

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20543
MAR 1995

FEB 2 1 05 PM '95

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) National Association of Health Underwriters PAC		2. FEC IDENTIFICATION NUMBER C00283135
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1000 Connecticut Avenue, NW, Suite 810		
CITY, STATE and ZIP CODE Washington, DC 20036		
3. <input type="checkbox"/> The committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

4. TYPE OF REPORT

(a) April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:

- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |

Twelfth day report preceding _____
(Type of Election)

election on _____ in the State of _____

Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	4/01/95 through 6/30/95		
6. (a) Cash on Hand January 1, 1995			\$ 4,187.92
(b) Cash on Hand at Beginning of Reporting Period		\$ 5,734.14	
(c) Total Receipts (from Line 19)		\$ 5,942.00	\$ 7,542.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 11,676.14	\$ 11,729.92
7. Total Disbursements (from Line 30)		\$ 2,014.68	\$ 2,068.46
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 9,661.46	\$ 9,661.46
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0	
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		Mark Wm. Tappert	
Signature of Treasurer		Date	
		1/26/95	

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

FEC FORM 3X

(Revised 9/93)

9 6 0 3 0 2 5 2 6 7 4

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

95030252875

NAME OF COMMITTEE National Association of Health Underwriters PAC	REPORT COVERING PERIOD FROM 4/01/95 TO 6/30/95	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)		
ii. Unitemized		
ii. Total (add a i. b and c)		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
c. Total Contributions (add a ii. b and c)		
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11c, 12, 13, 14, 15, 16, 17, and 18)		
20. Total Federal Receipts (subtract line 18 from line 19)		
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	14.68	68.46
c. Total Operating Expenditures (add a i, a ii, and b)	14.68	68.46
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,000.00	2,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c)		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28c, and 29)	2,014.68	2,068.46
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	2014.68	2,068.46
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)		
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)		
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	14.68	68.46
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35)	14.68	68.46

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 11 (a) (1)

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

NAME OF COMMITTEE (in Full)

National Association of Health Underwriters PNC

9 5 0 3 0 : 5 2 8 7 6

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chris Woldert 3620 Old Bullard Road, #230 Tyler, TX 75701	Woldert Insurance Services	4/01/95	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Health Insurance Agent	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Timothy Finnel 530 Oak Court Drive #250 A Memphis, TN 38117	Executive Financial Services	4/01/95	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Health Insurance Agent	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Denise Powell 601 Sarasota Quay Sarasota, FL 34236	American Travellers Life Insurance	6/14/95	205.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Health Insurance Agent	Aggregate Year-to-Date > \$ 205.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wade Poole 3703 Taylorville Road #219 Louisville, KY 40220	Integrated Benefits	5/02/95	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Health Insurance Agent	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

955.00

**Federal Election Commission
 ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

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

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

1/25/96

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records
 and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
 Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

267

2/2/96

PREPARER

DATE PREPARED

95030252837