

**FEC
FORM 3X**

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

Office Use Only

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

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

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

C00283135 3. IS THIS REPORT X NEW (N) OR AMENDED (A)

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

5. Covering Period 07 01 2002 through 09 30 2002

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

Type or Print Name of Treasurer Kevin Corcoran, CAE
Signature of Treasurer Electronically Filed by Kevin Corcoran, CAE Date 10 15 2002

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name
National Association of Health Underwriters Political Action Committee - HUPAC

Report Covering the Period: From: ^h07 ^d01 ^y2002 To: ^h09 ^d30 ^y2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^y 2002		67640.00
(b) Cash on Hand at Beginning of Reporting Period	88081.28	
(c) Total Receipts (from Line 19)	30836.00	114089.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	118917.28	181729.50
7. Total Disbursements (from Line 30)	51799.40	114611.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	67117.88	67117.88
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

National Association of Health Underwriters Political Action Committee - HUPAC

Report Covering the Period: From: ^h07 ^d01 ^y2002 To: ^h09 ^d30 ^y2002

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)	14000.00	
(ii) Unitemized	15836.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	29836.00	113089.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4)	29836.00	113089.50
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	1000.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	30836.00	114089.50
20. Total Federal Receipts (subtract Line 18 from Line 19)	30836.00	114089.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	9549.40	27355.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	9549.40	27355.62
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	42250.00	87256.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	51799.40	114611.62
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	51799.40	114611.62
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	29836.00	113089.50
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	29836.00	113089.50
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	9549.40	27355.62
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	9549.40	27355.62

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

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

Mailing Address
488 Palm Springs Drive Suite 210
City State Zip Code
Altamonte Springs FL 32701-7805

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Benefit Plan Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.13328

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

Mailing Address
488 Palm Springs Drive Suite 210
City State Zip Code
Altamonte Springs FL 32701-7805

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Benefit Plan Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.1354B

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

Mailing Address
7606 University Avenue #B
City State Zip Code
Lubbock TX 79423-2128

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Benefit Plan Occupation
Ashmore Agency Health Insurance Agent

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

Transaction ID: SA11A1.13329

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Thomas Belding

Mailing Address
700 N.E. 122nd Street, Suite 1403

City State Zip Code
Oklahoma City OK 73114

Date of Receipt
M M / D D / Y Y Y Y
08 / 19 / 2002

Amount of Each Receipt this Period
980.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Professional Reinsurance Mktg. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 980.00

Transaction ID: SA11A1.12840

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

Mailing Address
8780 Mastin Street Suite F

City State Zip Code
Overland Park KS 66212-4789

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SS & G and Associates, Inc. President/Agent

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

Transaction ID: SA11A1.13581

Full Name (Last, First, Middle Initial)
C. Christine F. Bura

Mailing Address
4900 S. I-10 Service Road West #216

City State Zip Code
Metairie LA 70001

Date of Receipt
M M / D D / Y Y Y Y
08 / 19 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12850

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Mailing Address
3113 W. Beltline Highway

City State Zip Code
Madison WI 53713

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.13342

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

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

Mailing Address
445 E. 5th Avenue

City State Zip Code
Anchorage AK 99501

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Calco, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.12688

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Mailing Address
445 E. 5th Avenue

City State Zip Code
Anchorage AK 99501

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Calco, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.13344

SUBTOTAL of Receipts This Page (optional) ▶ **105.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Jon Cameron

Mailing Address
P.O. Box 695
City State Zip Code
Collierville TN 38027-0695

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2002

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Cameron Benefits, LLC Health Insurance Agent

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

Transaction ID: SA11A1.12490

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

Mailing Address
P.O. Box 695
City State Zip Code
Collierville TN 38027-0695

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Cameron Benefits, LLC Health Insurance Agent

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

Transaction ID: SA11A1.13012

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

Mailing Address
P.O. Box 695
City State Zip Code
Collierville TN 38027-0695

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Cameron Benefits, LLC Health Insurance Agent

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

Transaction ID: SA11A1.13566

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

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 9 / 100

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)

A. Dorothy Cociu

Mailing Address

P.O. Box 6677

City

State

Zip Code

Fullerton

CA

92834-6677

Date of Receipt

N M / D E / Y Y Y Y
07 / 30 / 2002

Amount of Each Receipt this Period

25.00

FEC ID number of contributing
federal political committee.

Name of Employer
Advanced Benefit Consulting

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.12505

Full Name (Last, First, Middle Initial)

B. Dorothy Cociu

Mailing Address

P.O. Box 6677

City

State

Zip Code

Fullerton

CA

92834-6677

Date of Receipt

N M / D E / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period

25.00

FEC ID number of contributing
federal political committee.

Name of Employer
Advanced Benefit Consulting

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Transaction ID: SA11A1.13020

Full Name (Last, First, Middle Initial)

C. Dorothy Cociu

Mailing Address

P.O. Box 6677

City

State

Zip Code

Fullerton

CA

92834-6677

Date of Receipt

N M / D E / Y Y Y Y
09 / 27 / 2002

Amount of Each Receipt this Period

25.00

FEC ID number of contributing
federal political committee.

Name of Employer
Advanced Benefit Consulting

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.13574

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
400 East Hwy., Suite 208

City State Zip Code
Casselberry FL 32707-4975

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12506

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

Mailing Address
400 East Hwy., Suite 208

City State Zip Code
Casselberry FL 32707-4975

Date of Receipt
M M / D D / Y Y Y Y
08 / 19 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12896

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

Mailing Address
400 East Hwy., Suite 208

City State Zip Code
Casselberry FL 32707-4975

Date of Receipt
M M / D D / Y Y Y Y
08 / 19 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 410.00

Transaction ID: SA11A1.12907

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 11 / 100

(check only one)

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

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

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

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.13021

Full Name (Last, First, Middle Initial)
B. G. Scott Condos

Mailing Address
P.O. Box 80987
City State Zip Code
Las Vegas NV 89180-0987

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2002

Amount of Each Receipt this Period
125.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Insurance Solutions Health Insurance Agent

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

Transaction ID: SA11A1.13913

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

Mailing Address
3118 Honey Tree Lane
City State Zip Code
Austin TX 78746

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Don Crook, CLU and Associates Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 420.00

Transaction ID: SA11A1.12507

SUBTOTAL of Receipts This Page (optional)	▶	155.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 12 / 100
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Don Crook

Mailing Address
3118 Honey Tree Lane

City State Zip Code
Austin TX 78746

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Don Crook, CLU and Associates Health Insurance Agent

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

Transaction ID: SA11A1.13025

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

Mailing Address
3118 Honey Tree Lane

City State Zip Code
Austin TX 78746

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Don Crook, CLU and Associates Health Insurance Agent

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

Transaction ID: SA11A1.13577

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

Mailing Address
One National City Center Suite 700-E

City State Zip Code
Indianapolis IN 46255-0001

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2002

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N.C.I.G. Health Insurance Agent

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

Transaction ID: SA11A1.12508

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 13 / 100
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Mailing Address
One National City Center Suite 700-E
City State Zip Code
Indianapolis IN 46255-0001

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

Name of Employer N.C.I.G. Occupation Health Insurance Agent

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

Transaction ID: SA11A1.13026

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Mailing Address
One National City Center Suite 700-E
City State Zip Code
Indianapolis IN 46255-0001

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

Name of Employer N.C.I.G. Occupation Health Insurance Agent

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

Transaction ID: SA11A1.1357B

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Mailing Address
400 Interstate N. Parkway #1700
City State Zip Code
Atlanta GA 30339-5047

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Strategic Employee Services Occupation Health Insurance Agent

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

Transaction ID: SA11A1.1358D

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 14 / 100
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Lisa DeRycke

Mailing Address
4833 South Sheridan Suite 407
City State Zip Code
Tulsa OK 74145-5718

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Benefit Designs of Oklahoma Health Insurance Agent

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

Transaction ID: SA11A1.12511

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

Mailing Address
4833 South Sheridan Suite 407
City State Zip Code
Tulsa OK 74145-5718

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Benefit Designs of Oklahoma Health Insurance Agent

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

Transaction ID: SA11A1.12928

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

Mailing Address
4833 South Sheridan Suite 407
City State Zip Code
Tulsa OK 74145-5718

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Benefit Designs of Oklahoma Health Insurance Agent

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

Transaction ID: SA11A1.13029

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 / 100	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Lisa DeRycke

Mailing Address
4833 South Sheridan Suite 407
City State Zip Code
Tulsa OK 74145-5718

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Benefit Designs of Oklahoma Health Insurance Agent

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

Transaction ID: SA11A1.13581

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

Mailing Address
6440 Avondale Drive, Ste. 204
City State Zip Code
Oklahoma City OK 73116-6416

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

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12705

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

Mailing Address
6440 Avondale Drive, Ste. 204
City State Zip Code
Oklahoma City OK 73116-6416

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.13360

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

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 100

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)

A. Eugene Ebersole

Mailing Address

405 Gretna Blvd.

#103 A

City

State

Zip Code

Gretna

LA

70053-4945

Date of Receipt

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

Amount of Each Receipt this Period

40.00

FEC ID number of contributing
federal political committee.

Name of Employer

Ebersole & Associates, Inc.

Occupation

Health Insurance Agent

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Transaction ID: SA11A1.12707

Full Name (Last, First, Middle Initial)

B. Eugene Ebersole

Mailing Address

405 Gretna Blvd.

#103 A

City

State

Zip Code

Gretna

LA

70053-4945

Date of Receipt

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

Amount of Each Receipt this Period

40.00

FEC ID number of contributing
federal political committee.

Name of Employer

Ebersole & Associates, Inc.

Occupation

Health Insurance Agent

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Transaction ID: SA11A1.13362

Full Name (Last, First, Middle Initial)

C. Thomas M. Evans

Mailing Address

2717 North 118th Circle

City

State

Zip Code

Omaha

NE

68164-9872

Date of Receipt

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

Amount of Each Receipt this Period

40.00

FEC ID number of contributing
federal political committee.

Name of Employer

United Healthcare Midlands

Occupation

Health Insurance Agent

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Transaction ID: SA11A1.12710

SUBTOTAL of Receipts This Page (optional) ▶

120.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 17 / 100
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Thomas M. Evans

Mailing Address
2717 North 118th Circle

City State Zip Code
Omaha NE 68164-9672

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
United Healthcare Midlands Health Insurance Agent

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

Transaction ID: SA11A1.13365

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

Mailing Address
11160 Sun Center Dr. #A

City State Zip Code
Rancho Cordova CA 95670

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

Amount of Each Receipt this Period
55.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CA Insurance Marketing Services Health Insurance Agent

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

Transaction ID: SA11A1.12712

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

Mailing Address
11160 Sun Center Dr. #A

City State Zip Code
Rancho Cordova CA 95670

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Amount of Each Receipt this Period
55.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CA Insurance Marketing Services Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 335.00

Transaction ID: SA11A1.13367

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 18 / 100
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

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

Mailing Address
11180 Sun Center Dr. #A
City Rancho Cordova State CA Zip Code 95670

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer CA Insurance Marketing Services Occupation Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 435.00

Transaction ID: SA11A1.13916

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

Mailing Address
736 Johnson Ferry Road Building C-200
City Marietta State GA Zip Code 30068-5618

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12929

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

Mailing Address
2500 Louisiana Blvd. NE, Ste. 900
City Albuquerque State NM Zip Code 87110

Date of Receipt
M M / D D / Y Y Y Y
08 / 19 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 2450.00

Transaction ID: SA11A1.12980

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 100

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)

A. Eva Jean Fomelant

Mailing Address

2500 Louisiana Blvd. NE , Ste. 300

City

Albuquerque

State

NM

Zip Code

87110

Date of Receipt

MM / DD / YYYY
08 / 18 / 2002

Amount of Each Receipt this Period

50.00

FEC ID number of contributing
federal political committee.

Name of Employer
Delta Dental Plans of NM

Occupation
Health Insurance Agent

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Transaction ID: SA11A1.12897

Full Name (Last, First, Middle Initial)

B. Eva Jean Fomelant

Mailing Address

2500 Louisiana Blvd. NE , Ste. 300

City

Albuquerque

State

NM

Zip Code

87110

Date of Receipt

MM / DD / YYYY
09 / 18 / 2002

Amount of Each Receipt this Period

100.00

FEC ID number of contributing
federal political committee.

Name of Employer
Delta Dental Plans of NM

Occupation
Health Insurance Agent

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Transaction ID: SA11A1.13817

Full Name (Last, First, Middle Initial)

C. Charles Garten

Mailing Address

1010 Commons Way Bldg. G

P.O. Box 1288

City

Toms River

State

NJ

Zip Code

08754-1288

Date of Receipt

MM / DD / YYYY
07 / 30 / 2002

Amount of Each Receipt this Period

20.00

FEC ID number of contributing
federal political committee.

Name of Employer
BenefitPort, LLC

Occupation
Health Insurance Agent

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Transaction ID: SA11A1.12520

SUBTOTAL of Receipts This Page (optional) ▶

170.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 100

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

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

A. Full Name (Last, First, Middle Initial)
Charles Garten

Mailing Address
1D10 Commons Way Bldg. G P.O. Box 1268
City State Zip Code
Toms River NJ 08754-1268

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer
BenefitPort, LLC

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.13030

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

Mailing Address
1D10 Commons Way Bldg. G P.O. Box 1268
City State Zip Code
Toms River NJ 08754-1268

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer
BenefitPort, LLC

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.13580

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

Mailing Address
301 Madison Avenue
City State Zip Code
New York NY 10016

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

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer
Medical Link

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.12719

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Patsi Goldfarb

Mailing Address
3D1 Madison Avenue
City: New York State: NY Zip Code: 10016

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer: Medical Link Occupation: Health Insurance Agent

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

Transaction ID: SA11A1.13374

Full Name (Last, First, Middle Initial)
B. Carolyn L. Goodwin

Mailing Address
4D55 Valley View Lane Suite 380
City: Dallas State: TX Zip Code: 75244-5083

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer: CBIZ Benefits & Insurance Services Occupation: Health Insurance Agent

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

Transaction ID: SA11A1.13592

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

Mailing Address
7431 O Street
City: Lincoln State: NE Zip Code: 68510-2444

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

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer: Midlands Financial Benefits Occupation: Health Insurance Agent

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 790.00

Transaction ID: SA11A1.12721

SUBTOTAL of Receipts This Page (optional) ▶ **155.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 22 / 100
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

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

Mailing Address
7431 O Street

City State Zip Code
Lincoln NE 68510-2444

Date of Receipt
M M / D D / Y Y Y Y
08 / 22 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Midlands Financial Benefits Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 840.00

Transaction ID: SA11A1.12874

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

Mailing Address
7431 O Street

City State Zip Code
Lincoln NE 68510-2444

Date of Receipt
M M / D D / Y Y Y Y
08 / 03 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Midlands Financial Benefits Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 920.00

Transaction ID: SA11A1.13375

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

Mailing Address
802 N. Carancahua Suite 1700

City State Zip Code
Corpus Christi TX 78470-0182

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

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Humana Health Insurance Agent

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

Transaction ID: SA11A1.12722

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

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 100

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

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

Full Name (Last, First, Middle Initial)
A. Katherine Greene

Mailing Address
802 N. Carancahua Suite 170D
City State Zip Code
Corpus Christi TX 78470-0182

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer
Humana

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.13376

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

Mailing Address
313 Railroad Avenue, #201
City State Zip Code
Nevada City CA 95959

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer
Halby Insurance Agency

Occupation
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 340.00

Transaction ID: SA11A1.12524

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

Mailing Address
313 Railroad Avenue, #201
City State Zip Code
Nevada City CA 95959

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer
Halby Insurance Agency

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.13046

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Anthony Halby

Mailing Address
313 Railroad Avenue, #201

City State Zip Code
Nevada City CA 85859

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Halby Insurance Agency Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 380.00

Transaction ID: SA11A1.13595

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

Mailing Address
P.O. Box 80155

City State Zip Code
Chattanooga TN 37414

Date of Receipt
M M / D D / Y Y Y Y
08 / 19 / 2002

Amount of Each Receipt this Period
140.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Benefit Plans Administrators, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 293.00

Transaction ID: SA11A1.12832

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

Mailing Address
293 Fairway Drive

City State Zip Code
Fayetteville NC 28305-5511

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Employee Benefit Systems, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.13049

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
William J. Hartman

Mailing Address
P.O. Box 8270

City State Zip Code
Fort Wayne IN 46898-8270

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer American Republic Insurance Company	Occupation Health Insurance Agent
---	--------------------------------------

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

Transaction ID: SA11A1.13601

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

Mailing Address
736 Johnson Ferry Road, #C-200

City State Zip Code
Marietta GA 30068

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12939

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

Mailing Address
4200 East Skelly Drive #251

City State Zip Code
Tulsa OK 74135-3208

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

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Business Planning Group of OK	Occupation Health Insurance Agent
---	--------------------------------------

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

Transaction ID: SA11A1.12729

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 26 / 100

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

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

Full Name (Last, First, Middle Initial)
A. Timothy Hendricks

Mailing Address
4200 East Skelly Drive #251

City State Zip Code
Tulsa OK 74135-3206

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Amount of Each Receipt this Period
60.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Business Planning Group of OK Health Insurance Agent

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

Transaction ID: SA11A1.13363

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

Mailing Address
PO Box 724

City State Zip Code
Snelville GA 30078

Date of Receipt
M M / D D / Y Y Y Y
08 / 19 / 2002

Amount of Each Receipt this Period
138.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
DDH Associates Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 668.00

Transaction ID: SA11A1.12856

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

Mailing Address
PO Box 724

City State Zip Code
Snelville GA 30078

Date of Receipt
M M / D D / Y Y Y Y
08 / 19 / 2002

Amount of Each Receipt this Period
60.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
DDH Associates Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 748.00

Transaction ID: SA11A1.12866

SUBTOTAL of Receipts This Page (optional) ▶ **248.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 27 / 100

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)

A. Richard Hill

Mailing Address

4435 O Street

City

State

Zip Code

Lincoln

NE

68510-1842

Date of Receipt

M M / D D / Y Y Y Y
08 / 02 / 2002

Amount of Each Receipt this Period

40.00

FEC ID number of contributing
federal political committee.

Name of Employer
UNICO Financial Services

Occupation

Health Insurance Agent

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Transaction ID: SA11A1.12732

Full Name (Last, First, Middle Initial)

B. Richard Hill

Mailing Address

4435 O Street

City

State

Zip Code

Lincoln

NE

68510-1842

Date of Receipt

M M / D D / Y Y Y Y
08 / 03 / 2002

Amount of Each Receipt this Period

40.00

FEC ID number of contributing
federal political committee.

Name of Employer
UNICO Financial Services

Occupation

Health Insurance Agent

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Transaction ID: SA11A1.13386

Full Name (Last, First, Middle Initial)

C. Patrick L. Hoefener

Mailing Address

10040 Regency Circle

Suite 190

City

State

Zip Code

Omaha

NE

68114-3734

Date of Receipt

M M / D D / Y Y Y Y
08 / 22 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
American Community Mutual Insurance

Occupation

Health Insurance Agent

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.12918

SUBTOTAL of Receipts This Page (optional) ▶

330.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 28 / 100
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Patrick L. Hoefener

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 2 / 2 0 0 2

Mailing Address
10040 Regency Circle Suite 190
City State Zip Code
Omaha NE 68114-3734

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Community Mutual Insurance Health Insurance Agent

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

Transaction ID: SA11A1.12975

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

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 2 / 2 0 0 2

Mailing Address
2025 North Summit Avenue Suite 200
City State Zip Code
Milwaukee WI 53202-1362

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
T.E. Brennan Company Health Insurance Agent

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

Transaction ID: SA11A1.12976

Full Name (Last, First, Middle Initial)
C. John R. Hughes, Jr.

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 0 2

Mailing Address
305 Mill Pond Circle
City State Zip Code
Franklin TN 37069-8218

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Hughes & Associates Health Insurance Agent

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

Transaction ID: SA11A1.12960

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:
(check only one)

PAGE 29 / 100

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)

A. Suzy Johnson

Mailing Address

6235 Morrison Boulevard

Suite 302

City

State

Zip Code

Charlotte

NC

28211-3508

Date of Receipt

N M / D E / Y Y Y Y
09 / 27 / 2002

Amount of Each Receipt this Period

30.00

FEC ID number of contributing
federal political committee.

Name of Employer

Strategic Employee Benefit Services

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Transaction ID: SA11A1.13616

Full Name (Last, First, Middle Initial)

B. Lawrence Kaczmarek

Mailing Address

2633 State Route 59, Suite B

City

State

Zip Code

Ravenna

OH

44266-1684

Date of Receipt

N M / D E / Y Y Y Y
08 / 02 / 2002

Amount of Each Receipt this Period

100.00

FEC ID number of contributing
federal political committee.

Name of Employer

Kaczmarek Insurance Services

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Transaction ID: SA11A1.12745

Full Name (Last, First, Middle Initial)

C. Lawrence Kaczmarek

Mailing Address

2633 State Route 59, Suite B

City

State

Zip Code

Ravenna

OH

44266-1684

Date of Receipt

N M / D E / Y Y Y Y
09 / 03 / 2002

Amount of Each Receipt this Period

100.00

FEC ID number of contributing
federal political committee.

Name of Employer

Kaczmarek Insurance Services

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Transaction ID: SA11A1.13399

SUBTOTAL of Receipts This Page (optional) ▶

230.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 30 / 100

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

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

Full Name (Last, First, Middle Initial)

A. Thelma Kaczmarek

Mailing Address

2633 State Rte. 59 Sta. B

City

State

Zip Code

Ravenna

OH

44266-1684

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period

80.00

FEC ID number of contributing
federal political committee.

Name of Employer
Kaczmarek Insurance Services

Occupation

Health Insurance Agent

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Transaction ID: SA11A1.12746

Full Name (Last, First, Middle Initial)

B. Thelma Kaczmarek

Mailing Address

2633 State Rte. 59 Sta. B

City

State

Zip Code

Ravenna

OH

44266-1684

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 2

Amount of Each Receipt this Period

80.00

FEC ID number of contributing
federal political committee.

Name of Employer
Kaczmarek Insurance Services

Occupation

Health Insurance Agent

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Transaction ID: SA11A1.13400

Full Name (Last, First, Middle Initial)

C. Thomas Kaufman

Mailing Address

1675 Willow Street

City

State

Zip Code

San Jose

CA

95125

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 2

Amount of Each Receipt this Period

85.00

FEC ID number of contributing
federal political committee.

Name of Employer
BCI Insurance Services, Inc.

Occupation

Health Insurance Agent

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

645.00

Transaction ID: SA11A1.12541

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: (check only one)		PAGE 31 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
1675 Willow Street

City State Zip Code
San Jose CA 95125

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period
85.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 730.00

Transaction ID: SA11A1.13066

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

Mailing Address
1675 Willow Street

City State Zip Code
San Jose CA 95125

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Amount of Each Receipt this Period
85.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 815.00

Transaction ID: SA11A1.13622

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

Mailing Address
1173 Brittmoore Road

City State Zip Code
Houston TX 77043-5003

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Benefit Concepts Inc. Health Insurance Agent

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

Transaction ID: SA11A1.13624

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: (check only one)		PAGE 32 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
PO Box 507
City State Zip Code
Carrollton GA 30117-0507

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer
J. Smith Lanier & Company

Occupation
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼
560.00

Transaction ID: SA11A1.12946

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

Mailing Address
11508 Miracle Hills Drive, #102
City State Zip Code
Omaha NE 68154-4447

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

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer
Silverstone Group, Inc.

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.12750

Full Name (Last, First, Middle Initial)
C. Mary B. Kramer

Mailing Address
11508 Miracle Hills Drive, #102
City State Zip Code
Omaha NE 68154-4447

Date of Receipt
M M / D D / Y Y Y Y
08 / 03 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer
Silverstone Group, Inc.

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.13404

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Rufus Langley

Mailing Address
P.O. Box 2997

City State Zip Code
Durham NC 27715-2997

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RL Forrester Insurance Agency Health Insurance Agent

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

Transaction ID: SA11A1.12852

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

Mailing Address
1210 Cole Mill Road

City State Zip Code
Durham NC 27705-2908

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 380.00

Transaction ID: SA11A1.12850

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

Mailing Address
1210 Cole Mill Road

City State Zip Code
Durham NC 27705-2908

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12848

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
1210 Cole Mill Road

City State Zip Code
Durham NC 27705-2908

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.13076

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

Mailing Address
1210 Cole Mill Road

City State Zip Code
Durham NC 27705-2908

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 460.00

Transaction ID: SA11A1.13632

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

Mailing Address
2460 Peach Tree Road, NW Suite 1514

City State Zip Code
Atlanta GA 30305

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

Amount of Each Receipt this Period
42.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CompLink Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 536.00

Transaction ID: SA11A1.12751

SUBTOTAL of Receipts This Page (optional) ▶ **102.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
2460 Peach Tree Road, NW Suite 1514

City State Zip Code
Atlanta GA 30305

Date of Receipt
M / D / Y
08 / 20 / 2002

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer
CompLink

Occupation
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 576.00

Transaction ID: SA11A1.12949

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

Mailing Address
2460 Peach Tree Road, NW Suite 1514

City State Zip Code
Atlanta GA 30305

Date of Receipt
M / D / Y
08 / 20 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer
CompLink

Occupation
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 656.00

Transaction ID: SA11A1.13077

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

Mailing Address
2460 Peach Tree Road, NW Suite 1514

City State Zip Code
Atlanta GA 30305

Date of Receipt
M / D / Y
08 / 27 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer
CompLink

Occupation
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 736.00

Transaction ID: SA11A1.13633

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 36 / 100
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

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

Mailing Address
120 E Washington Street

City State Zip Code
Plymouth IN 46563-1744

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

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer
KL Benefits

Occupation
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 740.00

Transaction ID: SA11A1.12753

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

Mailing Address
120 E Washington Street

City State Zip Code
Plymouth IN 46563-1744

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer
KL Benefits

Occupation
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 820.00

Transaction ID: SA11A1.13405

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

Mailing Address
500 North Akard Street Suite 1900

City State Zip Code
Dallas TX 75201-6871

Date of Receipt
M M / D D / Y Y Y Y
08 / 19 / 2002

Amount of Each Receipt this Period
120.00

FEC ID number of contributing federal political committee.

Name of Employer
Morris Temple Financial Services, Inc.

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.12878

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:
(check only one)

PAGE 37 / 100

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)

A. Carla Magarity

Mailing Address

2D301 Ventura Boulevard

Suite 310

City

State

Zip Code

Woodland Hills

CA

91364-0940

Date of Receipt

09 / 16 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Time Employee Benefits

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Transaction ID: SA11A1.13276

Full Name (Last, First, Middle Initial)

B. Dale Maloney

Mailing Address

1434 West Fairbanks Avenue

City

State

Zip Code

Winter Park

FL

32789-4806

Date of Receipt

09 / 27 / 2002

Amount of Each Receipt this Period

80.00

FEC ID number of contributing
federal political committee.

Name of Employer
Resource Group of Winter Park, In-
c.

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Transaction ID: SA11A1.13637

Full Name (Last, First, Middle Initial)

C. Kimberly Martin

Mailing Address

180 Charlotte Highway

City

State

Zip Code

Asheville

NC

28803

Date of Receipt

08 / 02 / 2002

Amount of Each Receipt this Period

20.00

FEC ID number of contributing
federal political committee.

Name of Employer
Benefits Unlimited, Inc.

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Transaction ID: SA11A1.12757

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:
(check only one)

PAGE 38 / 100

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

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

A. Full Name (Last, First, Middle Initial) Kimberly Martin Date of Receipt
Mailing Address 180 Charlotte Highway N M / D E / Y Y Y Y
Asheville State NC Zip Code 28803 09 / 03 / 2002
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 20.00

Name of Employer Benefits Unlimited, Inc. Occupation Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: SA11A1.13409

B. Full Name (Last, First, Middle Initial) Michael Melnick Date of Receipt
Mailing Address P.O. Box 38248 N M / D E / Y Y Y Y
Greensboro State NC Zip Code 27438-8248 07 / 17 / 2002
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 60.00

Name of Employer MediFlex Benefits Center, Inc. Occupation Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 975.00

Transaction ID: SA11A1.12487

C. Full Name (Last, First, Middle Initial) Michael Melnick Date of Receipt
Mailing Address P.O. Box 38248 N M / D E / Y Y Y Y
Greensboro State NC Zip Code 27438-8248 07 / 30 / 2002
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 85.00

Name of Employer MediFlex Benefits Center, Inc. Occupation Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1060.00

Transaction ID: SA11A1.12553

SUBTOTAL of Receipts This Page (optional) ▶ **155.00**
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 / 100	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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

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

Mailing Address
P.O. Box 38248
City Greensboro State NC Zip Code 27438-8248

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period
85.00

FEC ID number of contributing federal political committee.

Name of Employer
MediFlex Benefits Center, Inc.

Occupation
Health Insurance Agent

Receipt For:
Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1145.00

Transaction ID: SA11A1.13081

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

Mailing Address
P.O. Box 38248
City Greensboro State NC Zip Code 27438-8248

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Amount of Each Receipt this Period
85.00

FEC ID number of contributing federal political committee.

Name of Employer
MediFlex Benefits Center, Inc.

Occupation
Health Insurance Agent

Receipt For:
Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1230.00

Transaction ID: SA11A1.1363B

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

Mailing Address
705 Lakeview Plaza Blvd #B
City Worthington State OH Zip Code 43085-4779

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer
May Insurance Services

Occupation
Health Insurance Agent

Receipt For:
Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Transaction ID: SA11A1.12554

SUBTOTAL of Receipts This Page (optional) ▶ **190.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
705 Lakeview Plaza Blvd #B
City: Worthington State: OH Zip Code: 43085-4779

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.13082

Full Name (Last, First, Middle Initial)
B. Donna S. McCright

Mailing Address
4055 Valley View Lane Suite 380
City: Dallas State: TX Zip Code: 75244-5083

Date of Receipt
M M / D D / Y Y Y Y
08 / 19 / 2002

Amount of Each Receipt this Period
320.00

FEC ID number of contributing federal political committee.

Name of Employer: CBIZ Benefits & Insurance Services Occupation: Health Insurance Agent

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

Transaction ID: SA11A1.12847

Full Name (Last, First, Middle Initial)
C. Katrina A. McMahon

Mailing Address
700 NE 122nd Street Suite 1403
City: Oklahoma City State: OK Zip Code: 73114-8150

Date of Receipt
M M / D D / Y Y Y Y
08 / 19 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer: Group Benefit Services, Inc. Occupation: Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1000.00

Transaction ID: SA11A1.12833

SUBTOTAL of Receipts This Page (optional) ▶ **1340.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
575 South Charles Street Suite 300
City State Zip Code
Baltimore MD 21201-2428

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Strategic Employee Benefit Services Occupation Health Insurance Agent

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

Transaction ID: SA11A1.13085

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

Mailing Address
575 South Charles Street Suite 300
City State Zip Code
Baltimore MD 21201-2428

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Strategic Employee Benefit Services Occupation Health Insurance Agent

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

Transaction ID: SA11A1.13642

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

Mailing Address
4419 South 2950 East
City State Zip Code
Salt Lake City UT 84124-3740

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2002

Amount of Each Receipt this Period
240.00

FEC ID number of contributing federal political committee.

Name of Employer Janet Metcalf Insurance Specialties Occupation Health Insurance Agent

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

Transaction ID: SA11A1.13494

SUBTOTAL of Receipts This Page (optional) ▶ 440.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
520 Washington Boulevard Suite 801
City State Zip Code
Marina del Rey CA 90292-5442

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer
The Miles Organization, Inc.

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.12463

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

Mailing Address
21914 Harper Ave.
City State Zip Code
Saint Clair Shores MI 48080-2218

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer
Professional Benefit Planners

Occupation
Health Insurance Agent

Receipt For:
Primary General Aggregate Year-to-Date ▼
Other (specify) ▼ 340.00

Transaction ID: SA11A1.12558

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

Mailing Address
21914 Harper Ave.
City State Zip Code
Saint Clair Shores MI 48080-2218

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer
Professional Benefit Planners

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.13087

SUBTOTAL of Receipts This Page (optional) ▶ **540.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
21914 Harper Ave.
City: Saint Clair Shores State: MI Zip Code: 48080-2218

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer: Professional Benefit Planners Occupation: Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 380.00

Transaction ID: SA11A1.13644

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

Mailing Address
9208 C Anderson Drive, NW
City: Albuquerque State: NM Zip Code: 87114-5317

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer: J. Moore Insurance Occupation: Health Insurance Agent

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

Transaction ID: SA11A1.12580

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

Mailing Address
9208 C Anderson Drive, NW
City: Albuquerque State: NM Zip Code: 87114-5317

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer: J. Moore Insurance Occupation: Health Insurance Agent

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

Transaction ID: SA11A1.13088

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 44 / 100

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)

A. Julia Moore

Mailing Address

9208 C Anderson Drive, NW

City

State

Zip Code

Albuquerque

NM

87114-5317

Date of Receipt

MM / DD / YYYY
09 / 27 / 2002

FEC ID number of contributing
federal political committee.

10.00

Name of Employer
J. Moore Insurance

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Transaction ID: SA11A1.13645

Full Name (Last, First, Middle Initial)

B. Wesley Moore

Mailing Address

P.O. Box 804

City

State

Zip Code

Darlington

SC

29540-0604

Date of Receipt

MM / DD / YYYY
08 / 19 / 2002

FEC ID number of contributing
federal political committee.

20.00

Name of Employer
W.P. Moore, III Agency, Inc.

Occupation

Owner, Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Transaction ID: SA11A1.12893

Full Name (Last, First, Middle Initial)

C. Wesley Moore

Mailing Address

P.O. Box 804

City

State

Zip Code

Darlington

SC

29540-0604

Date of Receipt

MM / DD / YYYY
09 / 03 / 2002

FEC ID number of contributing
federal political committee.

25.00

Name of Employer
W.P. Moore, III Agency, Inc.

Occupation

Owner, Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Transaction ID: SA11A1.13415

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: (check only one)				PAGE 45 / 100
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Jim Mozingo

Mailing Address
201 S. McPherson Church Road Suite 103
City State Zip Code
Fayetteville NC 28303

Date of Receipt
M / D / Y Y Y Y
07 / 30 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 860.00

Transaction ID: SA11A1.12561

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

Mailing Address
201 S. McPherson Church Road Suite 103
City State Zip Code
Fayetteville NC 28303

Date of Receipt
M / D / Y Y Y Y
08 / 19 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 760.00

Transaction ID: SA11A1.1285B

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

Mailing Address
201 S. McPherson Church Road Suite 103
City State Zip Code
Fayetteville NC 28303

Date of Receipt
M / D / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 960.00

Transaction ID: SA11A1.13089

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 / 100	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Jim Mezingo

Mailing Address
2D1 S. McPherson Church Road Suite 103
City State Zip Code
Fayetteville NC 28303

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1160.00

Transaction ID: SA11A1.13646

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

Mailing Address
P.O. Box 4000
City State Zip Code
Clinton TN 37717-4000

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Insurance Service Group Health Insurance Group

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

Transaction ID: SA11A1.13422

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

Mailing Address
P.O. Box 220748
City State Zip Code
Charlotte NC 28222-0748

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Cameron M. Harris & Co. Health Insurance Agent

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

Transaction ID: SA11A1.13093

SUBTOTAL of Receipts This Page (optional) ▶ **230.00**

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 / 100

(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Patricia Norket

Mailing Address
P.O. Box 220748
City State Zip Code
Charlotte NC 28222-0748

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Cameron M. Harris & Co. Health Insurance Agent

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

Transaction ID: SA11A1.13651

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

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

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2002

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Parker Health Plan Agency Health Insurance Agent

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

Transaction ID: SA11A1.12568

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

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Parker Health Plan Agency Health Insurance Agent

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

Transaction ID: SA11A1.13100

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

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 48 / 100

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

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

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Mailing Address
47 Laurel Hill Drive

City State Zip Code
Niantic CT 06357

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Parker Health Plan Agency Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 255.00

Transaction ID: SA11A1.13656

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2002

Mailing Address
64 East Winchester, Suite 205

City State Zip Code
Salt Lake City UT 84107-5602

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Perry Financial Group Health Insurance Agent

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

Transaction ID: SA11A1.12955

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 19 / 2002

Mailing Address
P.O. Box 43350

City State Zip Code
Birmingham AL 35243-0350

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12998

SUBTOTAL of Receipts This Page (optional) ▶ **375.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.13431

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

Mailing Address
305 Douglas Avenue
City State Zip Code
Altamonte Springs FL 32714-3332

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Fringe Benefit Plans, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.13104

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

Mailing Address
305 Douglas Avenue
City State Zip Code
Altamonte Springs FL 32714-3332

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Fringe Benefit Plans, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.13659

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

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

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2002

Mailing Address
8D14 Midlothian Turnpike, #200

City State Zip Code
Richmond VA 23235-5291

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 850.00

Transaction ID: SA11A1.12575

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Mailing Address
8D14 Midlothian Turnpike, #200

City State Zip Code
Richmond VA 23235-5291

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.13108

C. Full Name (Last, First, Middle Initial)
Dennis J. Recker

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

Mailing Address
971 North Perry Street

City State Zip Code
Ottawa OH 45875-1218

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Fawcett, Lammon, Recker & Associates Health Insurance Agent

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

Transaction ID: SA11A1.12779

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 51 / 100
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial)
A. Dennis J. Recker

Mailing Address
971 North Perry Street

City State Zip Code
Ottawa OH 45875-1218

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Fawcett, Lammon, Recker & Associates Health Insurance Agent

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

Transaction ID: SA11A1.13437

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

Mailing Address
508 Marin Street, #125

City State Zip Code
Thousand Oaks CA 91360

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Insurance Dimensions Health Insurance Agent

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

Transaction ID: SA11A1.13954

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

Mailing Address
100 South Sunrise Way PMB 364

City State Zip Code
Palm Springs CA 92262-6737

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

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Palm Canyon Insurance Agency Health Insurance Agent

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

Transaction ID: SA11A1.12786

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

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

Mailing Address
100 South Sunrise Way PMB 364
City State Zip Code
Palm Springs CA 82262-6737

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Palm Canyon Insurance Agency Health Insurance Agent

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

Transaction ID: SA11A1.13445

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

Mailing Address
100 South Sunrise Way PMB 364
City State Zip Code
Palm Springs CA 82262-6737

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Palm Canyon Insurance Agency Health Insurance Agent

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

Transaction ID: SA11A1.14081

Full Name (Last, First, Middle Initial)
C. Ernest G. Robison

Mailing Address
490 Eraste Landry Road
City State Zip Code
Lafayette LA 70506

Date of Receipt
M M / D D / Y Y Y Y
08 / 19 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Brokers-Givens Insurance, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.12873

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 53 / 100
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Ernest G. Robison

Mailing Address
430 Eraste Landry Road

City State Zip Code
Lafayette LA 70506

Date of Receipt
M / D / Y Y Y Y
08 / 19 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Brokers-Givens Insurance, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.12874

Full Name (Last, First, Middle Initial)
B. Ernest G. Robison

Mailing Address
430 Eraste Landry Road

City State Zip Code
Lafayette LA 70506

Date of Receipt
M / D / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Brokers-Givens Insurance, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.13117

Full Name (Last, First, Middle Initial)
C. Ernest G. Robison

Mailing Address
430 Eraste Landry Road

City State Zip Code
Lafayette LA 70506

Date of Receipt
M / D / Y Y Y Y
08 / 27 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Brokers-Givens Insurance, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.13672

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

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 54 / 100

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

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

A. Full Name (Last, First, Middle Initial)
Eugene Rowe
Date of Receipt
Mailing Address
18000 Venutra Blvd, #1103
City State Zip Code
Encino CA 91436-2767
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 30.00
Name of Employer Occupation
The Rowe Group Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 240.00
Transaction ID: SA11A1.12787

B. Full Name (Last, First, Middle Initial)
Eugene Rowe
Date of Receipt
Mailing Address
18000 Venutra Blvd, #1103
City State Zip Code
Encino CA 91436-2767
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 30.00
Name of Employer Occupation
The Rowe Group Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 270.00
Transaction ID: SA11A1.13446

C. Full Name (Last, First, Middle Initial)
Stephen Salomon
Date of Receipt
Mailing Address
P.O. Box 4252
City State Zip Code
Timonium MD 21094-4252
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 10.00
Name of Employer Occupation
Heritage Financial Consultants, LLC Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2360.00
Transaction ID: SA11A1.12789

SUBTOTAL of Receipts This Page (optional) ▶ **70.00**
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 55 / 100
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

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

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

Date of Receipt
N M / D E / Y Y Y Y
09 / 03 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2390.00

Transaction ID: SA11A1.13448

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

Mailing Address
510 Briscoe Blvd. #200
City State Zip Code
Lawrenceville GA 30045-6700

Date of Receipt
N M / D E / Y Y Y Y
07 / 30 / 2002

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Multiple Benefits Corp. Health Insurance Agent

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

Transaction ID: SA11A1.12586

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

Mailing Address
510 Briscoe Blvd. #200
City State Zip Code
Lawrenceville GA 30045-6700

Date of Receipt
N M / D E / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Multiple Benefits Corp. Health Insurance Agent

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

Transaction ID: SA11A1.13127

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Raymer Sale

Mailing Address
510 Briscoe Blvd. #200

City State Zip Code
Lawrenceville GA 30045-6700

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

Name of Employer Multiple Benefits Corp. Occupation Health Insurance Agent

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

Transaction ID: SA11A1.13682

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

Mailing Address
810 Tara Plaza

City State Zip Code
Papillion NE 68046

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

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

Name of Employer The Benefit Consultant Group, Inc. Occupation Health Insurance Agent

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

Transaction ID: SA11A1.12791

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

Mailing Address
810 Tara Plaza

City State Zip Code
Papillion NE 68046

Date of Receipt
M M / D D / Y Y Y Y
08 / 22 / 2002

Amount of Each Receipt this Period
70.00

FEC ID number of contributing federal political committee.

Name of Employer The Benefit Consultant Group, Inc. Occupation Health Insurance Agent

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

Transaction ID: SA11A1.12986

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

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 57 / 100

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

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

NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)

A. Mark Schlang

Mailing Address

810 Tara Plaza

City

State

Zip Code

Apartment

NE

68046

Date of Receipt

N M / D E / Y Y Y Y
09 / 03 / 2002

Amount of Each Receipt this Period

30.00

FEC ID number of contributing
federal political committee.

Name of Employer

The Benefit Consultant Group, Inc.

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Transaction ID: SA11A1.13450

Full Name (Last, First, Middle Initial)

B. Mel Schlesinger

Mailing Address

P.O. Box 4068

City

State

Zip Code

Wilmington

NC

28406

Date of Receipt

N M / D E / Y Y Y Y
07 / 30 / 2002

Amount of Each Receipt this Period

20.00

FEC ID number of contributing
federal political committee.

Name of Employer

Dental Plans, Plus

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Transaction ID: SA11A1.12588

Full Name (Last, First, Middle Initial)

C. Mel Schlesinger

Mailing Address

P.O. Box 4068

City

State

Zip Code

Wilmington

NC

28406

Date of Receipt

N M / D E / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period

40.00

FEC ID number of contributing
federal political committee.

Name of Employer

Dental Plans, Plus

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

268.00

Transaction ID: SA11A1.13129

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 58 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Full Name (Last, First, Middle Initial)
A. Mel Schlesinger

Mailing Address
P.O. Box 4068
City: Wilmington State: NC Zip Code: 28406

Date of Receipt
M / D / Y
09 / 27 / 2002

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer: Dental Plans, Plus Occupation: Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 308.00

Transaction ID: SA11A1.13684

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

Mailing Address
7431 O Street
City: Lincoln State: NE Zip Code: 68510-2444

Date of Receipt
M / D / Y
08 / 22 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer: Midlands Financial Benefits Occupation: Health Insurance Agent

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

Transaction ID: SA11A1.12987

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

Mailing Address
P.O. Box 355
City: Apollo State: PA Zip Code: 15813-0355

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

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer: Executive Benefit Plans, Inc. Occupation: Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1400.00

Transaction ID: SA11A1.12794

SUBTOTAL of Receipts This Page (optional) ▶ **740.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 59 / 100

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

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

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Mailing Address
P.O. Box 355

City State Zip Code
Apollo PA 15613-0355

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Executive Benefit Plans, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1800.00

Transaction ID: SA11A1.13454

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

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

Mailing Address
P.O. Box 587

City State Zip Code
Wheeling IL 60090-0587

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Shapiro Financial Group, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.12795

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Mailing Address
P.O. Box 587

City State Zip Code
Wheeling IL 60090-0587

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Shapiro Financial Group, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.13455

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 60 / 100
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial)
A. Bob G. Shupe

Mailing Address
P.O. Box 2344

City State Zip Code
Brentwood TN 37024-2344

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Employee Security Planning, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.13132

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

Mailing Address
P.O. Box 2344

City State Zip Code
Brentwood TN 37024-2344

Date of Receipt
M M / D D / Y Y Y Y
08 / 27 / 2002

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Employee Security Planning, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.13688

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

Mailing Address
5546 Shorewood Drive

City State Zip Code
Indianapolis IN 46220

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

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
GroupLink, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.12796

SUBTOTAL of Receipts This Page (optional) ▶ **85.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 61 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Roger Skinner

Mailing Address
5548 Shorewood Drive

City State Zip Code
Indianapolis IN 46220

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
GroupLink, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.13456

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

Mailing Address
P.O. Box 2073

City State Zip Code
Wichita Falls TX 76307-2037

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

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Spragins Insurance Agency Owner/Agent

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

Transaction ID: SA11A1.12801

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

Mailing Address
P.O. Box 2073

City State Zip Code
Wichita Falls TX 76307-2037

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Spragins Insurance Agency Owner/Agent

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

Transaction ID: SA11A1.13463

SUBTOTAL of Receipts This Page (optional) ▶ **65.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 62 / 100
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

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

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

Mailing Address
268 South Street

City State Zip Code
Morristown NJ 07960-6019

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
NAS Financial Services Health Insurance Agent

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

Transaction ID: SA11A1.12598

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

Mailing Address
268 South Street

City State Zip Code
Morristown NJ 07960-6019

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
NAS Financial Services Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1400.00

Transaction ID: SA11A1.13140

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

Mailing Address
P.O. Box 1476

City State Zip Code
Fallon NV 89407-1476

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Western Nevada Insurance Services, Inc Health Insurance Agent

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

Transaction ID: SA11A1.12599

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 63 / 100

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial)

A. Juliana Stevenson

Mailing Address

P.O. Box 1476

City

State

Zip Code

Fallon

NV

89407-1476

Date of Receipt

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

Amount of Each Receipt this Period

50.00

FEC ID number of contributing
federal political committee.

Name of Employer

Western Nevada Insurance Services,
Inc

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Transaction ID: SA11A1.13141

Full Name (Last, First, Middle Initial)

B. Juliana Stevenson

Mailing Address

P.O. Box 1476

City

State

Zip Code

Fallon

NV

89407-1476

Date of Receipt

N M / D E / Y Y Y Y
0 9 / 1 8 / 2 0 0 2

Amount of Each Receipt this Period

40.00

FEC ID number of contributing
federal political committee.

Name of Employer

Western Nevada Insurance Services,
Inc

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: SA11A1.13493

Full Name (Last, First, Middle Initial)

C. Juliana Stevenson

Mailing Address

P.O. Box 1476

City

State

Zip Code

Fallon

NV

89407-1476

Date of Receipt

N M / D E / Y Y Y Y
0 9 / 2 7 / 2 0 0 2

Amount of Each Receipt this Period

80.00

FEC ID number of contributing
federal political committee.

Name of Employer

Western Nevada Insurance Services,
Inc

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Transaction ID: SA11A1.13698

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 64 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

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

Mailing Address
10342 South Springcrest Lane

City State Zip Code
South Jordan UT 84095-4538

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Ryan P. Thom Insurance Planning, Inc. Occupation Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 340.00

Transaction ID: SA11A1.12806

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Mailing Address
10342 South Springcrest Lane

City State Zip Code
South Jordan UT 84095-4538

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Ryan P. Thom Insurance Planning, Inc. Occupation Health Insurance Agent

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

Transaction ID: SA11A1.1346B

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2002

Mailing Address
10342 South Springcrest Lane

City State Zip Code
South Jordan UT 84095-4538

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Ryan P. Thom Insurance Planning, Inc. Occupation Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 460.00

Transaction ID: SA11A1.13965

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 65 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Ryan Thom

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 10342 South Springcrest Lane _____
 City _____ State _____ Zip Code _____
 South Jordan _____ UT _____ 84095-4538 _____

Date of Receipt _____
 N M / D E / Y Y Y Y
 09 / 10 / 2002 _____

Amount of Each Receipt this Period _____

FEC ID number of contributing federal political committee. _____ 125.00

Name of Employer Ryan P. Thom Insurance Planning, Inc.	Occupation Health Insurance Agent
---	--------------------------------------

Receipt For: _____ Aggregate Year-to-Date ▼
 Primary _____ General _____
 Other (specify) ▼ _____ 585.00

Transaction ID: SA11A1.13966

B. Helen Todd

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 P.O. Box 56166 _____
 City _____ State _____ Zip Code _____
 Little Rock _____ AR _____ 72215-6166 _____

Date of Receipt _____
 N M / D E / Y Y Y Y
 08 / 10 / 2002 _____

Amount of Each Receipt this Period _____

FEC ID number of contributing federal political committee. _____ 120.00

Name of Employer The Todd Agency, Inc.	Occupation Health Insurance Agent
---	--------------------------------------

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

Transaction ID: SA11A1.12876

C. Robert Tretter

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 16612 East 75th Street _____ Suite 200 _____
 City _____ State _____ Zip Code _____
 Indianapolis _____ IN _____ 46250 _____

Date of Receipt _____
 N M / D E / Y Y Y Y
 08 / 09 / 2002 _____

Amount of Each Receipt this Period _____

FEC ID number of contributing federal political committee. _____ 20.00

Name of Employer Group Link, Inc.	Occupation Health Insurance Agent
--------------------------------------	--------------------------------------

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

Transaction ID: SA11A1.13146

SUBTOTAL of Receipts This Page (optional)	▶	265.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 66 / 100

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

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

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

Mailing Address
16612 East 75th Street Suite 200

City State Zip Code
Indianapolis IN 46250

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.13705

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

Mailing Address
9480 Deereco Road

City State Zip Code
Timonium MD 21093

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Corporate Coverage, LLC Health Insurance Agent

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

Transaction ID: SA11A1.12608

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

Mailing Address
9480 Deereco Road

City State Zip Code
Timonium MD 21093

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Corporate Coverage, LLC Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 680.00

Transaction ID: SA11A1.13152

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 67 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
9480 Daereco Road

City State Zip Code
Timonium MD 21093

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Corporate Coverage, LLC Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 760.00

Transaction ID: SA11A1.13710

B. Full Name (Last, First, Middle Initial)
Vicky Von Tersch

Mailing Address
5709 North West Avenue

City State Zip Code
Fresno CA 93711-2366

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Price Associates Insurance Serv., Inc. Regional Sales Manager

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

Transaction ID: SA11A1.13968

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

Mailing Address
P.O. Box 638

City State Zip Code
Lilburn GA 30047-0638

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

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Family Protection Agency Health Insurance Agent

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

Transaction ID: SA11A1.12812

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 68 / 100
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

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

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

Mailing Address
P.O. Box 63B
City Lilburn State GA Zip Code 30047-0638

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer: Family Protection Agency Occupation: Health Insurance Agent

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

Transaction ID: SA11A1.13474

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

Mailing Address
P.O. Box 925
City Jackson State MS Zip Code 39205-0923

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

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12813

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

Mailing Address
P.O. Box 925
City Jackson State MS Zip Code 39205-0923

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00

Transaction ID: SA11A1.13475

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 69 / 100
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial)
A. Jenni Whitaker

Mailing Address
131 Interpark Avenue

City State Zip Code
San Antonio TX 78216-1841

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Eichltz, Dennis, Wray & Westheimer Health Insurance Agent

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

Transaction ID: SA11A1.12616

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

Mailing Address
131 Interpark Avenue

City State Zip Code
San Antonio TX 78216-1841

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Eichltz, Dennis, Wray & Westheimer Health Insurance Agent

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

Transaction ID: SA11A1.13184

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

Mailing Address
131 Interpark Avenue

City State Zip Code
San Antonio TX 78216-1841

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Eichltz, Dennis, Wray & Westheimer Health Insurance Agent

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

Transaction ID: SA11A1.13719

SUBTOTAL of Receipts This Page (optional) ▶ **30.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 70 / 100	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Full Name (Last, First, Middle Initial)
A. Sue Wilson

Mailing Address
3555 NW 58th Street, Suite 31D

City State Zip Code
Oklahoma City OK 73112

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2002

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Sue Wilson Brokerage, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.13481

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

Mailing Address
P.O. Box 30093

City State Zip Code
Salt Lake City UT 84130-0093

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2002

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
First Health Health Insurance Agent

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

Transaction ID: SA11A1.13972

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

Mailing Address
2277 Townsgate Road Suite 212

City State Zip Code
Westlake Village CA 91361-2421

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period
85.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Easy Insurance Marketing, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 255.00

Transaction ID: SA11A1.13167

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

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

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

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

FOR LINE NUMBER:
(check only one)

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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 Political Action Committee - HUPAC

A. Full Name (Last, First, Middle Initial)
Constance Zarkowski

Mailing Address
2277 Townsgate Road Suite 212
City State Zip Code
Westlake Village CA 91361-2421

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

Amount of Each Receipt this Period
85.00

FEC ID number of contributing federal political committee.

Name of Employer
Easy Insurance Marketing, Inc.

Occupation
Health Insurance Agent

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Transaction ID: SA11A1.13724

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

Mailing Address
17 North Delmorr Avenue
City State Zip Code
Morrisville PA 19067-6278

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer
Avari Insurance & Financial Serv, Inc

Occupation
Health Insurance Agent

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 580.00

Transaction ID: SA11A1.12621

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

Mailing Address
17 North Delmorr Avenue
City State Zip Code
Morrisville PA 19067-6278

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer
Avari Insurance & Financial Serv, Inc

Occupation
Health Insurance Agent

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Transaction ID: SA11A1.13168

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:
(check only one)

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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 Political Action Committee - HUPAC

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

Mailing Address
17 North Dalmorr Avenue

City State Zip Code
Morrisville PA 19067-6278

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

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

Name of Employer Occupation
Avari Insurance & Financial Serv, Inc Health Insurance Agent

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

Transaction ID: SA11A1.13543

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

Mailing Address
17 North Dalmorr Avenue

City State Zip Code
Morrisville PA 19067-6278

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2002

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

Name of Employer Occupation
Avari Insurance & Financial Serv, Inc Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 790.00

Transaction ID: SA11A1.13725

C.

SUBTOTAL of Receipts This Page (optional)	▶	130.00
TOTAL This Period (last page this line number only)	▶	14000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 73 / 100
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. JULIUS CAESAR JR (JC) WATTS

Mailing Address
PO BOX 720445

City State Zip Code
NORMAN OK 73072

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2002

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
1000.00

Name of Employer Occupation Refund - No Longer Running for Congress

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1000.00

Transaction ID: SA16.14072

B.

C.

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

**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
	26		27		28a		28b		28c
									29

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

Full Name (Last, First, Middle Initial) A. AMEX		Date of Disbursement 07 / 22 / 2002
Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072-3852		Amount of Each Disbursement this Period 81.80
Purpose of Disbursement Monthly Credit Card Settlement Fee		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.12823
State: District:		

Full Name (Last, First, Middle Initial) B. AMEX		Date of Disbursement 08 / 21 / 2002
Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072-3852		Amount of Each Disbursement this Period 15.49
Purpose of Disbursement Monthly Credit Card Settlement Fee		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.13170
State: District:		

Full Name (Last, First, Middle Initial) C. AMEX		Date of Disbursement 09 / 23 / 2002
Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072-3852		Amount of Each Disbursement this Period 27.15
Purpose of Disbursement Monthly Credit Card Settlement Fee		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.13507
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶ **104.44**

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Eugene Ebersole		Date of Disbursement 07 / 10 / 2002	
Mailing Address 405 Gretna Blvd. #103 A City State Zip Code Gretna LA 70053-4845		Amount of Each Disbursement this Period 375.00	
Purpose of Disbursement 2002 NAHU Convention Registration Fee		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:	Transaction ID: SB21B.14069		

Full Name (Last, First, Middle Initial) B. La Colline Restaurant		Date of Disbursement 07 / 09 / 2002	
Mailing Address 400 North Capital Street, NW Suite 175 City State Zip Code Washington DC 20001		Amount of Each Disbursement this Period 856.00	
Purpose of Disbursement Fundraiser expenses-Northup for Congress		Category/ Type	
Candidate Name NORTHUP FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: KY District: 03	Transaction ID: SB21B.14076		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. National Association of Health Underwriters		Date of Disbursement 07 / 12 / 2002	
Mailing Address 2000 N. 14th Street, Suite 450 City State Zip Code Arlington VA 22201		Amount of Each Disbursement this Period 405.21	
Purpose of Disbursement June 2002 Operating Expenses		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:	Transaction ID: SB21B.14070		

SUBTOTAL of Disbursements This Page (optional) ▶	780.21
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. National Association of Health Underwriters		Date of Disbursement 08 / 08 / 2002
Mailing Address 2000 N. 14th Street, Suite 450 City: Arlington State: VA Zip Code: 22201		Amount of Each Disbursement this Period 630.98
Purpose of Disbursement July 2002 Operating Expenses		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.13173
State: District:		

Full Name (Last, First, Middle Initial) B. National Association of Health Underwriters		Date of Disbursement 08 / 17 / 2002
Mailing Address 2000 N. 14th Street, Suite 450 City: Arlington State: VA Zip Code: 22201		Amount of Each Disbursement this Period 479.89
Purpose of Disbursement August 2002 Operating Expenses		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.13503
State: District:		

Full Name (Last, First, Middle Initial) C. NOVA Information System		Date of Disbursement 07 / 02 / 2002
Mailing Address 4020 University Avenue City: Fairfax State: VA Zip Code: 22030		Amount of Each Disbursement this Period 454.28
Purpose of Disbursement Monthly Credit Card Settlement Fee		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.12625
State: District:		

SUBTOTAL of Disbursements This Page (optional)	1565.15
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. NOVA Information System		Date of Disbursement 08 / 02 / 2002	
Mailing Address 4020 University Avenue City: Fairfax State: VA Zip Code: 22030		Amount of Each Disbursement this Period 128.96	
Purpose of Disbursement Monthly Credit Card Settlement Fee		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:	Transaction ID: SB21B.13172		

Full Name (Last, First, Middle Initial) B. NOVA Information System		Date of Disbursement 09 / 04 / 2002	
Mailing Address 4020 University Avenue City: Fairfax State: VA Zip Code: 22030		Amount of Each Disbursement this Period 274.33	
Purpose of Disbursement Monthly Credit Card Settlement Fee		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:	Transaction ID: SB21B.13509		

Full Name (Last, First, Middle Initial) C. Stephen Salamon		Date of Disbursement 07 / 10 / 2002	
Mailing Address P.O. Box 4252 City: Timonium State: MD Zip Code: 21094-4252		Amount of Each Disbursement this Period 375.00	
Purpose of Disbursement 2002 NAHU Convention Registration Fee		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:	Transaction ID: SB21B.14088		

SUBTOTAL of Disbursements This Page (optional) ▶	778.29
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. White House Gear		Date of Disbursement 07 ^N / 02 ^M / 2002 ^Y	
Mailing Address 6805 West Clifton Street City Tampa State FL Zip Code 33634		Amount of Each Disbursement this Period 2848.80	
Purpose of Disbursement Hats for PAC Fundraising Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.14065	
State: District:			

Full Name (Last, First, Middle Initial) B. White House Gear		Date of Disbursement 08 ^N / 13 ^M / 2002 ^Y	
Mailing Address 6805 West Clifton Street City Tampa State FL Zip Code 33634		Amount of Each Disbursement this Period 3338.83	
Purpose of Disbursement Hats for PAC fundraising Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.13174	
State: District:			

C.

SUBTOTAL of Disbursements This Page (optional)	6185.63
TOTAL This Period (last page this line number only)	9413.72

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. A WAYNE ALLARD		Date of Disbursement 09 / 16 / 2002
Mailing Address PO BOX 32 City: LOVELAND State: CO Zip Code: 80538		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name ALLARD VICTORY COMMITTEE		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13510
State: CO District: 00		

Full Name (Last, First, Middle Initial) B. CHARLES F BASS		Date of Disbursement 09 / 16 / 2002
Mailing Address PO BOX 210 City: PETERBOROUGH State: NH Zip Code: 03458		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name BASS VICTORY COMMITTEE		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13302
State: NH District: 02		

Full Name (Last, First, Middle Initial) C. MAX S BAUCUS		Date of Disbursement 09 / 11 / 2002
Mailing Address PO BOX 588 City: HELENA State: MT Zip Code: 59624		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name FRIENDS OF MAX BAUCUS		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13254
State: MT District: 00		

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. ANN WOMER BENJAMIN		Date of Disbursement 08 / 07 / 2002	
Mailing Address PO BOX 122 City State Zip Code AURORA OH 44202		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name ANN WOMER BENJAMIN FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: OH District: 17	Transaction ID: SB23.13176		

Full Name (Last, First, Middle Initial) B. HELEN DELICH BENTLEY		Date of Disbursement 08 / 08 / 2002	
Mailing Address 408 CHAPELWOOD LANE City State Zip Code LUTHERVILLE MD 21088		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name BENTLEY FOR CONGRESS INC			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: MD District: 02	Transaction ID: SB23.13183		

Full Name (Last, First, Middle Initial) C. SHELLEY BERKLEY		Date of Disbursement 07 / 25 / 2002	
Mailing Address 187 REED LN City State Zip Code HENDERSON NV 89014		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name BERKLEY FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: NV District: 01	Transaction ID: SB23.12666		

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 01 / 100

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

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

Full Name (Last, First, Middle Initial) A. ROBERT WILLIAM BISHOP		Date of Disbursement 08 / 08 / 2002	
Mailing Address 74 N 300 E City BRIGHAM CITY		State UT	Zip Code 84302
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period 500.00	
Candidate Name ROB BISHOP FOR CONGRESS		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: UT District: 01	Transaction ID: SB23.13187		

Full Name (Last, First, Middle Initial) B. BOEHNER, JOHN A		Date of Disbursement 08 / 14 / 2002	
Mailing Address 7808-I CINCINNATI DAYTON RD City WEST CHESTER		State OH	Zip Code 45069
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period 250.00	
Candidate Name FRIENDS OF JOHN BOEHNER		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: OH District: 08	Transaction ID: SB23.13227		

Full Name (Last, First, Middle Initial) C. HENRY BONILLA		Date of Disbursement 08 / 14 / 2002	
Mailing Address PO BOX 17292 City SAN ANTONIO		State TX	Zip Code 78217
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period 500.00	
Candidate Name TEXANS FOR HENRY BONILLA		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: TX District: 23	Transaction ID: SB23.13218		

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. MARY BONO		Date of Disbursement 09 / 16 / 2002
Mailing Address PO BOX 3370 City: PALM SPRINGS State: CA Zip Code: 92263		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name MARY BONO COMMITTEE	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: CA District: 45	Transaction ID: SB23.13313

Full Name (Last, First, Middle Initial) B. EDWARD G BRYANT		Date of Disbursement 07 / 24 / 2002
Mailing Address 430 GARLAND RD City: HENDERSON State: TN Zip Code: 38340		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution	Candidate Name ED BRYANT FOR U S SENATE INC	Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate President		
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	State: TN District: 00	Transaction ID: SB23.12663

Full Name (Last, First, Middle Initial) C. RICHARD M BURR		Date of Disbursement 09 / 16 / 2002
Mailing Address 2634 FOREST DRIVE City: WINSTON-SALEM State: NC Zip Code: 27104		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name RICHARD BURR COMMITTEE	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: NC District: 05	Transaction ID: SB23.13318

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. DAVID LEE CAMP		Date of Disbursement 09 / 16 / 2002	
Mailing Address 5801 WOODVIEW PASS City: MIDLAND State: MI Zip Code: 48640		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name DAVE CAMP FOR CONGRESS 2002			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: MI District: 04	Transaction ID: SB23.13280		

Full Name (Last, First, Middle Initial) B. BRAD CARSON		Date of Disbursement 09 / 16 / 2002	
Mailing Address POST OFFICE BOX 1982 City: CLAREMORE State: OK Zip Code: 74018		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name BRAD CARSON FOR CONGRESS COMMITTEE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: OK District: 02	Transaction ID: SB23.13289		

Full Name (Last, First, Middle Initial) C. SAXBY CHAMBLISS		Date of Disbursement 09 / 11 / 2002	
Mailing Address PO BOX 12469 City: ATLANTA State: GA Zip Code: 30355		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name CHAMBLISS FOR SENATE			
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: GA District: 00	Transaction ID: SB23.13270		

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) A. SUSAN M COLLINS			Date of Disbursement 08 / 14 / 2002	
Mailing Address PO BOX 1086 City BANGOR State ME Zip Code 04402			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name COLLINS FOR SENATOR				
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.13224	
State: ME District: 00				

Full Name (Last, First, Middle Initial) B. JOHN CORNYN			Date of Disbursement 08 / 16 / 2002	
Mailing Address 807 BRAZOS STREET SUITE 800 City AUSTIN State TX Zip Code 78701			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name JOHN CORNYN FOR SENATE INC				
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.13279	
State: TX District: 00				

Full Name (Last, First, Middle Initial) C. ARTUR DAVIS			Date of Disbursement 08 / 08 / 2002	
Mailing Address 1003 10TH AVENUE NORTH City BESSEMER State AL Zip Code 35020			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name COMM. TO ELECT ARTUR DAVIS TO CONGRESS				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.13184	
State: AL District: 07				

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

Full Name (Last, First, Middle Initial) A. JIM DAVIS			Date of Disbursement 07 th / 23 rd / 2002	
Mailing Address PO BOX 18143 City TAMPA State FL Zip Code 33679			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name JIM DAVIS FOR CONGRESS				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.12660	
State: FL District: 11				

Full Name (Last, First, Middle Initial) B. CALVIN M DOOLEY			Date of Disbursement 09 th / 16 th / 2002	
Mailing Address PO BOX 108 City FRESNO State CA Zip Code 93708			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name DOOLEY FOR CONGRESS				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.13316	
State: CA District: 20				

Full Name (Last, First, Middle Initial) C. DAVID DREIER			Date of Disbursement 07 th / 23 rd / 2002	
Mailing Address PO BOX 1110 City COVINA State CA Zip Code 91722			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name DREIER FOR CONGRESS COMMITTEE				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.12657	
State: CA District: 28				

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

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

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FOR LINE NUMBER:
(check only one)

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

Full Name (Last, First, Middle Initial) A. JENNIFER B DUNN		Date of Disbursement 08 / 09 / 2002
Mailing Address 37 TATOOSH KEY City: BELLEVUE State: WA Zip Code: 98008		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name FRIENDS OF JENNIFER B DUNN		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13200
State: WA District: 06		

Full Name (Last, First, Middle Initial) B. PHILIP ENGLISH		Date of Disbursement 09 / 16 / 2002
Mailing Address 530 W 8TH ST City: ERIE State: PA Zip Code: 16507		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name PEOPLE FOR ENGLISH		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13288
State: PA District: 03		

Full Name (Last, First, Middle Initial) C. TOM FEENEY		Date of Disbursement 08 / 08 / 2002
Mailing Address 28 WEST CENTRAL BLVD City: ORLANDO State: FL Zip Code: 32801		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name TOM FEENEY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.13198
State: FL District: 24		

SUBTOTAL of Disbursements This Page (optional)	1500.00
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) A. MIKE FERGUSON		Date of Disbursement 09 / 16 / 2002	
Mailing Address 6 BROKEN ARROW RD City: WARREN State: NJ Zip Code: 07059		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name FRIENDS OF MIKE FERGUSON			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: NJ District: 07	Transaction ID: SB23.13286		

Full Name (Last, First, Middle Initial) B. DOUGLAS R FORRESTER		Date of Disbursement 09 / 11 / 2002	
Mailing Address 35 BERKSHIRE DRIVE City: PRINCETON JCT State: NJ Zip Code: 08550		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name FORRESTER 2002 INC			
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: NJ District: 00	Transaction ID: SB23.13287		

Full Name (Last, First, Middle Initial) C. GARRETT, E SCOTT		Date of Disbursement 09 / 11 / 2002	
Mailing Address 100 POND SCHOOL ROAD City: SUSSEX State: NJ Zip Code: 07461		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name GARRETT FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: NJ District: 06	Transaction ID: SB23.13247		

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

Full Name (Last, First, Middle Initial) A. JAMES A GIBBONS		Date of Disbursement 07 / 16 / 2002
Mailing Address 2535 KINNEY LANE City: RENO State: NV Zip Code: 89511		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name GIBBONS FOR CONGRESS	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: NV District: 02	Transaction ID: SB23.12645

Full Name (Last, First, Middle Initial) B. PAUL E GILLMOR		Date of Disbursement 08 / 14 / 2002
Mailing Address 7750 NORTH COUNTY ROAD 51 City: OLD FORT State: OH Zip Code: 44861		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name CITIZENS FOR GILLMOR	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: OH District: 05	Transaction ID: SB23.13212

Full Name (Last, First, Middle Initial) C. VIRGIL H JR GOODE		Date of Disbursement 07 / 16 / 2002
Mailing Address 235 S MAIN STREET City: ROCKY MOUNT State: VA Zip Code: 24151		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name GOODE FOR CONGRESS	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: VA District: 05	Transaction ID: SB23.12637

SUBTOTAL of Disbursements This Page (optional)	1500.00
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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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
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<input type="checkbox"/> 29				

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

<p>A. Full Name (Last, First, Middle Initial) HOEFFEL, JOSEPH M</p> <p>Mailing Address 1808 LYCOMING AVENUE City ABINGTON State PA Zip Code 19001</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name HOEFFEL FOR CONGRESS COMMITTEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13</p>			<p>Date of Disbursement 09 / 11 / 2002</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Transaction ID: SB23.13242</p>	
<p>Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>		

<p>B. Full Name (Last, First, Middle Initial) NANCY L JOHNSON</p> <p>Mailing Address 141 SOUTH MOUNTAIN DRIVE City NEW BRITAIN State CT Zip Code 06052</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name RE-ELECT NANCY JOHNSON TO CONG. COMM.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 06</p>			<p>Date of Disbursement 09 / 11 / 2002</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Transaction ID: SB23.13253</p>	
<p>Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>		<p>Category/ Type</p>		

<p>C. Full Name (Last, First, Middle Initial) RICHARD ANTHONY KELLER</p> <p>Mailing Address 3510 BATTERSEA COURT City ORLANDO State FL Zip Code 32812</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name KELLER FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08</p>			<p>Date of Disbursement 08 / 14 / 2002</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Transaction ID: SB23.13208</p>	
<p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p>		<p>Category/ Type</p>		

SUBTOTAL of Disbursements This Page (optional)	2000.00
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) A. RICHARD RAY LARSEN		Date of Disbursement 09 / 16 / 2002	
Mailing Address PO BOX 326 City EVERETT State WA Zip Code 98206		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name CITIZENS TO ELECT RICK LARSEN			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: WA District: 02	Transaction ID: SB23.13285		

Full Name (Last, First, Middle Initial) B. STEVEN C LATOURETTE		Date of Disbursement 09 / 16 / 2002	
Mailing Address 712 W MAIN City MADISON State OH Zip Code 44057		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name LATOURETTE FOR CONGRESS COMMITTEE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: OH District: 14	Transaction ID: SB23.13310		

Full Name (Last, First, Middle Initial) C. JOHN LINDER		Date of Disbursement 07 / 16 / 2002	
Mailing Address 1823 GLEN CEDARS CT City DULUTH State GA Zip Code 30097		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name LINDER FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: GA District: 07	Transaction ID: SB23.12639		

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters Political Action Committee - HUPAC

Full Name (Last, First, Middle Initial) A. DENISE L MAJETTE			Date of Disbursement 08 / 15 / 2002	
Mailing Address 5226 FIELDGREEN CROSSING City: STONE MOUNTAIN State: GA Zip Code: 30088			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name MAJETTE FOR CONGRESS INC				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: GA District: 04		Transaction ID: SB23.13228		

Full Name (Last, First, Middle Initial) B. MANZULLO, DONALD A			Date of Disbursement 08 / 11 / 2002	
Mailing Address 782 E LIGHTSVILLE ROAD City: ECAN State: IL Zip Code: 61047			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name DONALD A. MANZULLO FOR CONGRESS				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: IL District: 16		Transaction ID: SB23.13260		

Full Name (Last, First, Middle Initial) C. JOSEPH DANIEL MARINE			Date of Disbursement 08 / 08 / 2002	
Mailing Address 9244 48TH AVE W City: MUKILTEO State: WA Zip Code: 98275			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name FRIENDS OF JOE MARINE				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: WA District: 01		Transaction ID: SB23.13190		

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
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**SCHEDULE B (FEC Form 3X)
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(check only one)

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<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

<p>A. Full Name (Last, First, Middle Initial) JAMES DAVID MATHESON</p> <p>Mailing Address 765 NORTH TERRACE HILLS DRIVE City: SALT LAKE CITY State: UT Zip Code: 84103</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name MATHESON FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02</p> <p>Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Date of Disbursement 08 / 13 / 2002</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Transaction ID: SB23.13204</p>
<p>B. Full Name (Last, First, Middle Initial) THADDEUS G MCCOTTER</p> <p>Mailing Address 18430 GOLFVIEW City: LIVONIA State: MI Zip Code: 48152</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name MCCOTTER CONGRESSIONAL COMMITTEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11</p> <p>Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Date of Disbursement 09 / 16 / 2002</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Transaction ID: SB23.13282</p>
<p>C. Full Name (Last, First, Middle Initial) BROSE A MCVEY</p> <p>Mailing Address 5936 CRESTVIEW AVENUE City: INDIANAPOLIS State: IN Zip Code: 46220</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name BROSE MCVEY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 07</p> <p>Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Date of Disbursement 09 / 11 / 2002</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Transaction ID: SB23.13263</p>

SUBTOTAL of Disbursements This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. JOHN L REP. MICA			Date of Disbursement 08 / 14 / 2002	
Mailing Address PO BOX 181546 City: CASSELBERRY State: FL Zip Code: 32718			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name MICA FOR CONGRESS				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.13205	
State: FL District: 07				

Full Name (Last, First, Middle Initial) B. MARILYN N MUSGRAVE			Date of Disbursement 09 / 26 / 2002	
Mailing Address 15484 RD 1B.5 City: FORT MORGAN State: CO Zip Code: 80701			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name MUSGRAVE FOR CONGRESS				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.13513	
State: CO District: 04				

Full Name (Last, First, Middle Initial) C. ROBERT W NEY			Date of Disbursement 09 / 16 / 2002	
Mailing Address 112 OVERLOOK CT City: ST CLAIRSVILLE State: OH Zip Code: 43050			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name BOB NEY FOR CONGRESS				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.13308	
State: OH District: 10				

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. ANNE MEAGHER NORTHUP		Date of Disbursement 09 / 26 / 2002	
Mailing Address 3340 LEXINGTON ROAD City State Zip Code LOUISVILLE KY 40208		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name NORTHUP FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: KY District: 03	Transaction ID: SB23.13512		

Full Name (Last, First, Middle Initial) B. C L BUTCH OTTER		Date of Disbursement 08 / 14 / 2002	
Mailing Address PO BOX 1458 City State Zip Code BOISE ID 83701		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name OTTER FOR IDAHO			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: ID District: 01	Transaction ID: SB23.13210		

Full Name (Last, First, Middle Initial) C. MICHAEL G OXLEY		Date of Disbursement 09 / 16 / 2002	
Mailing Address 1732 QUEENSWOOD DRIVE #24 City State Zip Code FINDLAY OH 45840		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name OXLEY FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: OH District: 04	Transaction ID: SB23.13305		

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

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

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

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

Full Name (Last, First, Middle Initial) A. THOMAS E PETRI		Date of Disbursement 08 / 13 / 2002	
Mailing Address N5329 DENEVEU LANE City: FOND DU LAC State: WI Zip Code: 54935		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name CITIZENS FOR TOM PETRI			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: WI District: 06	Transaction ID: SB23.13203		

Full Name (Last, First, Middle Initial) B. POMEROY, EARL RALPH		Date of Disbursement 09 / 11 / 2002	
Mailing Address PO BOX 748 City: BISMARCK State: ND Zip Code: 58502		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name EARL POMEROY FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: ND District: 00	Transaction ID: SB23.13252		

Full Name (Last, First, Middle Initial) C. JON SR PORTER		Date of Disbursement 07 / 23 / 2002	
Mailing Address 6D1 WHITNEY RANCH DRIVE SUITE 16 City: HENDERSON State: NV Zip Code: 89014		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name PORTER FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: NV District: 03	Transaction ID: SB23.12648		

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
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**SCHEDULE B (FEC Form 3X)
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FOR LINE NUMBER:
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<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

<p>A. DEBORAH PRYCE</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 145 EAST RICH STREET City COLUMBUS State OH Zip Code 43215</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name PRYCE FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House Senate President</p> <p>State: OH District: 15</p> <p>Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Date of Disbursement 07 / 16 / 2002</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Transaction ID: SB23.12642</p>
<p>B. JAMES M RAMSTAD</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2618 CROSBY ROAD City MINNETONKA State MN Zip Code 55391</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name JIM RAMSTAD VOLUNTEER COMMITTEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House Senate President</p> <p>State: MN District: 03</p> <p>Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Date of Disbursement 09 / 16 / 2002</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Transaction ID: SB23.13293</p>
<p>C. THOMAS M REYNOLDS</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 8261 OLD POST ROAD EAST City CLARENCE State NY Zip Code 14051</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name REYNOLDS FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House Senate President</p> <p>State: NY District: 28</p> <p>Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Date of Disbursement 09 / 11 / 2002</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Transaction ID: SB23.13257</p>

SUBTOTAL of Disbursements This Page (optional)	1500.00
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

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

Full Name (Last, First, Middle Initial) A. MICHAEL J ROGERS		Date of Disbursement 09 / 11 / 2002
Mailing Address 6899 CORRIGAN DRIVE City: BRIGHTON State: MI Zip Code: 48116		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name ROGERS FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13244
State: MI District: 06		

Full Name (Last, First, Middle Initial) B. MICHAEL AVERY ROSS		Date of Disbursement 08 / 08 / 2002
Mailing Address 416 MANOR PO BOX 374 City: PRESCOTT State: AR Zip Code: 71857		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name MIKE ROSS FOR CONGRESS COMMITTEE		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13182
State: AR District: 04		

Full Name (Last, First, Middle Initial) C. ROBERT C BOBBY SCOTT		Date of Disbursement 07 / 23 / 2002
Mailing Address PO BOX 251 City: NEWPORT NEWS State: VA Zip Code: 23607		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name BOBBY SCOTT FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.12654
State: VA District: 03		

SUBTOTAL of Disbursements This Page (optional)	1500.00
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

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

Full Name (Last, First, Middle Initial) A. JEFF SESSIONS		Date of Disbursement 08 / 14 / 2002
Mailing Address PO BOX 4278 City: MONTGOMERY State: AL Zip Code: 36103		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name FRIENDS OF SESSIONS SENATE COMMITTEE		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13221
State: AL District: 00		

Full Name (Last, First, Middle Initial) B. JAMES MATTHES TALENT		Date of Disbursement 08 / 09 / 2002
Mailing Address 9378 OLIVE BLVD #206 City: ST LOUIS State: MO Zip Code: 63132		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name TALENT FOR SENATE COMMITTEE		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13199
State: MO District: 00		

Full Name (Last, First, Middle Initial) C. WILLIAM MARSHALL THOMAS		Date of Disbursement 09 / 11 / 2002
Mailing Address PO BOX 395 City: BAKERSFIELD State: CA Zip Code: 93302		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name BILL THOMAS CAMPAIGN COMMITTEE		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13250
State: CA District: 22		

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				

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

Full Name (Last, First, Middle Initial) A. C MICHAEL THOMPSON		Date of Disbursement 07 / 10 / 2002	
Mailing Address 1439 KEARNEY ST City ST HELENA State CA Zip Code 94574		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name Mike Thompson For Congress			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: CA District: 01	Transaction ID: SB23.12629		

Full Name (Last, First, Middle Initial) B. STANLEY J THOMPSON		Date of Disbursement 07 / 10 / 2002	
Mailing Address 5523 GRAND AVENUE City DES MOINES State IA Zip Code 50312		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name THOMPSON FOR CONGRESS INC			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: IA District: 03	Transaction ID: SB23.12631		

Full Name (Last, First, Middle Initial) C. MICHAEL R TURNER		Date of Disbursement 08 / 07 / 2002	
Mailing Address 38 LINDEN AVENUE City DAYTON State OH Zip Code 45403		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name TURNER FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: OH District: 03	Transaction ID: SB23.13178		

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

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. JOHN WILLIAM III WARNER		Date of Disbursement 08 / 14 / 2002	
Mailing Address 400 N MADISON STREET City State Zip Code ALEXANDRIA VA 22314		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name SENATOR JOHN WARNER COMMITTEE			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: VA District: 00	Transaction ID: SB23.13215		

Full Name (Last, First, Middle Initial) B. JOSEPH P ZARELLI		Date of Disbursement 09 / 11 / 2002	
Mailing Address 24211 NE 41 AVE City State Zip Code RIDGEFIELD WA 98642		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name ZARELLI FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: WA District: 03	Transaction ID: SB23.13273		

C.

SUBTOTAL of Disbursements This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	42250.00