edmond	OK	73013-8382
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Professional Reinsurance Marke	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

Full Name (Last, First, Middle Initial) B. MR. Thomas Belding		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 10917 Old River Trail		Transaction ID: 50708.C3341
City	State	Zip Code
Edmond	OK	73013-8382
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Professional Reinsurance Marke	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. MR. Thomas Belding		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 10917 Old River Trail		Transaction ID: 50713.C4011
City	State	Zip Code
Edmond	OK	73013-8382
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Professional Reinsurance Marke	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 138

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. MR. David A Berman		Date of Receipt M / D / Y Y Y Y 04 / 04 / 2005
Mailing Address 851 D N. Shadeland Avenue		Transaction ID: 50708.C2208
City	State	Zip Code
Indianapolis	IN	46220-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Nease Lukens Holding Company, Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 140.00	Receipt

Full Name (Last, First, Middle Initial) B. MR. David A Berman		Date of Receipt M / D / Y Y Y Y 05 / 02 / 2005
Mailing Address 851 D N. Shadeland Avenue		Transaction ID: 50708.C3401
City	State	Zip Code
Indianapolis	IN	46220-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Nease Lukens Holding Company, Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 200.00	Receipt

Full Name (Last, First, Middle Initial) C. MR. David A Berman		Date of Receipt M / D / Y Y Y Y 06 / 02 / 2005
Mailing Address 851 D N. Shadeland Avenue		Transaction ID: 50708.C3402
City	State	Zip Code
Indianapolis	IN	46220-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Nease Lukens Holding Company, Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 280.00	Receipt

SUBTOTAL of Receipts This Page (optional)	180.00
TOTAL This Period (last page this line number only)	

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

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FOR LINE NUMBER: PAGE 13 / 138

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. MR. Andrew Biemat		Date of Receipt M / D / Y 04 / 20 / 2005
Mailing Address 41 Notre Dame Lane		Transaction ID: 50708.C2762
City	State	Zip Code
Utica	NY	13502-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Meridian Group Of New York, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. MR. Andrew Biemat		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 41 Notre Dame Lane		Transaction ID: 50708.C3112
City	State	Zip Code
Utica	NY	13502-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Meridian Group Of New York, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. MR. Andrew Biemat		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 41 Notre Dame Lane		Transaction ID: 50713.C3880
City	State	Zip Code
Utica	NY	13502-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Meridian Group Of New York, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional)	240.00
TOTAL This Period (last page this line number only)	

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ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 14 / 138
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MR. Robert J Bishop		Date of Receipt M / D / Y 04 / 20 / 2005
Mailing Address 2785 East Desert Inn Road, Suite 1		Transaction ID: 50708.C2606
City Las Vegas	State NV	Zip Code 89121-3623
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 84.00
Name of Employer KIA Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

Full Name (Last, First, Middle Initial) B. MR. Robert J Bishop		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 2785 East Desert Inn Road, Suite 1		Transaction ID: 50708.C3077
City Las Vegas	State NV	Zip Code 89121-3623
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 84.00
Name of Employer KIA Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) C. MR. Robert J Bishop		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 2785 East Desert Inn Road, Suite 1		Transaction ID: 50713.C3788
City Las Vegas	State NV	Zip Code 89121-3623
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 84.00
Name of Employer KIA Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

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: PAGE 15 / 138

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. MRS. Tracy Quick Bradford		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address 888 Ridgeway Loop Road, Suite 200		Transaction ID: 50708.C2216
City Memphis	State TN	Zip Code 38120-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Clay & Land Insurance, In- c.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

Full Name (Last, First, Middle Initial) B. MRS. Tracy Quick Bradford		Date of Receipt M / D / Y 04 / 28 / 2005
Mailing Address 888 Ridgeway Loop Road, Suite 200		Transaction ID: 50708.C2641
City Memphis	State TN	Zip Code 38120-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Clay & Land Insurance, In- c.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	

Full Name (Last, First, Middle Initial) C. MRS. Tracy Quick Bradford		Date of Receipt M / D / Y 05 / 02 / 2005
Mailing Address 888 Ridgeway Loop Road, Suite 200		Transaction ID: 50708.C3417
City Memphis	State TN	Zip Code 38120-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Clay & Land Insurance, In- c.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts TN's 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: PAGE 16 / 138
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MRS. Tracy Quick Bradford		Date of Receipt M / D / Y Y Y Y 05 / 31 / 2005
Mailing Address 888 Ridgeway Loop Road, Suite 200		Transaction ID: 50708.C3017
City	State	Zip Code
Memphis	TN	38120-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Clay & Land Insurance, In- c.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00	

Full Name (Last, First, Middle Initial) B. MRS. Tracy Quick Bradford		Date of Receipt M / D / Y Y Y Y 05 / 02 / 2005
Mailing Address 888 Ridgeway Loop Road, Suite 200		Transaction ID: 50708.C3418
City	State	Zip Code
Memphis	TN	38120-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Clay & Land Insurance, In- c.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 530.00	

Full Name (Last, First, Middle Initial) C. MRS. Tracy Quick Bradford		Date of Receipt M / D / Y Y Y Y 05 / 30 / 2005
Mailing Address 888 Ridgeway Loop Road, Suite 200		Transaction ID: 50713.C3745
City	State	Zip Code
Memphis	TN	38120-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Clay & Land Insurance, In- c.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00	

SUBTOTAL of Receipts TN's 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: PAGE 17 / 138
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. MR. Ronald Buffum		Date of Receipt M M / D D / Y Y Y Y 04 / 04 / 2005
Mailing Address 1000 Heritage Center Circle		Transaction ID: 50708.C2219
City	State	Zip Code
Round Rock	TX	78664-4463
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer The Buffum Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) B. MR. Ronald Buffum		Date of Receipt M M / D D / Y Y Y Y 05 / 02 / 2005
Mailing Address 1000 Heritage Center Circle		Transaction ID: 50708.C3423
City	State	Zip Code
Round Rock	TX	78664-4463
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer The Buffum Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. MR. Ronald Buffum		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2005
Mailing Address 1000 Heritage Center Circle		Transaction ID: 50708.C3424
City	State	Zip Code
Round Rock	TX	78664-4463
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer The Buffum Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

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: PAGE 18 / 138
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. D. Bailey Calvin		Date of Receipt M / D / Y Y Y Y 04 / 04 / 2005
Mailing Address PD Box 101422		Transaction ID: 50708.C2223
City	State	Zip Code
Anchorage	AK	99510-1422
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Calco, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 160.00	

Full Name (Last, First, Middle Initial) B. D. Bailey Calvin		Date of Receipt M / D / Y Y Y Y 05 / 02 / 2005
Mailing Address PD Box 101422		Transaction ID: 50708.C3431
City	State	Zip Code
Anchorage	AK	99510-1422
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Calco, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. D. Bailey Calvin		Date of Receipt M / D / Y Y Y Y 06 / 02 / 2005
Mailing Address PD Box 101422		Transaction ID: 50708.C3432
City	State	Zip Code
Anchorage	AK	99510-1422
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Calco, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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: PAGE 10 / 138
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. Mr. Russell B Childers, JR		Date of Receipt M / D / Y Y Y Y 04 / 04 / 2005
Mailing Address PD Box 1547		Transaction ID: 50708.C2298
City	State	Zip Code
Americus	GA	31709-1547
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Russ B. Childers, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 155.00	

Full Name (Last, First, Middle Initial) B. Mr. Russell B Childers, JR		Date of Receipt M / D / Y Y Y Y 05 / 02 / 2005
Mailing Address PD Box 1547		Transaction ID: 50708.C2298
City	State	Zip Code
Americus	GA	31709-1547
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Russ B. Childers, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

Full Name (Last, First, Middle Initial) C. Mr. Russell B Childers, JR		Date of Receipt M / D / Y Y Y Y 06 / 02 / 2005
Mailing Address PD Box 1547		Transaction ID: 50708.C3440
City	State	Zip Code
Americus	GA	31709-1547
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Russ B. Childers, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

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 20 / 138

(check only one)

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

Full Name (Last, First, Middle Initial) A. MS. Dorothy Cociu		Date of Receipt M / D / Y 04 / 20 / 2005
Mailing Address PD Box 1941		Transaction ID: 50708.C2722
City Big Bear Lake	State CA	Zip Code 92315-1941
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Advanced Benefit Consulting & Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 320.00	Receipt

Full Name (Last, First, Middle Initial) B. MS. Dorothy Cociu		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address PD Box 1941		Transaction ID: 50708.C3094
City Big Bear Lake	State CA	Zip Code 92315-1941
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Advanced Benefit Consulting & Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 400.00	Receipt

Full Name (Last, First, Middle Initial) C. MS. Dorothy Cociu		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address PD Box 1941		Transaction ID: 50713.C3813
City Big Bear Lake	State CA	Zip Code 92315-1941
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Advanced Benefit Consulting & Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 480.00	Receipt

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: PAGE 21 / 138
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MS. Susan Cook		Date of Receipt M / D / Y 04 / 20 / 2005
Mailing Address 3495 Piedmont Road, NE 9 Piedmont Center		Transaction ID: 50708.C2998
City Atlanta	State GA	Zip Code 30305-1773
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Kaiser Permanente	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

Full Name (Last, First, Middle Initial) B. MS. Susan Cook		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 3495 Piedmont Road, NE 9 Piedmont Center		Transaction ID: 50708.C3273
City Atlanta	State GA	Zip Code 30305-1773
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Kaiser Permanente	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

Full Name (Last, First, Middle Initial) C. MS. Susan Cook		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 3495 Piedmont Road, NE 9 Piedmont Center		Transaction ID: 50713.C3983
City Atlanta	State GA	Zip Code 30305-1773
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Kaiser Permanente	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

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: PAGE 22 / 138
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MS. Carolyn Cook-Corner		Date of Receipt M / D / Y 05 / 23 / 2005
Mailing Address 169 Yankee Paradise Road		Transaction ID: 50708.C2702
City Hazlehurst	State GA	Zip Code 31539-5711
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Cook Insurance Agency, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) B. MS. Carol Cutler		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address 624 Griffin Road, Suite B		Transaction ID: 50708.C2904
City Indianapolis	State IN	Zip Code 46227-8504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Design Strategies, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

Full Name (Last, First, Middle Initial) C. MS. Carol Cutler		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 624 Griffin Road, Suite B		Transaction ID: 50708.C3293
City Indianapolis	State IN	Zip Code 46227-8504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Design Strategies, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	280.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 23 / 138
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MS. Carol Cutter		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 824 Griffin Road, Suite B		Transaction ID: 50713.C4061
City Indianapolis	State IN	Zip Code 46227-8504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Design Strategies, Inc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. MR. Christopher Delorey		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address 150 Wells Avenue		Transaction ID: 50708.C2960
City Newton	State MA	Zip Code 02459-3302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Telamon Insurance Network	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. MR. Christopher Delorey		Date of Receipt M / D / Y 08 / 30 / 2005
Mailing Address 150 Wells Avenue		Transaction ID: 50713.C3925
City Newton	State MA	Zip Code 02459-3302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Telamon Insurance Network	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional)	▶	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: PAGE 24 / 138
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MR. Rush David Dixon		Date of Receipt M / D / Y 04 / 20 / 2005
Mailing Address 1375 Piccard Drive		Transaction ID: 50708.C2958
City	State	Zip Code
Rockville	MD	20850-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Early Cassidy and Schilling	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. MR. Rush David Dixon		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 1375 Piccard Drive		Transaction ID: 50708.C3268
City	State	Zip Code
Rockville	MD	20850-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Early Cassidy and Schilling	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. MR. Rush David Dixon		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 1375 Piccard Drive		Transaction ID: 50713.C3947
City	State	Zip Code
Rockville	MD	20850-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Early Cassidy and Schilling	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

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: PAGE 25 / 138
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. MR. Steve Dodder		Date of Receipt M / D / Y 04 / 20 / 2005
Mailing Address PD Box 2069		Transaction ID: 50708.C2792
City Monument	State CO	Zip Code 80132-2069
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Time Insurance/Assurant Health Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 200.00	Receipt

Full Name (Last, First, Middle Initial) B. MR. Steve Dodder		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address PD Box 2069		Transaction ID: 50708.C3136
City Monument	State CO	Zip Code 80132-2069
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Time Insurance/Assurant Health Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 250.00	Receipt

Full Name (Last, First, Middle Initial) C. MR. Steve Dodder		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address PD Box 2069		Transaction ID: 50713.C3871
City Monument	State CO	Zip Code 80132-2069
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Time Insurance/Assurant Health Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 300.00	Receipt

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: PAGE 26 / 138

(check only one)

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

Full Name (Last, First, Middle Initial) A. MR. Eugene Ebersole		Date of Receipt M / D / Y Y Y Y 04 / 04 / 2005
Mailing Address 405 Gretna Boulevard, Suite 103-A		Transaction ID: 50708.C2273
City Gretna	State LA	Zip Code 70053-4800
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Ebersole & Associates, In- c. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 160.00	Receipt

Full Name (Last, First, Middle Initial) B. MR. Eugene Ebersole		Date of Receipt M / D / Y Y Y Y 05 / 02 / 2005
Mailing Address 405 Gretna Boulevard, Suite 103-A		Transaction ID: 50708.C2274
City Gretna	State LA	Zip Code 70053-4800
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Ebersole & Associates, In- c. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 200.00	Receipt

Full Name (Last, First, Middle Initial) C. MR. Eugene Ebersole		Date of Receipt M / D / Y Y Y Y 06 / 02 / 2005
Mailing Address 405 Gretna Boulevard, Suite 103-A		Transaction ID: 50708.C3458
City Gretna	State LA	Zip Code 70053-4800
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Ebersole & Associates, In- c. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 240.00	Receipt

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: PAGE 27 / 138
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. MR. Thomas M Evans		Date of Receipt M M / D D / Y Y Y Y 04 / 04 / 2005
Mailing Address 2717 North 118th Circle, Suite 300		Transaction ID: 50708.C2281
City Omaha	State NE	Zip Code 68164-9684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer United Healthcare of the Mids	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. MR. Thomas M Evans		Date of Receipt M M / D D / Y Y Y Y 05 / 02 / 2005
Mailing Address 2717 North 118th Circle, Suite 300		Transaction ID: 50708.C2282
City Omaha	State NE	Zip Code 68164-9684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer United Healthcare of the Mids	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) C. MR. Thomas M Evans		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2005
Mailing Address 2717 North 118th Circle, Suite 300		Transaction ID: 50708.C3482
City Omaha	State NE	Zip Code 68164-9684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer United Healthcare of the Mids	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

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: PAGE 28 / 138

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. MR. David Fear		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address 11180 Sun Center Drive, Suite A		Transaction ID: 50708.C2285
City Rancho Cordova	State CA	Zip Code 95670-6121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer CIMS Strategic Distributi- on DI	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. MR. David Fear		Date of Receipt M / D / Y 05 / 02 / 2005
Mailing Address 11180 Sun Center Drive, Suite A		Transaction ID: 50708.C2286
City Rancho Cordova	State CA	Zip Code 95670-6121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer CIMS Strategic Distributi- on DI	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) C. MR. David Fear		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 11180 Sun Center Drive, Suite A		Transaction ID: 50708.C3484
City Rancho Cordova	State CA	Zip Code 95670-6121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer CIMS Strategic Distributi- on DI	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	

SUBTOTAL of Receipts This Page (optional)	165.00
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 28 / 138
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MS. Linda Friedrich		Date of Receipt M / D / Y Y Y Y 04 / 04 / 2005
Mailing Address PD Box 30275		Transaction ID: 50708.C2291
City Lincoln	State NE	Zip Code 68503-0275
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer UNICO Financial Services, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) B. MS. Linda Friedrich		Date of Receipt M / D / Y Y Y Y 05 / 02 / 2005
Mailing Address PD Box 30275		Transaction ID: 50708.C2292
City Lincoln	State NE	Zip Code 68503-0275
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer UNICO Financial Services, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. MS. Linda Friedrich		Date of Receipt M / D / Y Y Y Y 06 / 02 / 2005
Mailing Address PD Box 30275		Transaction ID: 50708.C3487
City Lincoln	State NE	Zip Code 68503-0275
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer UNICO Financial Services, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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: PAGE 30 / 138
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. MR. Bruce Gardner		Date of Receipt M / D / Y Y Y Y 04 / 04 / 2005
Mailing Address 1502 West Avenue		Transaction ID: 50708.C2297
City Austin	State TX	Zip Code 78701-1561
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Bruce Gardner Insurance & Inve	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. MR. Bruce Gardner		Date of Receipt M / D / Y Y Y Y 05 / 02 / 2005
Mailing Address 1502 West Avenue		Transaction ID: 50708.C2298
City Austin	State TX	Zip Code 78701-1561
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Bruce Gardner Insurance & Inve	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. MR. Bruce Gardner		Date of Receipt M / D / Y Y Y Y 06 / 02 / 2005
Mailing Address 1502 West Avenue		Transaction ID: 50708.C3470
City Austin	State TX	Zip Code 78701-1561
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Bruce Gardner Insurance & Inve	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

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: PAGE 31 / 138

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. MR. Charles Gartin		Date of Receipt M / D / Y 04 / 20 / 2005
Mailing Address PD Box 1288		Transaction ID: 50708.C2900
City Toms River	State NJ	Zip Code 08754-1288
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer BenefitPort, LLC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. MR. Charles Gartin		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address PD Box 1288		Transaction ID: 50708.C3289
City Toms River	State NJ	Zip Code 08754-1288
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer BenefitPort, LLC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. MR. Charles Gartin		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address PD Box 1288		Transaction ID: 50713.C3939
City Toms River	State NJ	Zip Code 08754-1288
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer BenefitPort, LLC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

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: PAGE 32 / 138
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MR. Gerard Gershonowitz		Date of Receipt M / D / Y 04 / 20 / 2005
Mailing Address 980 Broadway, Suite 808		Transaction ID: 50708.C2669
City Thomwood	State NY	Zip Code 10594-1139
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Morrell Consulting Group, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

Full Name (Last, First, Middle Initial) B. MR. Gerard Gershonowitz		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 980 Broadway, Suite 808		Transaction ID: 50708.C3098
City Thomwood	State NY	Zip Code 10594-1139
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Morrell Consulting Group, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. MR. Gerard Gershonowitz		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 980 Broadway, Suite 808		Transaction ID: 50713.C3770
City Thomwood	State NY	Zip Code 10594-1139
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Morrell Consulting Group, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 395.00	

SUBTOTAL of Receipts This Page (optional)	225.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 33 / 138

(check only one)

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

Full Name (Last, First, Middle Initial) A. MS. Patrice Goldfarb		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address 301 Madison Avenue, 4th Floor		Transaction ID: 50708.C2303
City New York	State NY	Zip Code 10017-8103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Medical Link	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	

Full Name (Last, First, Middle Initial) B. MS. Patrice Goldfarb		Date of Receipt M / D / Y 04 / 28 / 2005
Mailing Address 301 Madison Avenue, 4th Floor		Transaction ID: 50708.C2835
City New York	State NY	Zip Code 10017-8103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Medical Link	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. MS. Patrice Goldfarb		Date of Receipt M / D / Y 05 / 02 / 2005
Mailing Address 301 Madison Avenue, 4th Floor		Transaction ID: 50708.C2304
City New York	State NY	Zip Code 10017-8103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Medical Link	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

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)
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Detailed Summary Page

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(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MS. Patrice Goldfarb		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 301 Madison Avenue, 4th Floor		Transaction ID: 50708.C3199
City New York	State NY	Zip Code 10017-8103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Medical Link	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 395.00	

Full Name (Last, First, Middle Initial) B. MS. Patrice Goldfarb		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 301 Madison Avenue, 4th Floor		Transaction ID: 50708.C3473
City New York	State NY	Zip Code 10017-8103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Medical Link	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 445.00	

Full Name (Last, First, Middle Initial) C. MS. Patrice Goldfarb		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 301 Madison Avenue, 4th Floor		Transaction ID: 50713.C3902
City New York	State NY	Zip Code 10017-8103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Medical Link	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 470.00	

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
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FOR LINE NUMBER: PAGE 35 / 138
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MR. Michael Goss		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address 2141 Airport Way, #100		Transaction ID: 50708.C2307
City Boise	State ID	Zip Code 83705-5198
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Myriad	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. MR. Michael Goss		Date of Receipt M / D / Y 05 / 02 / 2005
Mailing Address 2141 Airport Way, #100		Transaction ID: 50708.C2308
City Boise	State ID	Zip Code 83705-5198
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Myriad	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. MR. Michael Goss		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 2141 Airport Way, #100		Transaction ID: 50708.C3475
City Boise	State ID	Zip Code 83705-5198
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Myriad	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

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: PAGE 36 / 138
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MR. Michael Gray		Date of Receipt M / D / Y Y Y Y 04 / 04 / 2005
Mailing Address 233 S 13th St Ste. 1500		Transaction ID: 50708.C2311
City Lincoln	State NE	Zip Code 68508-2015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Harry A. Koch Company Co.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

Full Name (Last, First, Middle Initial) B. MR. Michael Gray		Date of Receipt M / D / Y Y Y Y 05 / 02 / 2005
Mailing Address 233 S 13th St Ste. 1500		Transaction ID: 50708.C2312
City Lincoln	State NE	Zip Code 68508-2015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Harry A. Koch Company Co.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	

Full Name (Last, First, Middle Initial) C. MR. Michael Gray		Date of Receipt M / D / Y Y Y Y 06 / 02 / 2005
Mailing Address 233 S 13th St Ste. 1500		Transaction ID: 50708.C3477
City Lincoln	State NE	Zip Code 68508-2015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Harry A. Koch Company Co.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1240.00	

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 37 / 138

(check only one)

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

Full Name (Last, First, Middle Initial) A. MR. Stephen Grim		Date of Receipt M / D / Y Y Y Y 04 / 20 / 2005
Mailing Address P O Box 1105		Transaction ID: 50708.C2772
City	State	Zip Code
Virginia Beach	VA	23451-0105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Mid-Atlantic Agency, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. MR. Stephen Grim		Date of Receipt M / D / Y Y Y Y 05 / 31 / 2005
Mailing Address P O Box 1105		Transaction ID: 50708.C3171
City	State	Zip Code
Virginia Beach	VA	23451-0105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Mid-Atlantic Agency, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. MR. Stephen Grim		Date of Receipt M / D / Y Y Y Y 06 / 30 / 2005
Mailing Address P O Box 1105		Transaction ID: 50713.C3883
City	State	Zip Code
Virginia Beach	VA	23451-0105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Mid-Atlantic Agency, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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: PAGE 38 / 138
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. Cristy Russell Gupton		Date of Receipt M / D / Y 04 / 22 / 2005
Mailing Address 357 Sanford Drive		Transaction ID: 50708.C2675
City Morganton	State NC	Zip Code 28655-2555
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.00
Name of Employer Flexible Benefit Management	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 170.00	

Full Name (Last, First, Middle Initial) B. Cristy Russell Gupton		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address 357 Sanford Drive		Transaction ID: 50708.C2686
City Morganton	State NC	Zip Code 28655-2555
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Flexible Benefit Management	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Cristy Russell Gupton		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 357 Sanford Drive		Transaction ID: 50708.C3240
City Morganton	State NC	Zip Code 28655-2555
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Flexible Benefit Management	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

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: PAGE 38 / 138
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. Cristy Russell Gupton		Date of Receipt MM / DD / YYYY 06 / 30 / 2005
Mailing Address 357 Sanford Drive		Transaction ID: 50713.C3992
City	State	Zip Code
Morganton	NC	28655-2555
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Flexible Benefit Management	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. MR. Michael A Gussott		Date of Receipt MM / DD / YYYY 05 / 31 / 2005
Mailing Address 500 East Swedesford Road, Suite 30		Transaction ID: 50708.C3126
City	State	Zip Code
Wayne	PA	19087-1614
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Kistler Tiffany Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. MR. Michael A Gussott		Date of Receipt MM / DD / YYYY 06 / 30 / 2005
Mailing Address 500 East Swedesford Road, Suite 30		Transaction ID: 50713.C3873
City	State	Zip Code
Wayne	PA	19087-1614
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Kistler Tiffany Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional)	210.00
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 40 / 138

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. MR. Christopher Harrison		Date of Receipt M / D / Y Y Y Y 04 / 20 / 2005
Mailing Address 921-C South McPherson Church Road		Transaction ID: 50708.C3002
City	State	Zip Code
Fayetteville	NC	28303-5368
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Ebenconcepts Company	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) B. MR. Christopher Harrison		Date of Receipt M / D / Y Y Y Y 05 / 31 / 2005
Mailing Address 921-C South McPherson Church Road		Transaction ID: 50708.C3277
City	State	Zip Code
Fayetteville	NC	28303-5368
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Ebenconcepts Company	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. MR. Christopher Harrison		Date of Receipt M / D / Y Y Y Y 06 / 30 / 2005
Mailing Address 921-C South McPherson Church Road		Transaction ID: 50713.C3987
City	State	Zip Code
Fayetteville	NC	28303-5368
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Ebenconcepts Company	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

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: PAGE 41 / 138

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. MR. Thomas Harte		Date of Receipt M / D / Y 04 / 20 / 2005
Mailing Address 20 Mary E. Clark Drive,#10		Transaction ID: 50708.C2991
City Hampstead	State NH	Zip Code 03841-2292
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Landmark Benefits, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) B. MR. Thomas Harte		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 20 Mary E. Clark Drive,#10		Transaction ID: 50708.C3284
City Hampstead	State NH	Zip Code 03841-2292
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Landmark Benefits, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. MR. Thomas Harte		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 20 Mary E. Clark Drive,#10		Transaction ID: 50713.C4088
City Hampstead	State NH	Zip Code 03841-2292
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Landmark Benefits, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

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: PAGE 42 / 138

(check only one)

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

Full Name (Last, First, Middle Initial) A. MR. Gerald G Hartman		Date of Receipt M / D / Y 04 / 22 / 2005
Mailing Address PD Box 5716		Transaction ID: 50708.C2673
City Boise	State ID	Zip Code 83705-0716
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Insurance Network America Inc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 530.00	

Full Name (Last, First, Middle Initial) B. MR. Gerald G Hartman		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address PD Box 5716		Transaction ID: 50708.C3004
City Boise	State ID	Zip Code 83705-0716
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Insurance Network America Inc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 545.00	

Full Name (Last, First, Middle Initial) C. MR. Gerald G Hartman		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address PD Box 5716		Transaction ID: 50708.C3333
City Boise	State ID	Zip Code 83705-0716
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Insurance Network America Inc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

SUBTOTAL of Receipts This Page (optional)	▶	530.00
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 43 / 138

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. MR. Gerald G Hartman		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address PD Box 5716		Transaction ID: 50713.C4009
City Boise	State ID	Zip Code 83705-0716
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Insurance Network America Inc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

Full Name (Last, First, Middle Initial) B. MS. Lisa Helman		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address 3800 Mansell Road, # 375		Transaction ID: 50708.C2333
City Alpharetta	State GA	Zip Code 30022-3094
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Cobbs, Allen & Hall	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. MS. Lisa Helman		Date of Receipt M / D / Y 05 / 02 / 2005
Mailing Address 3800 Mansell Road, # 375		Transaction ID: 50708.C2334
City Alpharetta	State GA	Zip Code 30022-3094
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Cobbs, Allen & Hall	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	▶	55.00
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 44 / 138
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MS. Lisa Helman		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 3800 Mansell Road, # 375		Transaction ID: 50708.C3488
City Alpharetta	State GA	Zip Code 30022-3094
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Cobbs, Allen & Hall	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. MR. Timothy Handrick		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address 4200 East Skelly Drive, Suite 251		Transaction ID: 50708.C2335
City Tulsa	State OK	Zip Code 74135-3206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Business Planning Group Of OK	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. MR. Timothy Handrick		Date of Receipt M / D / Y 05 / 02 / 2005
Mailing Address 4200 East Skelly Drive, Suite 251		Transaction ID: 50708.C2336
City Tulsa	State OK	Zip Code 74135-3206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Business Planning Group Of OK	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	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: PAGE 45 / 138

(check only one)

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

Full Name (Last, First, Middle Initial) A. MR. Timothy Hendricks		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 4200 East Skelly Drive, Suite 251		Transaction ID: 50708.C3489
City Tulsa	State OK	Zip Code 74135-3206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Business Planning Group Of OK	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Jaime Hernandez		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address 804 S. Bel Aire Drive		Transaction ID: 50708.C2604
City Burbank	State CA	Zip Code 91501-1522
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Jardez Financial & Insurance I	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. Jaime Hernandez		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 804 S. Bel Aire Drive		Transaction ID: 50708.C3101
City Burbank	State CA	Zip Code 91501-1522
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Jardez Financial & Insurance I	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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: PAGE 46 / 138
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. Jaime Hernandez		Date of Receipt MM / DD / YYYY 06 / 30 / 2005
Mailing Address 804 S. Bel Aire Drive		Transaction ID: 50713.C3786
City	State	Zip Code
Burbank	CA	91501-1522
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Jardaz Financial & Insurance I	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. MS. Donna Hill		Date of Receipt MM / DD / YYYY 04 / 04 / 2005
Mailing Address PO Box 724		Transaction ID: 50708.C2345
City	State	Zip Code
Snellville	GA	30078-0724
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer DDH Associates, LLC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. MS. Donna Hill		Date of Receipt MM / DD / YYYY 05 / 02 / 2005
Mailing Address PO Box 724		Transaction ID: 50708.C2346
City	State	Zip Code
Snellville	GA	30078-0724
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer DDH Associates, LLC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 47 / 138

(check only one)

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

Full Name (Last, First, Middle Initial) A. MS. Donna Hill		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address PD Box 724		Transaction ID: 50708.C3494
City Snellville	State GA	Zip Code 30078-0724
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer DDH Associates, LLC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. MR. Richard L Hill		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address 4435 O Street P.O. Box 30275		Transaction ID: 50708.C2347
City Lincoln	State NE	Zip Code 68510-1842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer UNICO Financial Services, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. MR. Richard L Hill		Date of Receipt M / D / Y 05 / 02 / 2005
Mailing Address 4435 O Street P.O. Box 30275		Transaction ID: 50708.C2348
City Lincoln	State NE	Zip Code 68510-1842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer UNICO Financial Services, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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 48 / 138

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. MR. Richard L Hill		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 4435 O Street P.O. Box 30275		Transaction ID: 50708.C3495
City Lincoln	State NE	Zip Code 68510-1842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer UNICO Financial Services, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. Danisa Hopper		Date of Receipt M / D / Y 04 / 28 / 2005
Mailing Address 6400 Fairview Road		Transaction ID: 50708.C2804
City Charlotte	State NC	Zip Code 28210-3237
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Cameron M. Harris & Co.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

Full Name (Last, First, Middle Initial) C. Danisa Hopper		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 6400 Fairview Road		Transaction ID: 50708.C3204
City Charlotte	State NC	Zip Code 28210-3237
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Cameron M. Harris & Co.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

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: PAGE 48 / 138
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. Denise Hopper		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 8400 Fairview Road		Transaction ID: 50713.C3892
City	State	Zip Code
Charlotte	NC	28210-3237
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Cameron M. Harris & Co.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. MR. Robert Huffaker		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address PO Box 6217		Transaction ID: 50708.C2935
City	State	Zip Code
Chattanooga	TN	37401-6217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Huffaker & Associates Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) C. MR. Robert Huffaker		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address PO Box 6217		Transaction ID: 50708.C3340
City	State	Zip Code
Chattanooga	TN	37401-6217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Huffaker & Associates Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts TN's 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 50 / 138
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. MR. Robert Huffaker		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address PD Box 6217		Transaction ID: 50713.C4006
City Chattanooga	State TN	Zip Code 37401-6217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Huffaker & Associates Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

Full Name (Last, First, Middle Initial) B. MR. David S Johnson		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address P. O. Box 871129		Transaction ID: 50708.C2618
City Stone Mountain	State GA	Zip Code 30087-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer David S. Johnson Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. MR. David S Johnson		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address P. O. Box 871129		Transaction ID: 50708.C3102
City Stone Mountain	State GA	Zip Code 30087-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer David S. Johnson Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts TN's Page (optional)	190.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 51 / 138
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. MR. David S Johnson		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address P. O. Box 871129		Transaction ID: 50713.C3805
City Stone Mountain	State GA	Zip Code 30087-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer David S. Johnson Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. MS. Suzanne Johnson		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address 6235 Morrison Boulevard, Suite 302		Transaction ID: 50708.C2375
City Charlotte	State NC	Zip Code 28211-3508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Strategic Employees Benefit Ser	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

Full Name (Last, First, Middle Initial) C. MS. Suzanne Johnson		Date of Receipt M / D / Y 05 / 02 / 2005
Mailing Address 6235 Morrison Boulevard, Suite 302		Transaction ID: 50708.C2376
City Charlotte	State NC	Zip Code 28211-3508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Strategic Employee Benefit Ser	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 190.00	

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: PAGE 52 / 138
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. MS. Suzanne Johnson		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 8235 Morrison Boulevard, Suite 302		Transaction ID: 50708.C3508
City Charlotte	State NC	Zip Code 28211-3508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Strategic Employee Benefit Ser	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) B. MR. Randy Joppie		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address 8868 Blue Hummingbird Way		Transaction ID: 50708.C2808
City Belding	State MI	Zip Code 48809-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Collins & Associates Corp- orat	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) C. MR. Randy Joppie		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 8868 Blue Hummingbird Way		Transaction ID: 50708.C3205
City Belding	State MI	Zip Code 48809-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Collins & Associates Corp- orat	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

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: PAGE 53 / 138

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. MR. Randy Joppie		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 888B Blue Hummingbird Way		Transaction ID: 50713.C3894
City	State	Zip Code
Belding	MI	48809-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Collins & Associates Corp- orati	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

Full Name (Last, First, Middle Initial) B. MR. Lary Kaczmarek		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address 2833 State Route 59, Suite B		Transaction ID: 50708.C2385
City	State	Zip Code
Ravenna	OH	44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Servi- ces,	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) C. MR. Lary Kaczmarek		Date of Receipt M / D / Y 05 / 02 / 2005
Mailing Address 2833 State Route 59, Suite B		Transaction ID: 50708.C2386
City	State	Zip Code
Ravenna	OH	44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Servi- ces,	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

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: PAGE 54 / 138

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. MR. Lary Kaczmarek		Date of Receipt M / D / Y Y Y Y 06 / 02 / 2005
Mailing Address 2833 State Route 59, Suite B		Transaction ID: 50708.C3513
City	State	Zip Code
Ravenna	OH	44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Services, Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 620.00	Receipt

Full Name (Last, First, Middle Initial) B. MS. T. Darlene Kaczmarek		Date of Receipt M / D / Y Y Y Y 04 / 04 / 2005
Mailing Address 2833 State Route 59, Suite B		Transaction ID: 50708.C2387
City	State	Zip Code
Ravenna	OH	44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Services, Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 580.00	Receipt

Full Name (Last, First, Middle Initial) C. MS. T. Darlene Kaczmarek		Date of Receipt M / D / Y Y Y Y 05 / 02 / 2005
Mailing Address 2833 State Route 59, Suite B		Transaction ID: 50708.C2388
City	State	Zip Code
Ravenna	OH	44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Services, Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 680.00	Receipt

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: PAGE 55 / 138

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. MS. T. Darlene Kaczmarek		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 2833 State Route 5B, Suite B		Transaction ID: 50708.C3514
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	

Full Name (Last, First, Middle Initial) B. Thomas Kaufman		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address 1875 Willow St Ste. P		Transaction ID: 50708.C2771
City San Jose	State CA	Zip Code 95125-5107
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer BCI Insurance Services Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) C. Thomas Kaufman		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 1875 Willow St Ste. P		Transaction ID: 50708.C3156
City San Jose	State CA	Zip Code 95125-5107
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer BCI Insurance Services Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

SUBTOTAL of Receipts This Page (optional)	270.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 66 / 138
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. Thomas Kaufman		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 1875 Willow St Ste. P		Transaction ID: 50713.C3862
City San Jose	State CA	Zip Code 95125-5107
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer BCI Insurance Services In- c.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) B. MR. Mark Kennedy		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address 1173 Brittmoores Road		Transaction ID: 50708.C2616
City Houston	State TX	Zip Code 77043-5003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Benefit Concepts Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. MR. Mark Kennedy		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 1173 Brittmoores Road		Transaction ID: 50708.C3086
City Houston	State TX	Zip Code 77043-5003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Benefit Concepts Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	245.00
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 57 / 138

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. MR. Mark Kennedy		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 1173 Brittnoare Road		Transaction ID: 50713.C3815
City	State	Zip Code
Houston	TX	77043-5003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Benefit Concepts Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) B. MR. Michael Kelian		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address PO Box 45279		Transaction ID: 50708.C2383
City	State	Zip Code
Omaha	NE	68145-0279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer The Harry A. Koch Company	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. MR. Michael Kelian		Date of Receipt M / D / Y 05 / 02 / 2005
Mailing Address PO Box 45279		Transaction ID: 50708.C2394
City	State	Zip Code
Omaha	NE	68145-0279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer The Harry A. Koch Company	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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: PAGE 58 / 138

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. MR. Michael Kielian		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address PD Box 45279		Transaction ID: 50708.C3517
City Omaha	State NE	Zip Code 68145-0279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer The Harry A. Koch Company	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) B. MR. Ross Kraft		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address 41 Notre Dame Lane		Transaction ID: 50708.C2724
City Utica	State NY	Zip Code 13502-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Meridian Group Of New York, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. MR. Ross Kraft		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 41 Notre Dame Lane		Transaction ID: 50708.C3038
City Utica	State NY	Zip Code 13502-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Meridian Group Of New York, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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: PAGE 58 / 138

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. MR. Ross Kraft		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 41 Notre Dame Lane		Transaction ID: 50713.C3758
City	State	Zip Code
Utica	NY	13502-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Meridian Group Of New York, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) B. MS. Mary Kramer		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address 2837 South 158th Plaza, Suite 200		Transaction ID: 50708.C2395
City	State	Zip Code
Omaha	NE	68130-1769
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Holmes Murphy and Associates,	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

Full Name (Last, First, Middle Initial) C. MS. Mary Kramer		Date of Receipt M / D / Y 05 / 02 / 2005
Mailing Address 2837 South 158th Plaza, Suite 200		Transaction ID: 50708.C2396
City	State	Zip Code
Omaha	NE	68130-1769
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Holmes Murphy and Associates,	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

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: PAGE 60 / 138

(check only one)

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

Full Name (Last, First, Middle Initial) A. MS. Mary Kramer		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 2837 South 158th Plaza, Suite 200		Transaction ID: 50708.C3518
City Omaha	State NE	Zip Code 68130-1769
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Holmes Murphy and Associates	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. MR. Brian Leshly		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address 120 East Washington Street		Transaction ID: 50708.C2402
City Plymouth	State IN	Zip Code 46563-1744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer KL Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. MR. Brian Leshly		Date of Receipt M / D / Y 05 / 02 / 2005
Mailing Address 120 East Washington Street		Transaction ID: 50708.C2403
City Plymouth	State IN	Zip Code 46563-1744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer KL Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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: PAGE 61 / 138

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. MR. Brian Liechty		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 120 East Washington Street		Transaction ID: 50708.C3521
City Plymouth	State IN	Zip Code 46563-1744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer KL Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) B. MS. Cheryl Lombardi		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address 1331 North California Blvd, Ste 30		Transaction ID: 50708.C2660
City Walnut Creek	State CA	Zip Code 94596-4536
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Claremont Insurance Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) C. MS. Cheryl Lombardi		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 1331 North California Blvd, Ste 30		Transaction ID: 50708.C3058
City Walnut Creek	State CA	Zip Code 94596-4536
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Claremont Insurance Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

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: PAGE 62 / 138
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. MS. Cheryl Lombardi		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 1331 North California Blvd, Ste 30		Transaction ID: 50713.C3759
City State Zip Code Walnut Creek CA 94596-4536	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 80.00
Name of Employer Claremont Insurance Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. MR. Maurice Lyons		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 301 Madison Avenue, 4th Floor		Transaction ID: 50708.C3030
City State Zip Code New York NY 10017-8103	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 80.00
Name of Employer The Medical Link Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. MS. Linda Mackey		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address PO Box 1001		Transaction ID: 50708.C2778
City State Zip Code Tyrone GA 30290-1001	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10.00
Name of Employer Linda Mackey Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

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: PAGE 63 / 138

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. MS. Linda Mackey		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address PD Box 1001		Transaction ID: 50708.C3115
City Tyrone	State GA	Zip Code 30290-1001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Linda Mackey Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. MS. Linda Mackey		Date of Receipt M / D / Y 05 / 30 / 2005
Mailing Address PD Box 1001		Transaction ID: 50713.C3826
City Tyrone	State GA	Zip Code 30290-1001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Linda Mackey Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. MR. Dale Misoney		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address 125 South Swoope Avenue Suite 210		Transaction ID: 50708.C2625
City Maitland	State FL	Zip Code 32751-5784
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Benefits Division, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

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: PAGE 64 / 138

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. MR. Dale Maloney		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 125 South Swoope Avenue Suite 210		Transaction ID: 50708.C9023
City Maitland	State FL	Zip Code 32751-5784
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Benefits Division, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

Full Name (Last, First, Middle Initial) B. MR. Dale Maloney		Date of Receipt M / D / Y 05 / 30 / 2005
Mailing Address 125 South Swoope Avenue Suite 210		Transaction ID: 50713.C9794
City Maitland	State FL	Zip Code 32751-5784
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Benefits Division, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

Full Name (Last, First, Middle Initial) C. MS. Carol Matznick		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address PO Box 35905		Transaction ID: 50708.C2418
City Greensboro	State NC	Zip Code 27438-6505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer North Carolina AHU	Occupation Executive Director	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

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: PAGE 65 / 138
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MS. Carol Matznick		Date of Receipt M / D / Y Y Y Y 05 / 02 / 2005
Mailing Address PD Box 38905		Transaction ID: 50708.C2419
City Greensboro	State NC	Zip Code 27438-8905
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer North Carolina AHU	Occupation Executive Director	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

Full Name (Last, First, Middle Initial) B. MS. Carol Matznick		Date of Receipt M / D / Y Y Y Y 05 / 02 / 2005
Mailing Address PD Box 38905		Transaction ID: 50708.C2529
City Greensboro	State NC	Zip Code 27438-8905
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer North Carolina AHU	Occupation Executive Director	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. MR. John May		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2005
Mailing Address 100 East Campus View Blvd, Suite 3		Transaction ID: 50708.C2921
City Columbus	State OH	Zip Code 43235-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer May Insurance Services, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

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: PAGE 66 / 138

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. MR. John May		Date of Receipt M / D / Y 05 / 12 / 2005
Mailing Address 100 East Campus View Blvd, Suite 3		Transaction ID: 50713.C4081
City Columbus	State OH	Zip Code 43235-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -160.00
Name of Employer May Insurance Services, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. MS. Sharon L McDermott		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address 11919 P Street, Suite D		Transaction ID: 50708.C2420
City Omaha	State NE	Zip Code 68137-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Diversified Benefits Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. MS. Sharon L McDermott		Date of Receipt M / D / Y 05 / 02 / 2005
Mailing Address 11919 P Street, Suite D		Transaction ID: 50708.C2421
City Omaha	State NE	Zip Code 68137-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Diversified Benefits Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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: PAGE 67 / 138

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. MS. Sharon L McDermott		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 11919 P Street, Suite D		Transaction ID: 50708.C3590
City Omaha	State NE	Zip Code 68137-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Diversified Benefits Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. MR. Jeffrey Miles		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address 520 Washington Blvd, Suite 801		Transaction ID: 50708.C2783
City Marina del Rey	State CA	Zip Code 90292-5442
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer The Miles Organization, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. MR. Jeffrey Miles		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 520 Washington Blvd, Suite 801		Transaction ID: 50708.C3163
City Marina del Rey	State CA	Zip Code 90292-5442
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer The Miles Organization, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	280.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 68 / 138
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MR. David Moore		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address PD Box 1006		Transaction ID: 50708.C2492
City Burlington	State NC	Zip Code 27216-1006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer David R. Moore, CLU & Ass- ociat	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 140.00	

Full Name (Last, First, Middle Initial) B. MR. David Moore		Date of Receipt M / D / Y 05 / 02 / 2005
Mailing Address PD Box 1006		Transaction ID: 50708.C2493
City Burlington	State NC	Zip Code 27216-1006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer David R. Moore, CLU & Ass- ociat	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 190.00	

Full Name (Last, First, Middle Initial) C. MR. David Moore		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address PD Box 1008		Transaction ID: 50708.C3535
City Burlington	State NC	Zip Code 27216-1008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer David R. Moore, CLU & Ass- ociat	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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: PAGE 68 / 138
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MR. Wesley Moore, III		Date of Receipt M / D / Y Y Y Y 04 / 04 / 2005
Mailing Address P O Box 604		Transaction ID: 50708.C2490
City	State	Zip Code
Darlington	SC	29540-0604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer W P Moore Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) B. MR. Wesley Moore, III		Date of Receipt M / D / Y Y Y Y 05 / 02 / 2005
Mailing Address P O Box 604		Transaction ID: 50708.C2491
City	State	Zip Code
Darlington	SC	29540-0604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer W P Moore Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) C. MR. Wesley Moore, III		Date of Receipt M / D / Y Y Y Y 06 / 02 / 2005
Mailing Address P O Box 604		Transaction ID: 50708.C3534
City	State	Zip Code
Darlington	SC	29540-0604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer W P Moore Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00	

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: PAGE 70 / 138
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. John Parker		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address 47 Laurel Hill Drive		Transaction ID: 50708.C2460
City Niantic	State CT	Zip Code 06357-1536
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Parker Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. John Parker		Date of Receipt M / D / Y 05 / 02 / 2005
Mailing Address 47 Laurel Hill Drive		Transaction ID: 50708.C2461
City Niantic	State CT	Zip Code 06357-1536
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Parker Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. John Parker		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 47 Laurel Hill Drive		Transaction ID: 50708.C3549
City Niantic	State CT	Zip Code 06357-1536
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Parker Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

SUBTOTAL of Receipts This Page (optional)	▶	270.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 71 / 138
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. MR. Jesse Patton		Date of Receipt M / D / Y 04 / 20 / 2005
Mailing Address 2175 NW 86th Street, Suite 14		Transaction ID: 50708.C2934
City	State	Zip Code
Des Moines	IA	50325-5557
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer Associations Marketing Group.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. MR. Jesse Patton		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 2175 NW 86th Street, Suite 14		Transaction ID: 50708.C3321
City	State	Zip Code
Des Moines	IA	50325-5557
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer Associations Marketing Group.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1125.00	

Full Name (Last, First, Middle Initial) C. MR. Jesse Patton		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 2175 NW 86th Street, Suite 14		Transaction ID: 50713.C4004
City	State	Zip Code
Des Moines	IA	50325-5557
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer Associations Marketing Group.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	

SUBTOTAL of Receipts This Page (optional)	675.00
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 72 / 138
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MS. Kathryn Phillips		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address 9001 Airport Freeway, Suite 66D		Transaction ID: 50708.C2690
City	State	Zip Code
North Richland Hill	TX	76180-9130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Jefferson Pilot Financial	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) B. MR. James Price, III		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address 5709 North West Avenue		Transaction ID: 50708.C2666
City	State	Zip Code
Fresno	CA	93711-2366
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Price Associates Insurance Ser	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. MR. James Price, III		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 5709 North West Avenue		Transaction ID: 50708.C3090
City	State	Zip Code
Fresno	CA	93711-2366
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Price Associates Insurance Ser	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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: PAGE 73 / 138

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. MR. James Price, III		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 5708 North West Avenue		Transaction ID: 50713.C3773
City Fresno	State CA	Zip Code 93711-2366
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Price Associates Insurance Ser	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. MS. Susan Maley Rash		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address 2108 West Laburnum Avenue, Suite 3		Transaction ID: 50708.C2620
City Richmond	State VA	Zip Code 23227-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer BB&T Benefit Consultants of VA	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. MS. Susan Maley Rash		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 2108 West Laburnum Avenue, Suite 3		Transaction ID: 50708.C3021
City Richmond	State VA	Zip Code 23227-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer BB&T Benefit Consultants of VA	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

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: PAGE 74 / 138
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. MS. Susan Moley Rash		Date of Receipt M / D / Y Y Y Y 06 / 30 / 2005
Mailing Address 210B West Laburnum Avenue, Suite 3		Transaction ID: 50713.C3799
City Richmond	State VA	Zip Code 23227-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer BB&T Benefit Consultants of VA	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) B. MR. Jan C Rauser		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2005
Mailing Address 400 East Wisconsin Avenue, # 200		Transaction ID: 50708.C2650
City Milwaukee	State WI	Zip Code 53202-4499
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer The Rauser Agency, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) C. MR. Jan C Rauser		Date of Receipt M / D / Y Y Y Y 05 / 31 / 2005
Mailing Address 400 East Wisconsin Avenue, # 200		Transaction ID: 50708.C3074
City Milwaukee	State WI	Zip Code 53202-4499
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer The Rauser Agency, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

SUBTOTAL of Receipts This Page (optional)	210.00
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 75 / 138

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. MR. Jan C Rauser		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 400 East Wisconsin Avenue, # 200		Transaction ID: 50713.C3789
City Milwaukee	State WI	Zip Code 53202-4499
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer The Rauser Agency, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) B. MR. Alexander Reynolds		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address 177D Independence Court, Suite 12D		Transaction ID: 50708.C2640
City Birmingham	State AL	Zip Code 35216-1290
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AG Reynolds and Co.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

Full Name (Last, First, Middle Initial) C. MR. Alexander Reynolds		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 177D Independence Court, Suite 12D		Transaction ID: 50708.C3016
City Birmingham	State AL	Zip Code 35216-1290
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AG Reynolds and Co.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	

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: PAGE 76 / 138
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. MS. Aline Roberts		Date of Receipt M / D / Y 04 / 20 / 2005
Mailing Address 3537 Old Conejo Road, Suite 114		Transaction ID: 50708.C2908
City	State	Zip Code
Newbury Park	CA	91320-6189
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Insurance Dimensions	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) B. MS. Aline Roberts		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 3537 Old Conejo Road, Suite 114		Transaction ID: 50708.C3219
City	State	Zip Code
Newbury Park	CA	91320-6189
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Insurance Dimensions	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) C. MS. Aline Roberts		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 3537 Old Conejo Road, Suite 114		Transaction ID: 50713.C3937
City	State	Zip Code
Newbury Park	CA	91320-6189
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Insurance Dimensions	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 610.00	

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: PAGE 77 / 138
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MR. Joseph Roberts		Date of Receipt M / D / Y Y Y Y 04 / 04 / 2005
Mailing Address 7431 O Street		Transaction ID: 50708.C2497
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00	

Full Name (Last, First, Middle Initial) B. MR. Joseph Roberts		Date of Receipt M / D / Y Y Y Y 05 / 02 / 2005
Mailing Address 7431 O Street		Transaction ID: 50708.C2498
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

Full Name (Last, First, Middle Initial) C. MR. Joseph Roberts		Date of Receipt M / D / Y Y Y Y 06 / 02 / 2005
Mailing Address 7431 O Street		Transaction ID: 50708.C3587
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

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: PAGE 78 / 138

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. MR. William Robinson		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address 100 South Sunrise Way, PMB 364		Transaction ID: 50708.C2499
City Palm Springs	State CA	Zip Code 92262-6737
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Palm Canyon Insurance Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. MR. William Robinson		Date of Receipt M / D / Y 05 / 02 / 2005
Mailing Address 100 South Sunrise Way, PMB 364		Transaction ID: 50708.C2500
City Palm Springs	State CA	Zip Code 92262-6737
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Palm Canyon Insurance Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. MR. William Robinson		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 100 South Sunrise Way, PMB 364		Transaction ID: 50708.C3588
City Palm Springs	State CA	Zip Code 92262-6737
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Palm Canyon Insurance Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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: PAGE 78 / 138
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MR. Francis Ruggiero		Date of Receipt M / D / Y 04 / 20 / 2005
Mailing Address 288 South Street		Transaction ID: 50708.C2821
City Morristown	State NJ	Zip Code 07960-6019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Ruggiero Consulting	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 160.00	

Full Name (Last, First, Middle Initial) B. MR. Francis Ruggiero		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 288 South Street		Transaction ID: 50708.C3176
City Morristown	State NJ	Zip Code 07960-6019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Ruggiero Consulting	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. MR. Francis Ruggiero		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 288 South Street		Transaction ID: 50713.C3853
City Morristown	State NJ	Zip Code 07960-6019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Ruggiero Consulting	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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: PAGE 80 / 138

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. MR. Stephen Salamon		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address PD Box 4252		Transaction ID: 50708.C2513
City Timonium	State MD	Zip Code 21084-4252
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Heritage Financial Consultants	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	

Full Name (Last, First, Middle Initial) B. MR. Stephen Salamon		Date of Receipt M / D / Y 05 / 02 / 2005
Mailing Address PD Box 4252		Transaction ID: 50708.C2514
City Timonium	State MD	Zip Code 21084-4252
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Heritage Financial Consultants	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) C. MR. Stephen Salamon		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address PD Box 4252		Transaction ID: 50708.C3575
City Timonium	State MD	Zip Code 21084-4252
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Heritage Financial Consultants	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1080.00	

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: PAGE 81 / 138
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. Mr. Raymer Sale, JR		Date of Receipt M / D / Y 04 / 20 / 2005
Mailing Address P. O. Box 424420		Transaction ID: 50708.C2655
City Lawrenceville	State GA	Zip Code 30042-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer E2E Benefits Services, In- c. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 360.00	Receipt

Full Name (Last, First, Middle Initial) B. Mr. Raymer Sale, JR		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address P. O. Box 424420		Transaction ID: 50708.C3080
City Lawrenceville	State GA	Zip Code 30042-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer E2E Benefits Services, In- c. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 480.00	Receipt

Full Name (Last, First, Middle Initial) C. Mr. Raymer Sale, JR		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address P. O. Box 424420		Transaction ID: 50713.C3796
City Lawrenceville	State GA	Zip Code 30042-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer E2E Benefits Services, In- c. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 560.00	Receipt

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: PAGE 83 / 138
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. Mel Schiesinger		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address PD Box 30100		Transaction ID: 50713.C3969
City Winston Salem	State NC	Zip Code 27130-0100
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer The Rainmakers Group, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. MR. James Schulz		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address 7431 O Street		Transaction ID: 50708.C2985
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. MR. James Schutz		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 7431 O Street		Transaction ID: 50708.C3332
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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: PAGE 84 / 138
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MR. James Schulz		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 7431 O Street		Transaction ID: 50713.C4060
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) B. MR. Scott A Shalek		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address PO Box 67 6817 Barnard Mill Rd.		Transaction ID: 50708.C2749
City Ringwood	State IL	Zip Code 60072-0067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Shalek Financial Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) C. MR. Scott A Shalek		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address PO Box 67 6817 Barnard Mill Rd.		Transaction ID: 50708.C3134
City Ringwood	State IL	Zip Code 60072-0067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Shalek Financial Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

SUBTOTAL of Receipts This Page (optional)	480.00
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 85 / 138

(check only one)

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

Full Name (Last, First, Middle Initial) A. MR. Scott A Shalek		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address PD Box 67 6817 Barnard Mill Rd.		Transaction ID: 50713.C3891
City Ringwood	State IL	Zip Code 60072-0067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Shalek Financial Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) B. MR. Bob G Shupe		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address PD Box 2344		Transaction ID: 50708.C2728
City Brentwood	State TN	Zip Code 37024-2344
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer ESP, Inc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

Full Name (Last, First, Middle Initial) C. MR. Bob G Shupe		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address PD Box 2344		Transaction ID: 50708.C3096
City Brentwood	State TN	Zip Code 37024-2344
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer ESP, Inc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts TN's Page (optional)	280.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 86 / 138

(check only one)

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

Full Name (Last, First, Middle Initial) A. MR. Bob G Shupe		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address PD Box 2344		Transaction ID: 50713.C3807
City Brentwood	State TN	Zip Code 37024-2344
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer ESP, Inc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. C Gibbs Smith		Date of Receipt M / D / Y 06 / 06 / 2005
Mailing Address PD Box 150602		Transaction ID: 50713.C4073
City Nashville	State TN	Zip Code 37215-0602
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Benefit Programs Inc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. MG. Tameia Southern		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address 4109 Duncan Drive		Transaction ID: 50708.C2944
City Annandale	State VA	Zip Code 22003-5704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer CONEXIS	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

SUBTOTAL of Receipts TN's Page (optional)	830.00
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 87 / 138
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. MS. Tameela Southern		Date of Receipt M / D / Y Y Y Y 05 / 31 / 2005
Mailing Address 4109 Duncan Drive		Transaction ID: 50708.C3368
City Annandale	State VA	Zip Code 22003-3704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer CONEXIS	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. MS. Tameela Southern		Date of Receipt M / D / Y Y Y Y 05 / 30 / 2005
Mailing Address 4109 Duncan Drive		Transaction ID: 50713.C4052
City Annandale	State VA	Zip Code 22003-3704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer CONEXIS	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. MS. Anne Sperting		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2005
Mailing Address PO Box 4550		Transaction ID: 50708.C2654
City Santa Fe	State NM	Zip Code 87502-4550
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Daniels Insurance, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 140.00	

SUBTOTAL of Receipts This Page (optional)	110.00
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 88 / 138
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MS. Anne Spering		Date of Receipt M / D / Y Y Y Y 05 / 31 / 2005
Mailing Address PD Box 4550		Transaction ID: 50708.C9099
City	State	Zip Code
Santa Fe	NM	87502-4550
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Daniels Insurance, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 170.00	

Full Name (Last, First, Middle Initial) B. MS. Anne Spering		Date of Receipt M / D / Y Y Y Y 05 / 30 / 2005
Mailing Address PD Box 4550		Transaction ID: 50713.C9720
City	State	Zip Code
Santa Fe	NM	87502-4550
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Daniels Insurance, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. MS. Carol Steele		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2005
Mailing Address 1000 South Cleveland-Massillon Rd,		Transaction ID: 50708.C2773
City	State	Zip Code
Akron	OH	44333-9204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Designs, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

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: PAGE 88 / 138

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. MS. Carol Steele		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 1000 South Cleveland-Massillon Rd,		Transaction ID: 50708.C3151
City Akron	State OH	Zip Code 44333-9204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Designs, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. MS. Carol Steele		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 1000 South Cleveland-Massillon Rd,		Transaction ID: 50713.C3878
City Akron	State OH	Zip Code 44333-9204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Designs, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. MR. James R Stenger		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address 288 South Street		Transaction ID: 50708.C2870
City Morristown	State NJ	Zip Code 07960-6019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer NAS Financial Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 860.00	

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: PAGE 00 / 138
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. MR. James R Stenger		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 288 South Street		Transaction ID: 50708.C3295
City	State	Zip Code
Morristown	NJ	07960-6019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer NAS Financial Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1060.00	

Full Name (Last, First, Middle Initial) B. MR. James R Stenger		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 288 South Street		Transaction ID: 50713.C4007
City	State	Zip Code
Morristown	NJ	07960-6019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer NAS Financial Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1280.00	

Full Name (Last, First, Middle Initial) C. Burley Strader, JR		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address 185 Kimal Park Drive 27103 P.O. Box 24042		Transaction ID: 50708.C2937
City	State	Zip Code
Winston Salem	NC	27114-4042
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer MedCost Benefit Services, LLC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 01 / 138
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. Burley Strader, JR		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 165 Kimel Park Drive 27103 P.O. Box 24042		Transaction ID: 50708.C3271
City Winston Salem	State NC	Zip Code 27114-4042
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer MedCost Benefit Services, LLC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Burley Strader, JR		Date of Receipt M / D / Y 05 / 30 / 2005
Mailing Address 165 Kimel Park Drive 27103 P.O. Box 24042		Transaction ID: 50713.C3934
City Winston Salem	State NC	Zip Code 27114-4042
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer MedCost Benefit Services, LLC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. MR. James Summers		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address 842D West Dodge Road, Suite 510		Transaction ID: 50708.C2780
City Omaha	State NE	Zip Code 68114-5432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Senior Market Sales, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

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: PAGE 02 / 138

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. MR. James Summers		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 842D West Dodge Road, Suite 510		Transaction ID: 50708.C3195
City Omaha	State NE	Zip Code 68114-3432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Senior Market Sales, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

Full Name (Last, First, Middle Initial) B. MR. James Summers		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 842D West Dodge Road, Suite 510		Transaction ID: 50713.C3845
City Omaha	State NE	Zip Code 68114-3432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Senior Market Sales, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

Full Name (Last, First, Middle Initial) C. MR. Donald Thompson		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address 972D Bunsen Parkway		Transaction ID: 50708.C2627
City Louisville	State KY	Zip Code 40269-1802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Thompson Associates Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	350.00
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 03 / 138

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. MR. Donald Thompson		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 9720 Bunsen Parkway		Transaction ID: 50708.C9055
City Louisville	State KY	Zip Code 40299-1802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Thompson Associates Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. MR. Donald Thompson		Date of Receipt M / D / Y 05 / 30 / 2005
Mailing Address 9720 Bunsen Parkway		Transaction ID: 50713.C9738
City Louisville	State KY	Zip Code 40299-1802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Thompson Associates Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) C. MR. Daniel Tompkins, III		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address PO Box 1810		Transaction ID: 50708.C2556
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)	▶	320.00
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 04 / 138
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MR. Daniel Tompkins, III		Date of Receipt M / D / Y Y Y Y 04 / 20 / 2005
Mailing Address PD Box 1810		Transaction ID: 50708.C2659
City	State	Zip Code
Roswell	GA	30077-1810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Admin America	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. MR. Daniel Tompkins, III		Date of Receipt M / D / Y Y Y Y 05 / 02 / 2005
Mailing Address PD Box 1810		Transaction ID: 50708.C2657
City	State	Zip Code
Roswell	GA	30077-1810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. MR. Daniel Tompkins, III		Date of Receipt M / D / Y Y Y Y 05 / 31 / 2005
Mailing Address PD Box 1810		Transaction ID: 50708.C3070
City	State	Zip Code
Roswell	GA	30077-1810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Admin America	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 05 / 138
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MR. Daniel Tompkins, III		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address PD Box 1810		Transaction ID: 50708.C3598
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. MR. Daniel Tompkins, III		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address PD Box 1810		Transaction ID: 50713.C3808
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Admin America	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) C. Janet Trautwein		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address 2000 14th St N Ste. 450		Transaction ID: 50708.C2580
City Arlington	State VA	Zip Code 22201-2508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer NAHU	Occupation VP of Government Affairs	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

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: PAGE 06 / 138
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. Janet Trautwein		Date of Receipt M / D / Y Y Y Y 05 / 02 / 2005
Mailing Address 2000 14th St N Ste. 450		Transaction ID: 50708.C2561
City Arlington	State VA	Zip Code 22201-2506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer NAHU	Occupation VP of Government Affairs	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) B. Janet Trautwein		Date of Receipt M / D / Y Y Y Y 05 / 02 / 2005
Mailing Address 2000 14th St N Ste. 450		Transaction ID: 50708.C2568
City Arlington	State VA	Zip Code 22201-2506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer NAHU	Occupation VP of Government Affairs	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. MR. Albert Travesos		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2005
Mailing Address 2255 Glades Road, Suite 42DA		Transaction ID: 50708.C2688
City Boca Raton	State FL	Zip Code 33431-7379
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer John Hancock	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 135.00	

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: PAGE 07 / 138
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MR. Albert Traxvas		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 2255 Glades Road, Suite 42DA		Transaction ID: 50708.C3099
City Boca Raton	State FL	Zip Code 33431-7379
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer John Hancock	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

Full Name (Last, First, Middle Initial) B. MR. Albert Traxvas		Date of Receipt M / D / Y 05 / 30 / 2005
Mailing Address 2255 Glades Road, Suite 42DA		Transaction ID: 50713.C3767
City Boca Raton	State FL	Zip Code 33431-7379
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer John Hancock	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. MS. Marilyn Van Sant		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address 271 Route 46 West Suite G208		Transaction ID: 50708.C2584
City Fairfield	State NJ	Zip Code 07004-2440
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Stratford Financial Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

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: PAGE 08 / 138

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. MS. Marilyn Van Sant		Date of Receipt M / D / Y 05 / 02 / 2005
Mailing Address 271 Route 46 West Suite G206		Transaction ID: 50708.C2565
City Fairfield	State NJ	Zip Code 07004-2440
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Stratford Financial Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. MS. Marilyn Van Sant		Date of Receipt M / D / Y 05 / 02 / 2005
Mailing Address 271 Route 46 West Suite G206		Transaction ID: 50708.C2600
City Fairfield	State NJ	Zip Code 07004-2440
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Stratford Financial Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) C. MR. Peter Vinton		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address 9480 Deereco Road		Transaction ID: 50708.C2720
City Timonium	State MD	Zip Code 21063-2102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Corporate Coverage, LLC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

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: PAGE 08 / 138
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MR. Peter Vinton		Date of Receipt M / D / Y Y Y Y 05 / 31 / 2005
Mailing Address 948D Deereco Road		Transaction ID: 50708.C9093
City Timonium	State MD	Zip Code 21083-2102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Corporate Coverage, LLC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. MR. Peter Vinton		Date of Receipt M / D / Y Y Y Y 05 / 30 / 2005
Mailing Address 948D Deereco Road		Transaction ID: 50713.C9812
City Timonium	State MD	Zip Code 21083-2102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Corporate Coverage, LLC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) C. MR. Tom Volter		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2005
Mailing Address 100 Amaryllis Drive		Transaction ID: 50708.C2784
City Lafayette	State LA	Zip Code 70503-5215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Physicians Mutual Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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: PAGE 100 / 138

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. MR. Tom Volter		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 100 Amaryllis Drive		Transaction ID: 50708.C3162
City Lafayette	State LA	Zip Code 70503-3215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Physicians Mutual Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. MR. Tom Volter		Date of Receipt M / D / Y 05 / 30 / 2005
Mailing Address 100 Amaryllis Drive		Transaction ID: 50713.C3864
City Lafayette	State LA	Zip Code 70503-3215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Physicians Mutual Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. MR. Charles Wagner		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address PO Box 9		Transaction ID: 50708.C2587
City Burwell	State NE	Zip Code 68823-0009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Town and Country Insurance Age	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)	210.00
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 101 / 138

(check only one)

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

Full Name (Last, First, Middle Initial) A. MR. Charles Wagner		Date of Receipt M / D / Y 05 / 02 / 2005
Mailing Address PD Box B		Transaction ID: 50708.C2568
City Burwell	State NE	Zip Code 68823-0009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Town and Country Insurance Age Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 250.00	Receipt

Full Name (Last, First, Middle Initial) B. MR. Charles Wagner		Date of Receipt M / D / Y 05 / 02 / 2005
Mailing Address PD Box B		Transaction ID: 50708.C2602
City Burwell	State NE	Zip Code 68823-0009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Town and Country Insurance Age Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 300.00	Receipt

Full Name (Last, First, Middle Initial) C. Mr. M. Hughes Warren, JR.		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address P.O. Box 7681		Transaction ID: 50708.C2857
City Wilmington	State NC	Zip Code 28408-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Ebenconcepts, Inc.	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 180.00	Receipt

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: PAGE 102 / 138

(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. Mr. M. Hughes Warren, JR.		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address P.O. Box 7881		Transaction ID: 50708.C3348
City Wilmington	State NC	Zip Code 28406-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Ebanconcepts, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Mr. M. Hughes Warren, JR.		Date of Receipt M / D / Y 05 / 30 / 2005
Mailing Address P.O. Box 7881		Transaction ID: 50713.C3885
City Wilmington	State NC	Zip Code 28406-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Ebanconcepts, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. MR. John Warwick		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address PO Box 272		Transaction ID: 50708.C2946
City Chico	State CA	Zip Code 95527-0272
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer John Warwick Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

SUBTOTAL of Receipts This Page (optional)	▶	165.00
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 103 / 138

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. MR. John Warwick		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address PD Box 272		Transaction ID: 50708.C3362
City Chico	State CA	Zip Code 95827-0272
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer John Warwick Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 465.00	

Full Name (Last, First, Middle Initial) B. MR. John Warwick		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address PD Box 272		Transaction ID: 50713.C4012
City Chico	State CA	Zip Code 95827-0272
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer John Warwick Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) C. MR. Charles L Westmoreland		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address PD Box 925		Transaction ID: 50708.C2573
City Jackson	State MS	Zip Code 39205-0525
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer American Public Life Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

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 104 / 138
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MR. Charles L Westmoreland		Date of Receipt M / D / Y Y Y Y 05 / 02 / 2005
Mailing Address PD Box 825		Transaction ID: 50708.C2574
City	State	Zip Code
Jackson	MS	39205-0825
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer American Public Life Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. MR. Charles L Westmoreland		Date of Receipt M / D / Y Y Y Y 05 / 02 / 2005
Mailing Address PD Box 825		Transaction ID: 50708.C2605
City	State	Zip Code
Jackson	MS	39205-0825
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer American Public Life Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. MR. Steven Wilson		Date of Receipt M / D / Y Y Y Y 04 / 29 / 2005
Mailing Address 1151 Red Mile Road		Transaction ID: 50708.C2741
City	State	Zip Code
Lexington	KY	40504-2645
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Benefit Insurance Market- ing	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

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: PAGE 105 / 138

(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. MR. Steven Wilson		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 1151 Red Mile Road		Transaction ID: 50708.C3143
City Lexington	State KY	Zip Code 40504-2645
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Benefit Insurance Market- ing	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. MR. Steven Wilson		Date of Receipt M / D / Y 05 / 30 / 2005
Mailing Address 1151 Red Mile Road		Transaction ID: 50713.C3835
City Lexington	State KY	Zip Code 40504-2645
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Benefit Insurance Market- ing	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. MR. Dennis Wright		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address 111 East Ludwig Road, Suite 10B		Transaction ID: 50708.C2735
City Fort Wayne	State IN	Zip Code 46825-4240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer D. Edward Wright, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional)	110.00
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 106 / 138

(check only one)

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

Full Name (Last, First, Middle Initial) A. MR. Dennis Wright		Date of Receipt M / D / Y 04 / 20 / 2005
Mailing Address 111 East Ludwig Road, Suite 10B		Transaction ID: 50708.C2781
City Fort Wayne	State IN	Zip Code 46825-4240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer D. Edward Wright, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. MR. Dennis Wright		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 111 East Ludwig Road, Suite 10B		Transaction ID: 50708.C3130
City Fort Wayne	State IN	Zip Code 46825-4240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer D. Edward Wright, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	

Full Name (Last, First, Middle Initial) C. MR. Dennis Wright		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 111 East Ludwig Road, Suite 10B		Transaction ID: 50708.C3105
City Fort Wayne	State IN	Zip Code 46825-4240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer D. Edward Wright, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

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: PAGE 107 / 138

(check only one)

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

Full Name (Last, First, Middle Initial) A. MR. Dennis Wright		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 111 East Ludwig Road, Suite 10B		Transaction ID: 50713.C3821
City Fort Wayne	State IN	Zip Code 46825-4240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer D. Edward Wright, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

Full Name (Last, First, Middle Initial) B. MR. Dennis Wright		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 111 East Ludwig Road, Suite 10B		Transaction ID: 50713.C3823
City Fort Wayne	State IN	Zip Code 46825-4240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer D. Edward Wright, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

Full Name (Last, First, Middle Initial) C. MR. Greg Yoder		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address 1055 Minnesota Avenue		Transaction ID: 50708.C2992
City San Jose	State CA	Zip Code 95125-2451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ray Silva Insurance Associates	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

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: PAGE 108 / 138

(check only one)

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

Full Name (Last, First, Middle Initial) A. MR. Greg Yoder		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 1055 Minnesota Avenue		Transaction ID: 50708.C3275
City San Jose	State CA	Zip Code 95125-2451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ray Silva Insurance Associates	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. MR. Greg Yoder		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 1055 Minnesota Avenue		Transaction ID: 50713.C3884
City San Jose	State CA	Zip Code 95125-2451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ray Silva Insurance Associates	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name (Last, First, Middle Initial) C. MR. Robert A Ziff		Date of Receipt M / D / Y 04 / 29 / 2005
Mailing Address 17 North Delmont Avenue		Transaction ID: 50708.C2858
City Morrisville	State PA	Zip Code 19067-6278
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Avaliti Benefits Corp	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

SUBTOTAL of Receipts This Page (optional)	▶	280.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 100 / 138

(check only one)

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

Full Name (Last, First, Middle Initial) A. MR. Robert A Ziff		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 17 North Delmorr Avenue		Transaction ID: 50708.C3297
City	State	Zip Code
Morrisville	PA	19067-6278
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Avari Benefits Corp	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. MR. Robert A Ziff		Date of Receipt M / D / Y 05 / 30 / 2005
Mailing Address 17 North Delmorr Avenue		Transaction ID: 50713.C4034
City	State	Zip Code
Morrisville	PA	19067-6278
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Avari Benefits Corp	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

SUBTOTAL of Receipts This Page (optional)	▶	160.00
TOTAL This Period (last page this line number only)	▶	22192.00

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

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

Full Name (Last, First, Middle Initial) A. Executive Awards		Transaction ID: 50713.E146 Date of Disbursement 06 / 21 / 2005	
Mailing Address PO Box 123491		Amount of Each Disbursement this Period 335.11	
City Fort Worth	State TX	Zip Code 76121-3491	Category/ Type PURCHASE OF AWARD BANNERS
Purpose of Disbursement PURCHASE OF AWARD BANNERS			
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: 50713.E152 Date of Disbursement 04 / 21 / 2005	
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 102.40	
City Phoenix	State AZ	Zip Code 85072-3852	Category/ Type CREDIT CARD SETTLEMENT FEE
Purpose of Disbursement CREDIT CARD SETTLEMENT FEE			
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: 50713.E153 Date of Disbursement 05 / 23 / 2005	
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 87.33	
City Phoenix	State AZ	Zip Code 85072-3852	Category/ Type CREDIT CARD SETTLEMENT FEE
Purpose of Disbursement CREDIT CARD SETTLEMENT FEE			
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional) ▶ **524.93**

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)

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

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

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: 50713.E154 Date of Disbursement 06 / 21 / 2005	
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 91.17	
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement CREDIT CARD SETTLEMENT FEE	Category/ Type CREDIT CARD SETTLEMENT FEE	
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) B. Mac Mannes Inc.		Transaction ID: 50713.E147 Date of Disbursement 06 / 21 / 2005	
Mailing Address 5104 Macarthur Blvd NW		Amount of Each Disbursement this Period 398.14	
City Washington State DC Zip Code 20016-3316	Purpose of Disbursement PURCHASE OF AWARD PLAQUES	Category/ Type PURCHASE OF AWARD PLAQUES	
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) C. Marco		Transaction ID: 50713.E145 Date of Disbursement 06 / 13 / 2005	
Mailing Address 2840 Commerce Dr		Amount of Each Disbursement this Period 480.00	
City Harrisburg State PA Zip Code 17110-9368	Purpose of Disbursement PURCHASE OF NAME BADGE RIBBONS	Category/ Type PURCHASE OF NAME BADGE RIBBONS	
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	Candidate Name	

SUBTOTAL of Disbursements This Page (optional)	969.31
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Aline Roberts		Transaction ID: 50713.E144 Date of Disbursement 06 / 13 / 2005	
Mailing Address 3537 Old Conejo Road, Suite 114		Amount of Each Disbursement this Period 1120.37	
City Newbury Park State CA Zip Code 91320-8189	Purpose of Disbursement REIMBURSEMENT FOR PURCHASE OF AWARDS	Category/ Type REIMBURSEMENT FOR PURCHASE OF AWARDS	
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) B. Merchant Services		Transaction ID: 50713.E150 Date of Disbursement 04 / 04 / 2005	
Mailing Address 7300 Chapman Hwy		Amount of Each Disbursement this Period 325.07	
City Knoxville State TN Zip Code 37920-6612	Purpose of Disbursement CREDIT CARD SETTLEMENT FEE	Category/ Type CREDIT CARD SETTLEMENT FEE	
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) C. Merchant Services		Transaction ID: 50713.E151 Date of Disbursement 05 / 03 / 2005	
Mailing Address 7300 Chapman Hwy		Amount of Each Disbursement this Period 366.84	
City Knoxville State TN Zip Code 37920-6612	Purpose of Disbursement CREDIT CARD SETTLEMENT FEE	Category/ Type CREDIT CARD SETTLEMENT FEE	
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	Candidate Name	

SUBTOTAL of Disbursements This Page (optional) ► **1812.28**

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Merchant Services Mailing Address 7300 Chapman Hwy City Knoxville State TN Zip Code 37920-8912 Purpose of Disbursement CREDIT CARD SETTLEMENT FEE Candidate Name Office Sought: House Senate President State: District Disbursement For: Primary General Other (specify) ▼		Transaction ID: 50713.E155 Date of Disbursement 06 / 02 / 2005 Amount of Each Disbursement this Period 317.83 CREDIT CARD SETTLEMENT FEE
Full Name (Last, First, Middle Initial) B. Ryan Thom Mailing Address 10342 South Springcrest Lane City South Jordan State UT Zip Code 84005-4538 Purpose of Disbursement TRAVEL REIMBURSEMENT FOR STATE CONV Candidate Name Office Sought: House Senate President State: District Disbursement For: Primary General Other (specify) ▼		Transaction ID: 50708.E88 Date of Disbursement 04 / 29 / 2005 Amount of Each Disbursement this Period 594.96 TRAVEL REIMBURSEMENT FOR STATE CONV

SUBTOTAL of Disbursements This Page (optional)	▶	912.59
TOTAL This Period (last page this line number only)	▶	4219.11

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

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

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(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Aderholt for Congress		Transaction ID: 50714.E157 Date of Disbursement 04 / 01 / 2005	
Mailing Address PO Box 1158 94D Hwy. 13		Amount of Each Disbursement this Period -1000.00	
City Haleyville	State AL	Zip Code 35565-1158	Category/ Type VOIDED CHECK
Purpose of Disbursement VOIDED CHECK			
Candidate Name ROBERTB ADERHOLT			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: AL District: D4			

Full Name (Last, First, Middle Initial) B. Baker for Congress		Transaction ID: 50708.E109 Date of Disbursement 04 / 14 / 2005	
Mailing Address PO Box 1604		Amount of Each Disbursement this Period 1000.00	
City Baton Rouge	State LA	Zip Code 70821-1604	Category/ Type POLITICAL CONTRIBUTION
Purpose of Disbursement POLITICAL CONTRIBUTION			
Candidate Name RICHARDHUGH BAKER			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: LA District: D6			

Full Name (Last, First, Middle Initial) C. The Joe Barton Committee		Transaction ID: 50708.E121 Date of Disbursement 04 / 04 / 2005	
Mailing Address PO Box 1444		Amount of Each Disbursement this Period 1000.00	
City Ennis	State TX	Zip Code 75120-1444	Category/ Type POLITICAL CONTRIBUTION
Purpose of Disbursement POLITICAL CONTRIBUTION			
Candidate Name JOEL BARTON			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: TX District: D6			

SUBTOTAL of Disbursements This Page (optional)	1000.00
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	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. The Texas Freedom Fund		Transaction ID: 50708.E125 Date of Disbursement 04 / 04 / 2005	
Mailing Address 104 Hume Ave		Amount of Each Disbursement this Period 1000.00	
City Alexandria State VA Zip Code 22901-1015	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type POLITICAL CONTRIBUTION	Amount of Each Disbursement this Period 1000.00
Candidate Name JOEL BARTON			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: D6	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Rob Bishop for Congress		Transaction ID: 50708.E108 Date of Disbursement 04 / 19 / 2005	
Mailing Address PO Box 2004		Amount of Each Disbursement this Period 1000.00	
City Brigham City State UT Zip Code 84302-0745	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type POLITICAL CONTRIBUTION	Amount of Each Disbursement this Period 1000.00
Candidate Name ROBERTWILLIAM BISHOP			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: D1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Friends of Roy Blunt		Transaction ID: 50708.E129 Date of Disbursement 04 / 04 / 2005	
Mailing Address 209 Pennsylvania Ave SE		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20003-1107	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type POLITICAL CONTRIBUTION	Amount of Each Disbursement this Period 1000.00
Candidate Name ROY BLUNT			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 7	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

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	<input type="checkbox"/> 30b

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

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

Mailing Address 7908 Cincinnati Dayton Rd

City West Chester State OH Zip Code 45069-8828

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
JOHNA BOEHNER

Office Sought: House Senate President
State: OH District: D8

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: 50708.E122
Date of Disbursement
04 / 04 / 2005

Amount of Each Disbursement this Period
1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. Hoosiers Supporting Buyer for Congress

Mailing Address PO Box 712

City Monticello State IN Zip Code 47060-0712

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
STEVE BUYER

Office Sought: House Senate President
State: IN District: D4

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: 50708.E76
Date of Disbursement
05 / 11 / 2005

Amount of Each Disbursement this Period
1000.00

POLITICAL CONTRIBUTION

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

Mailing Address PO Box 423

City Midland State MI Zip Code 48840-0423

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
DAVIDLEE CAMP

Office Sought: House Senate President
State: MI District: D4

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: 50708.E111
Date of Disbursement
04 / 08 / 2005

Amount of Each Disbursement this Period
1000.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ► **3000.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Mailing Address PO Box 17813

City Richmond State VA Zip Code 23226-7813

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
ERIC CANTOR

Category/
Type

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: VA District: D7

Transaction ID: 50708.E124

Date of Disbursement

04 / 04 / 2005

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

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

Mailing Address 38 Ivy St SE

City Washington State DC Zip Code 20003-4006

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
BENJAMIN CARDIN

Category/
Type

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: MD District: 3

Transaction ID: 50708.E102

Date of Disbursement

04 / 19 / 2005

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. Friends of Kent Conrad

Mailing Address 120 Maryland Ave NE

City Washington State DC Zip Code 20002-5610

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
KENT CONRAD

Category/
Type

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: ND District: 00

Transaction ID: 50713.E132

Date of Disbursement

06 / 03 / 2005

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Jim Cooper for Congress		Transaction ID: 50708.E86 Date of Disbursement 05 / 06 / 2005	
Mailing Address 10 G St NE		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20002-4213	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type	POLITICAL CONTRIBUTION
Candidate Name JAMESH.S. COOPER	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District 5			

Full Name (Last, First, Middle Initial) B. Freedom Fund		Transaction ID: 50708.E87 Date of Disbursement 04 / 21 / 2005	
Mailing Address 128 N Columbus St		Amount of Each Disbursement this Period 2000.00	
City Alexandria State VA Zip Code 22314-3038	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type	POLITICAL CONTRIBUTION
Candidate Name MICHAELD CRAPO	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District 00			

Full Name (Last, First, Middle Initial) C. Crowley for Congress		Transaction ID: 50713.E141 Date of Disbursement 06 / 07 / 2005	
Mailing Address B456 Grand Ave		Amount of Each Disbursement this Period 1000.00	
City Elmhurst State NY Zip Code 11373-4352	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type	POLITICAL CONTRIBUTION
Candidate Name JOSEPH CROWLEY	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District 07			

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

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

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

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(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Cubin for Congress		Transaction ID: 50708.E127 Date of Disbursement 04 / 04 / 2005	
Mailing Address 228 S Washington St Ste B20 Suite B-20		Amount of Each Disbursement this Period 1000.00	
City Alexandria State VA Zip Code 22314-5402	Category/ Type	POLITICAL CONTRIBUTION	
Purpose of Disbursement POLITICAL CONTRIBUTION		Candidate Name BARBARAL CUBIN	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: D1		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Nathan Deal for Congress		Transaction ID: 50708.E81 Date of Disbursement 05 / 11 / 2005	
Mailing Address PO Box 16021		Amount of Each Disbursement this Period 1000.00	
City Alexandria State VA Zip Code 22302-8021	Category/ Type	POLITICAL CONTRIBUTION	
Purpose of Disbursement POLITICAL CONTRIBUTION		Candidate Name NATHAN DEAL	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Nathan Deal for Congress		Transaction ID: 50708.E90 Date of Disbursement 04 / 29 / 2005	
Mailing Address PO Box 16021		Amount of Each Disbursement this Period 1000.00	
City Alexandria State VA Zip Code 22302-8021	Category/ Type	POLITICAL CONTRIBUTION	
Purpose of Disbursement POLITICAL CONTRIBUTION		Candidate Name NATHAN DEAL	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	

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	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)
A. The Blue Dog PAC

Mailing Address 236 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4980

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

Office Sought: House Disbursement For: 2006
Senate X Primary General
President Other (specify) ▼

State: District

Transaction ID: 50708.E89
Date of Disbursement
04 / 29 / 2005

Amount of Each Disbursement this Period
2500.00

Category/
Type
POLITICAL CONTRIBUTION

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

Mailing Address 205 Hawthorne Court
2227 Hampton Street

City Pittsburgh State PA Zip Code 15221-

Purpose of Disbursement
VOIDED CHECK

Candidate Name
MIKE DOYLE

Office Sought: x House Disbursement For: 2006
Senate X Primary General
President Other (specify) ▼

State: PA District 14

Transaction ID: 50714.E159
Date of Disbursement
04 / 01 / 2005

Amount of Each Disbursement this Period
-500.00

Category/
Type
VOIDED CHECK

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

Mailing Address PO Box 505

City Upland State CA Zip Code 91785-0505

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
DAVID DREIER

Office Sought: x House Disbursement For: 2006
Senate X Primary General
President Other (specify) ▼

State: CA District 26

Transaction ID: 50708.E87
Date of Disbursement
05 / 06 / 2005

Amount of Each Disbursement this Period
1000.00

Category/
Type
POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ► **3000.00**

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

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

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

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(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Our Common Values PAC			Transaction ID: 50708.E84 Date of Disbursement 05 / 06 / 2005		
Mailing Address 101 W Grand Ave Ste 200 Suite 200			Amount of Each Disbursement this Period 1000.00		
City Chicago	State IL	Zip Code 60610-4272	Category/ Type POLITICAL CONTRIBUTION		
Purpose of Disbursement POLITICAL CONTRIBUTION					
Candidate Name RAHM EMANUEL					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				
State: IL District: D5					

Full Name (Last, First, Middle Initial) B. Ensign for Senate			Transaction ID: 50708.E74 Date of Disbursement 05 / 17 / 2005		
Mailing Address PO Box 26568			Amount of Each Disbursement this Period 1000.00		
City Las Vegas	State NV	Zip Code 89126-0568	Category/ Type POLITICAL CONTRIBUTION		
Purpose of Disbursement POLITICAL CONTRIBUTION					
Candidate Name JOHNERIC ENSIGN					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				
State: NV District: D0					

Full Name (Last, First, Middle Initial) C. Fitzpatrick for Congress			Transaction ID: 50708.E75 Date of Disbursement 05 / 17 / 2005		
Mailing Address PO Box 1772			Amount of Each Disbursement this Period 1000.00		
City Doylestown	State PA	Zip Code 18901-0320	Category/ Type POLITICAL CONTRIBUTION		
Purpose of Disbursement POLITICAL CONTRIBUTION					
Candidate Name MICHAELG FITZPATRICK					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				
State: PA District: D8					

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

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

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

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(check only one)

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

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

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

Mailing Address PO Box 30265

City Lincoln State NE Zip Code 68503-0265

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
JEFF FORTENBERRY

Office Sought: House Senate President
State: NE District 1

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: 50713.E156
Date of Disbursement
05 / 31 / 2005

Amount of Each Disbursement this Period
1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. Committee to Re-Elect Vito Fossella

Mailing Address 104 Hume Ave

City Alexandria State VA Zip Code 22301-1015

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
VITOMR. FOSSELLA

Office Sought: House Senate President
State: NY District 13

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: 50713.E140
Date of Disbursement
06 / 07 / 2005

Amount of Each Disbursement this Period
1000.00

POLITICAL CONTRIBUTION

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

Mailing Address PO Box 158552

City Nashville State TN Zip Code 37215-8552

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
WILLIAMH FRIST

Office Sought: House Senate President
State: TN District 00

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: 50708.E107
Date of Disbursement
04 / 19 / 2005

Amount of Each Disbursement this Period
1000.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Volpac		Transaction ID: 50708.E98 Date of Disbursement 04 / 21 / 2005	
Mailing Address PO Box 158552		Amount of Each Disbursement this Period 1500.00	
City Nashville State TN Zip Code 37215-8552	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type	POLITICAL CONTRIBUTION
Candidate Name WILLIAMH FRIST	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: House <input checked="" type="checkbox"/> Senate President State: TN District: D0			

Full Name (Last, First, Middle Initial) B. Jim Gerlach for Congress Committee		Transaction ID: 50708.E95 Date of Disbursement 04 / 29 / 2005	
Mailing Address 704 Haywood Dr		Amount of Each Disbursement this Period 1000.00	
City Exton State PA Zip Code 19341-1136	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type	POLITICAL CONTRIBUTION
Candidate Name JIM GERLACH	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House Senate President State: PA District: D6			

Full Name (Last, First, Middle Initial) C. Citizens for Kay Granger		Transaction ID: 50708.E119 Date of Disbursement 04 / 04 / 2005	
Mailing Address 715 Jones St Ste 101 Suite 101		Amount of Each Disbursement this Period 1000.00	
City Fort Worth State TX Zip Code 76102-5474	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type	POLITICAL CONTRIBUTION
Candidate Name KAYN GRANGER	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House Senate President State: TX District: 12			

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Sandhills PAC		Transaction ID: 50708.E105 Date of Disbursement 04 / 19 / 2005	
Mailing Address 1310 G St NW Ste 600 Suite 600		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20005-9000	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type	POLITICAL CONTRIBUTION
Candidate Name CHARLEST HAGEL	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: House <input checked="" type="checkbox"/> Senate President	State: NE District: D0		

Full Name (Last, First, Middle Initial) B. Ralph Hall for Congress		Transaction ID: 50708.E100 Date of Disbursement 04 / 19 / 2005	
Mailing Address PO Box 711		Amount of Each Disbursement this Period 1000.00	
City Rockwall State TX Zip Code 75087-0711	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type	POLITICAL CONTRIBUTION
Candidate Name RALPHMOODY HALL	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House Senate President	State: TX District: D4		

Full Name (Last, First, Middle Initial) C. People With Hart		Transaction ID: 50708.E113 Date of Disbursement 04 / 08 / 2005	
Mailing Address 3000 K St NW Ste. 125		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20007-5108	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type	POLITICAL CONTRIBUTION
Candidate Name MELISSA HART	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House Senate President	State: PA District: D4		

SUBTOTAL of Disbursements This Page (optional) ▶ **3000.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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

Full Name (Last, First, Middle Initial) A. Hastert for Congress		Transaction ID: 50708.E130 Date of Disbursement 04 / 04 / 2005	
Mailing Address PO Box 625		Amount of Each Disbursement this Period 1500.00	
City Batavia	State IL	Zip Code 60510-0825	Category/ Type POLITICAL CONTRIBUTION
Purpose of Disbursement POLITICAL CONTRIBUTION			
Candidate Name DENNISJ. HASTERT			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: IL District: 14			

Full Name (Last, First, Middle Initial) B. Herseth for Congress		Transaction ID: 50708.E79 Date of Disbursement 05 / 11 / 2005	
Mailing Address PO Box 75214		Amount of Each Disbursement this Period 1000.00	
City Washington	State DC	Zip Code 20013-0214	Category/ Type POLITICAL CONTRIBUTION
Purpose of Disbursement POLITICAL CONTRIBUTION			
Candidate Name STEPHANIE M HERSETH			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: SD District: 1			

Full Name (Last, First, Middle Initial) C. Hulshof for Congress		Transaction ID: 50708.E117 Date of Disbursement 04 / 05 / 2005	
Mailing Address B01 N Howard St Ste 474 Suite 474		Amount of Each Disbursement this Period 1000.00	
City Alexandria	State VA	Zip Code 22304-5458	Category/ Type POLITICAL CONTRIBUTION
Purpose of Disbursement POLITICAL CONTRIBUTION			
Candidate Name KENNYCHARLES HULSHOF			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MO District: 09			

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Mailing Address PO Box 760

City Vista State CA Zip Code 92085-0760

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
DARRELLEDWARD ISSA

Office Sought: House
Senate
President
State: CA District: 49

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: 50713.E133
Date of Disbursement

06 / 03 / 2005

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. Sue Kelly for Congress

Mailing Address 1707 Prince St Ste 7
Suite 7

City Alexandria State VA Zip Code 22314-2804

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
SUEW KELLY

Office Sought: House
Senate
President
State: NY District: 19

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: 50708.E101
Date of Disbursement

04 / 19 / 2005

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. Mark Kennedy D6

Mailing Address PO Box 49333

City Minneapolis State MN Zip Code 55449-0933

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
MARKRAYMOND KENNEDY

Office Sought: House
 Senate
President
State: MN District: 00

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: 50708.E110
Date of Disbursement

04 / 05 / 2005

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

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

Full Name (Last, First, Middle Initial) A. Ron Kind for Congress		Transaction ID: 50708.E112 Date of Disbursement 04 / 08 / 2005	
Mailing Address 38 Ivy St SE		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20003-4008	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type POLITICAL CONTRIBUTION	Amount of Each Disbursement this Period 1000.00
Candidate Name RONALDJAMES KIND	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: D3			

Full Name (Last, First, Middle Initial) B. Friends of Jack Kingston		Transaction ID: 50713.E135 Date of Disbursement 06 / 07 / 2005	
Mailing Address 7360 Skidaway Rd		Amount of Each Disbursement this Period 1000.00	
City Savannah State GA Zip Code 31406-4533	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type POLITICAL CONTRIBUTION	Amount of Each Disbursement this Period 1000.00
Candidate Name JOHNHEDDENS KINGSTON	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: D1			

Full Name (Last, First, Middle Initial) C. LaTourette for Congress		Transaction ID: 50708.E91 Date of Disbursement 04 / 29 / 2005	
Mailing Address 320 Kenarden Dr		Amount of Each Disbursement this Period 1000.00	
City Cleveland State OH Zip Code 44143-3710	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type POLITICAL CONTRIBUTION	Amount of Each Disbursement this Period 1000.00
Candidate Name STEVENC LATOURETTE	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 14			

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

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

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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial) A. Friends of Dick Lugar, Inc.		Transaction ID: 50708.E103 Date of Disbursement 04 / 19 / 2005	
Mailing Address 47 S Meridian St		Amount of Each Disbursement this Period 1000.00	
City Indianapolis State IN Zip Code 46204-3548	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type POLITICAL CONTRIBUTION	Amount of Each Disbursement this Period 1000.00
Candidate Name RICHARDG LUGAR			
Office Sought: House X Senate President State: IN District: D0	Disbursement For: 2006 X Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Manzullo for Congress		Transaction ID: 50713.E143 Date of Disbursement 06 / 07 / 2005	
Mailing Address PO Box 7783		Amount of Each Disbursement this Period 1000.00	
City Rockford State IL Zip Code 61126-7783	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type POLITICAL CONTRIBUTION	Amount of Each Disbursement this Period 1000.00
Candidate Name DONALDA MANZULLO			
Office Sought: X House Senate President State: IL District: 16	Disbursement For: 2006 X Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Matheson for Congress		Transaction ID: 50713.E198 Date of Disbursement 06 / 07 / 2005	
Mailing Address PO Box 636		Amount of Each Disbursement this Period 1000.00	
City Annandale State VA Zip Code 22003-0636	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type POLITICAL CONTRIBUTION	Amount of Each Disbursement this Period 1000.00
Candidate Name JIMMR. MATHESON			
Office Sought: X House Senate President State: UT District: 02	Disbursement For: 2006 X Primary General Other (specify) ▼		

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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

Full Name (Last, First, Middle Initial) A. McHenry for Congress		Transaction ID: 50708.E104 Date of Disbursement 04 / 19 / 2005	
Mailing Address PO Box 2601		Amount of Each Disbursement this Period 1000.00	
City Alexandria State VA Zip Code 22301-0801	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type	POLITICAL CONTRIBUTION
Candidate Name PATRICKTIMOTHY MCHENRY	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District 10			

Full Name (Last, First, Middle Initial) B. Mike McIntyre for Congress		Transaction ID: 50708.E85 Date of Disbursement 06 / 05 / 2005	
Mailing Address PO Box 1		Amount of Each Disbursement this Period 1000.00	
City Lumberton State NC Zip Code 28358-0001	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type	POLITICAL CONTRIBUTION
Candidate Name MIKE MCINTYRE	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District 7			

Full Name (Last, First, Middle Initial) C. Moore for Congress		Transaction ID: 50713.E198 Date of Disbursement 06 / 07 / 2005	
Mailing Address PO Box 75214		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20013-0214	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type	POLITICAL CONTRIBUTION
Candidate Name DENNIS MOORE	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District 03			

SUBTOTAL of Disbursements This Page (optional) ► **3000.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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

Full Name (Last, First, Middle Initial) A. Musgrave for Congress		Transaction ID: 50708.E80 Date of Disbursement 05 / 11 / 2005		
Mailing Address 10582 Canterbury Rd. Suite 100		Amount of Each Disbursement this Period 1000.00		
City Alexandria State VA Zip Code 22309-	Purpose of Disbursement POLITICAL CONTRIBUTION	Candidate Name MARILYNN MUSGRAVE	Category/ Type POLITICAL CONTRIBUTION	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President				Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼
State: CO District: D4				

Full Name (Last, First, Middle Initial) B. Sue Myrick for Congress		Transaction ID: 50708.E115 Date of Disbursement 04 / 05 / 2005		
Mailing Address 1850 E 3rd St Ste 350 Suite 350		Amount of Each Disbursement this Period 1000.00		
City Charlotte State NC Zip Code 28204-3290	Purpose of Disbursement POLITICAL CONTRIBUTION	Candidate Name SUE MYRICK	Category/ Type POLITICAL CONTRIBUTION	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President				Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼
State: NC District: D8				

Full Name (Last, First, Middle Initial) C. Ben Nelson for U.S. Senate Committee		Transaction ID: 50708.E73 Date of Disbursement 05 / 17 / 2005		
Mailing Address 420 C St NE		Amount of Each Disbursement this Period 1000.00		
City Washington State DC Zip Code 20002-5818	Purpose of Disbursement POLITICAL CONTRIBUTION	Candidate Name EBENJAMIN NELSON	Category/ Type POLITICAL CONTRIBUTION	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President				Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼
State: NE District: D0				

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	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)
A. Neugebauer Congressional Committee

Mailing Address PO Box 192741

City Dallas State TX Zip Code 75219-8527

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
RANDY NEUGEBAUER

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: TX District: 19

Category/
Type

Transaction ID: 50713.E131

Date of Disbursement

06 / 01 / 2005

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Pickering for Congress

Mailing Address 228 S Washington St Ste B20
Suite B-20

City Alexandria State VA Zip Code 22314-5402

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
CHARLESW. CHIPJR. PICKERING

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: MS District: 3

Category/
Type

Transaction ID: 50708.E82

Date of Disbursement

05 / 06 / 2005

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. Pomeroy for Congress

Mailing Address PO Box 75214

City Washington State DC Zip Code 20013-0214

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
EARLRALPH POMEROY

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: ND District: 00

Category/
Type

Transaction ID: 50708.E110

Date of Disbursement

04 / 08 / 2005

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

Full Name (Last, First, Middle Initial) A. Rick Renzi for Congress		Transaction ID: 50708.E128 Date of Disbursement 04 / 04 / 2005	
Mailing Address PO Box 2601		Amount of Each Disbursement this Period 1000.00	
City Alexandria State VA Zip Code 22901-0801	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type POLITICAL CONTRIBUTION	Amount of Each Disbursement this Period 1000.00
Candidate Name RICHARDG RENZI	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House Senate President State: AZ District: D1			

Full Name (Last, First, Middle Initial) B. Reynolds for Congress		Transaction ID: 50713.E134 Date of Disbursement 06 / 03 / 2005	
Mailing Address PO Box 15388		Amount of Each Disbursement this Period 1000.00	
City Rochester State NY Zip Code 14615-0388	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type POLITICAL CONTRIBUTION	Amount of Each Disbursement this Period 1000.00
Candidate Name THOMASM REYNOLDS	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House Senate President State: NY District: 26			

Full Name (Last, First, Middle Initial) C. Tompao		Transaction ID: 50714.E160 Date of Disbursement 04 / 29 / 2005	
Mailing Address PO Box 16488		Amount of Each Disbursement this Period 1500.00	
City Arlington State VA Zip Code 22215-1488	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type POLITICAL CONTRIBUTION	Amount of Each Disbursement this Period 1500.00
Candidate Name THOMASM REYNOLDS	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House Senate President State: NY District: 26			

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Mailing Address PO Box 1819

City Janesville State WI Zip Code 53547-1819

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
PAUL RYAN

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: WI District: D1

Category/
Type

Transaction ID: 50708.E78
Date of Disbursement

05 / 11 / 2005

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. Santorum 2006

Mailing Address 128 N Columbus St

City Alexandria State VA Zip Code 22314-3038

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
RICHARD J SANTORUM

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: PA District: D0

Category/
Type

Transaction ID: 50713.E137
Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

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

Mailing Address PO Box 38585

City Dallas State TX Zip Code 75238-0585

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
PETE SESSIONS

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: TX District: 32

Category/
Type

Transaction ID: 50708.E114
Date of Disbursement

04 / 05 / 2005

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

Full Name (Last, First, Middle Initial) A. Christopher Shays for Congress		Transaction ID: 50713.E142 Date of Disbursement 06 / 07 / 2005	
Mailing Address 98 Avenue A Rear Building		Amount of Each Disbursement this Period 1000.00	
City Norwalk	State CT	Zip Code 06854-2822	Category/ Type POLITICAL CONTRIBUTION
Purpose of Disbursement POLITICAL CONTRIBUTION			
Candidate Name CHRISTOPHER SHAYS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CT District: D4			

Full Name (Last, First, Middle Initial) B. Sherman for Congress		Transaction ID: 50708.E70 Date of Disbursement 05 / 31 / 2005	
Mailing Address 4570 Van Nuys Blvd Ste 270 Suite 270		Amount of Each Disbursement this Period 1000.00	
City Sherman Oaks	State CA	Zip Code 01403-2013	Category/ Type POLITICAL CONTRIBUTION
Purpose of Disbursement POLITICAL CONTRIBUTION			
Candidate Name BRAD SHERMAN			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CA District: 27			

Full Name (Last, First, Middle Initial) C. Volunteers for Shimkus		Transaction ID: 50708.E83 Date of Disbursement 05 / 06 / 2005	
Mailing Address PO Box 2776		Amount of Each Disbursement this Period 1000.00	
City Arlington	State VA	Zip Code 22202-0776	Category/ Type POLITICAL CONTRIBUTION
Purpose of Disbursement POLITICAL CONTRIBUTION			
Candidate Name JOHN M SHIMKUS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: IL District: 19			

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	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Sullivan for Congress			Transaction ID: 50708.E92 Date of Disbursement 04 / 28 / 2005		
Mailing Address PO Box 651374			Amount of Each Disbursement this Period 1000.00		
City Sterling	State VA	Zip Code 20165-1374	Category/ Type POLITICAL CONTRIBUTION		
Purpose of Disbursement POLITICAL CONTRIBUTION					
Candidate Name JOHN SULLIVAN					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				
State: OK District: D1					

Full Name (Last, First, Middle Initial) B. Friends of John Tanner			Transaction ID: 50708.E118 Date of Disbursement 04 / 04 / 2005		
Mailing Address PO Box 1984			Amount of Each Disbursement this Period 1000.00		
City Union City	State TN	Zip Code 38281-	Category/ Type POLITICAL CONTRIBUTION		
Purpose of Disbursement POLITICAL CONTRIBUTION					
Candidate Name JOHNS TANNER					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				
State: TN District: D8					

Full Name (Last, First, Middle Initial) C. Friends of Craig Thomas			Transaction ID: 50708.E99 Date of Disbursement 04 / 21 / 2005		
Mailing Address 408 Virginia Ave			Amount of Each Disbursement this Period 1000.00		
City Alexandria	State VA	Zip Code 22302-2908	Category/ Type POLITICAL CONTRIBUTION		
Purpose of Disbursement POLITICAL CONTRIBUTION					
Candidate Name CRAIG THOMAS					
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				
State: WY District: D0					

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

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

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

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

Full Name (Last, First, Middle Initial)
A. Committee to Re-Elect Nydia Velazquez

Mailing Address 315 Inspiration Ln

City Gaithersburg State MD Zip Code 20878-5808

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
NYDIAM VELAZQUEZ

Office Sought: House Senate President
State: NY District: 12

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: 50708.E72
Date of Disbursement

05 / 24 / 2005

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

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

Mailing Address PO Box 1081

City Hood River State OR Zip Code 97031-0037

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
GREGORY PAULWALDEN

Office Sought: House Senate President
State: OR District: 2

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: 50708.E108
Date of Disbursement

04 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

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

Mailing Address PO Box 71147

City Washington State DC Zip Code 20024-1147

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
DEBBIEWASSERMAN SCHULTZ

Office Sought: House Senate President
State: FL District: 20

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: 50708.E123
Date of Disbursement

04 / 04 / 2005

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

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

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

Mailing Address 1200 Trinity Dr

City Alexandria State VA Zip Code 22314-4724

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
ED WHITFIELD

Office Sought: House Senate President

State: KY District: D1

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: 50708.E77
Date of Disbursement

05 / 11 / 2005

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. Heather Wilson for Congress

Mailing Address PO Box 14070

City Albuquerque State NM Zip Code 87101-4070

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
HEATHERA. WILSON

Office Sought: House Senate President

State: NM District: D1

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: 50713.E139
Date of Disbursement

06 / 07 / 2005

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

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

Mailing Address 2020 Governor Thomas Bladen Way

City Annapolis State MD Zip Code 21401-

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
ALBERT WYNN

Office Sought: House Senate President

State: MD District: D4

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: 50708.E69
Date of Disbursement

05 / 31 / 2005

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

73000.00