

**FEC
FORM 3X**

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

Office Use Only

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

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

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

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

4. TYPE OF REPORT (Choose One)	(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)
X July 15 Quarterly Report(Q2)	(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Special (12S)	Runoff (12R)
October 15 Quarterly Report(Q3)		Convention (12C)			
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 04 01 2002 through 08 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 08 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: ^h04 ^d01 ^y2002 To: ^h06 ^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	80765.10	
(c) Total Receipts (from Line 19)	36363.50	83253.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	117128.60	150893.50
7. Total Disbursements (from Line 30)	28191.32	61956.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	88937.28	88937.28
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

National Association of Health Underwriters Political Action Committee - HUPAC

Report Covering the Period: From: ^{MM}04 ^{DD}01 ^{YYYY}2002 To: ^{MM}06 ^{DD}30 ^{YYYY}2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	14993.00	
(ii) Unitemized	21370.50	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	36363.50	83253.50
(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)	36363.50	83253.50
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	0.00	0.00
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)	36363.50	83253.50
20. Total Federal Receipts (subtract Line 18 from Line 19)	36363.50	83253.50

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.....	6041.32	17806.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	6041.32	17806.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22150.00	44150.00
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)..... ▶	28191.32	61956.22
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	28191.32	61956.22
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	36363.50	83253.50
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	36363.50	83253.50
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	6041.32	17806.22
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	6041.32	17806.22

**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 / 68

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. Jo Anne Buris

Mailing Address

P.O. Box 251

City

State

Zip Code

Sheboygan

WI

53082-0251

Date of Receipt

N M / D E / Y Y Y Y
0 6 / 2 6 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
LMT Maritime Inc.

Occupation

Health Insurance Agent

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Transaction ID: SA11A1.12313

Full Name (Last, First, Middle Initial)

B. D. Bailey Calvin

Mailing Address

445 E. 5th Avenue

City

State

Zip Code

Anchorage

AK

99501

Date of Receipt

N M / D E / Y Y Y Y
0 6 / 2 6 / 2 0 0 2

Amount of Each Receipt this Period

40.00

FEC ID number of contributing
federal political committee.

Name of Employer
Calco. Inc.

Occupation

Health Insurance Agent

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Transaction ID: SA11A1.12083

Full Name (Last, First, Middle Initial)

C. Jon Cameron

Mailing Address

P.O. Box 695

City

State

Zip Code

Collierville

TN

38027-0895

Date of Receipt

N M / D E / Y Y Y Y
0 6 / 2 7 / 2 0 0 2

Amount of Each Receipt this Period

40.00

FEC ID number of contributing
federal political committee.

Name of Employer
Cameron Benefits, LLC

Occupation

Health Insurance Agent

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Transaction ID: SA11A1.11922

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)
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FOR LINE NUMBER: PAGE 6 / 68

(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. Dorothy Cociu

Mailing Address
P.O. Box 6677
City State Zip Code
Fullerton CA 92834-6677

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Advanced Benefit Consulting Health Insurance Agent

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

Transaction ID: SA11A1.12390

Full Name (Last, First, Middle Initial)
B. Dan 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
06 / 26 / 2002

Amount of Each Receipt this Period
120.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12293

Full Name (Last, First, Middle Initial)
C. Dan 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
06 / 27 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.11929

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)

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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. Don Crook

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 3118 Honey Tree Lane _____
 City _____ State _____ Zip Code _____
 Austin TX 78746

Date of Receipt _____
 N M / D E / Y Y Y Y
 06 / 28 / 2002

Amount of Each Receipt this Period _____

FEC ID number of contributing federal political committee. _____ 120.00

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

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

Transaction ID: SA11A1.12410

B. Lisa DaRycke

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 4833 South Sheridan Suite 407 _____
 City _____ State _____ Zip Code _____
 Tulsa OK 74145-5718

Date of Receipt _____
 N M / D E / Y Y Y Y
 06 / 28 / 2002

Amount of Each Receipt this Period _____

FEC ID number of contributing federal political committee. _____ 50.00

Name of Employer _____ Occupation _____
 Benefit Designs of Oklahoma Health Insurance Agent

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

Transaction ID: SA11A1.12425

C. George Dunk

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 4000 Westown Parkway Suite 204 _____
 City _____ State _____ Zip Code _____
 West Des Moines IA 50266-6705

Date of Receipt _____
 N M / D E / Y Y Y Y
 06 / 29 / 2002

Amount of Each Receipt this Period _____

FEC ID number of contributing federal political committee. _____ 240.00

Name of Employer _____ Occupation _____
 Benefit Source Inc. Health Insurance Agent

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

Transaction ID: SA11A1.12363

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 68	
	<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)
Eugene Ebersole

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2002

Mailing Address
405 Gretna Blvd. #103 A

City State Zip Code
Gretna LA 70053-4945

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer
Ebersole & Associates, Inc.

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.11790

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2002

Mailing Address
405 Gretna Blvd. #103 A

City State Zip Code
Gretna LA 70053-4945

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer
Ebersole & Associates, Inc.

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.12388

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2002

Mailing Address
405 Gretna Blvd. #103 A

City State Zip Code
Gretna LA 70053-4945

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer
Ebersole & Associates, Inc.

Occupation
Health Insurance Agent

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

Transaction ID: SA11A1.12101

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 9 / 68	
	<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)
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
06 / 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) ▼ 240.00

Transaction ID: SA11A1.11802

B. Full Name (Last, First, Middle Initial)
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
06 / 28 / 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) ▼ 280.00

Transaction ID: SA11A1.12105

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

Mailing Address
11160 Sun Center Dr. #A

City State Zip Code
Rancho Cordova CA 95870

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2002

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CA Insurance Marketing Services Health Insurance Agent

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

Transaction ID: SA11A1.12107

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 10 / 68	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 2

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

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 100.00

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 580.00

Transaction ID: SA11A1.12352

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

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 2

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

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 1200.00

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

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

Transaction ID: SA11A1.12281

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

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 2

Mailing Address
1010 Commons Way Bldg. G P.O. Box 1268
City State Zip Code
Toms River NJ 08754-1268

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 100.00

Name of Employer Occupation
BenefitPort, LLC Health Insurance Agent

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

Transaction ID: SA11A1.12431

SUBTOTAL of Receipts This Page (optional) ▶ **1400.00**

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

**SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER:
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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) Patti Goldfarb Date of Receipt
Mailing Address 3D1 Madison Avenue N M / D E / Y Y Y Y
04 02 2002
City New York State NY Zip Code 10016 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 50.00
Name of Employer Medical Link Occupation Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 220.00 Transaction ID: SA11A1.11077

B. Full Name (Last, First, Middle Initial) Patti Goldfarb Date of Receipt
Mailing Address 3D1 Madison Avenue N M / D E / Y Y Y Y
05 02 2002
City New York State NY Zip Code 10016 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 50.00
Name of Employer Medical Link Occupation Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 270.00 Transaction ID: SA11A1.11481

C. Full Name (Last, First, Middle Initial) Patti Goldfarb Date of Receipt
Mailing Address 3D1 Madison Avenue N M / D E / Y Y Y Y
06 03 2002
City New York State NY Zip Code 10016 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 50.00
Name of Employer Medical Link Occupation Health Insurance Agent
Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 320.00 Transaction ID: SA11A1.11812

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)
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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)
Patsi Goldfarb

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 2

Mailing Address
3D1 Madison Avenue

City State Zip Code
New York NY 10016

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Medical Link Health Insurance Agent

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

Transaction ID: SA11A1.12292

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

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 2

Mailing Address
3D1 Madison Avenue

City State Zip Code
New York NY 10016

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Medical Link Health Insurance Agent

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

Transaction ID: SA11A1.12114

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

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 2

Mailing Address
7431 O Street

City State Zip Code
Lincoln NE 68510-2444

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Midlands Financial Benefits Health Insurance Agent

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

Transaction ID: SA11A1.11078

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 13 / 68	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
7431 O Street

City State Zip Code
Lincoln NE 68510-2444

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 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) ▼ 450.00

Transaction ID: SA11A1.11462

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
06 / 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) ▼ 530.00

Transaction ID: SA11A1.11813

Full Name (Last, First, Middle Initial)
C. 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
06 / 26 / 2002

Amount of Each Receipt this Period
100.00

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) ▼ 630.00

Transaction ID: SA11A1.12287

SUBTOTAL of Receipts This Page (optional) ▶ **260.00**

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 / 68

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

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

A. Full Name (Last, First, Middle Initial)
Michael 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
06 / 28 / 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) ▼ 710.00

Transaction ID: SA11A1.12115

B. Full Name (Last, First, Middle Initial)
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
06 / 28 / 2002

Amount of Each Receipt this Period
60.00

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) ▼ 240.00

Transaction ID: SA11A1.1243B

C. Full Name (Last, First, Middle Initial)
Joseph W. Guess

Mailing Address
P.O. Box 249

City State Zip Code
Pickens MS 39146-0249

Date of Receipt
M M / D D / Y Y Y Y
04 / 05 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
The Guardian Health Insurance Agent

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

Transaction ID: SA11A1.11184

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: PAGE 15 / 68

(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. Anthony Halby

Mailing Address

313 Railroad Avenue, #201

City

State

Zip Code

Nevada City

CA

95959

Date of Receipt

N M / D E / Y Y Y Y
06 / 27 / 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:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Transaction ID: SA11A1.11942

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

N M / D E / Y Y Y Y
06 / 28 / 2002

Amount of Each Receipt this Period

100.00

FEC ID number of contributing
federal political committee.

Name of Employer

Halby Insurance Agency

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Transaction ID: SA11A1.12442

Full Name (Last, First, Middle Initial)

C. Timothy Hendricks

Mailing Address

4200 East Skelly Drive #251

City

State

Zip Code

Tulsa

OK

74135-3208

Date of Receipt

N M / D E / Y Y Y Y
05 / 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:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.1147D

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 16 / 68	
	<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. 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
06 / 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) ▼ 300.00

Transaction ID: SA11A1.11820

Full Name (Last, First, Middle Initial)
B. 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
06 / 28 / 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) ▼ 350.00

Transaction ID: SA11A1.12126

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

Mailing Address
PO Box 724

City State Zip Code
Snelville GA 30076

Date of Receipt
M M / D D / Y Y Y Y
04 / 02 / 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) ▼ 490.00

Transaction ID: SA11A1.11088

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

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 17 / 68

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

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

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

A. Donna HI

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

Date of Receipt _____
 N M / D E / Y Y Y Y
 0 5 / 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 _____ Occupation _____
 DDH Associates _____ Health Insurance Agent _____

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

Transaction ID: SA11A1.11472

B. Richard HI

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 4435 O Street _____
 City _____ State _____ Zip Code _____
 Lincoln _____ NE _____ 68510-1842 _____

Date of Receipt _____
 N M / D E / Y Y Y Y
 0 6 / 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 _____ Occupation _____
 UNICO Financial Services _____ Health Insurance Agent _____

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

Transaction ID: SA11A1.11822

C. Richard HI

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 4435 O Street _____
 City _____ State _____ Zip Code _____
 Lincoln _____ NE _____ 68510-1842 _____

Date of Receipt _____
 N M / D E / Y Y Y Y
 0 6 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period _____
 40.00

FEC ID number of contributing federal political committee. _____

Name of Employer _____ Occupation _____
 UNICO Financial Services _____ Health Insurance Agent _____

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

Transaction ID: SA11A1.12130

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 18 / 68	
	<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)
Dean Hoffman

Mailing Address
1155 Greenridge Terrace

City State Zip Code
Brookfield WI 53045-4558

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period
120.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation

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

Transaction ID: SA11A1.12280

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

Mailing Address
2D19 Industrial Drive

City State Zip Code
Bethlehem PA 18017

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Ronald S. Hoffman Insurance Agency Owner/Agent

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

Transaction ID: SA11A1.12447

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

Mailing Address
2633 State Route 59, Suite B

City State Zip Code
Ravenna OH 44266-1884

Date of Receipt
M M / D D / Y Y Y Y
04 / 02 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Kaczmarek Insurance Services Health Insurance Agent

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

Transaction ID: SA11A1.11102

SUBTOTAL of Receipts This Page (optional) ▶ **270.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 / 68	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

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

Date of Receipt
M / D / Y
05 / 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: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1100.00

Transaction ID: SA11A1.11486

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

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

Date of Receipt
M / D / Y
06 / 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: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1200.00

Transaction ID: SA11A1.11835

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

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

Date of Receipt
M / D / Y
06 / 26 / 2002

Amount of Each Receipt this Period
600.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1800.00

Transaction ID: SA11A1.12319

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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 / 68	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

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

Date of Receipt
M / D / Y
06 / 28 / 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: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1900.00

Transaction ID: SA11A1.12143

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

Mailing Address
2633 State Rte. 59 Ste. B
City: Ravenna State: OH Zip Code: 44266-1684

Date of Receipt
M / D / Y
05 / 02 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.11487

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

Mailing Address
2633 State Rte. 59 Ste. B
City: Ravenna State: OH Zip Code: 44266-1684

Date of Receipt
M / D / Y
06 / 03 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.11836

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 21 / 68	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
2633 State Rte. 59 Sta. B

City State Zip Code
Ravenna OH 44266-1684

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Kaczmarek Insurance Services Health Insurance Agent

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

Transaction ID: SA11A1.12387

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
06 / 28 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Kaczmarek Insurance Services Health Insurance Agent

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

Transaction ID: SA11A1.12144

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
04 / 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) ▼ 390.00

Transaction ID: SA11A1.11332

SUBTOTAL of Receipts This Page (optional) ▶ **235.00**

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 / 68	
	<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
05 / 30 / 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) ▼ 475.00

Transaction ID: SA11A1.11690

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
06 / 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) ▼ 560.00

Transaction ID: SA11A1.11955

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
06 / 27 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12400

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 23 / 68

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)
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
0 6 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12140

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

Mailing Address
40 North 100 East

City State Zip Code
Provo UT 84606-3100

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 2

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
First West Brokerage Service Health Insurance Agent

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

Transaction ID: SA11A1.12376

C. Full Name (Last, First, Middle Initial)
Ruth 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
0 6 / 2 8 / 2 0 0 2

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) ▼ 250.00

Transaction ID: SA11A1.12335

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 24 / 68	
	<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)
Gene (Eugene C.) Lee, Jr.

Date of Receipt
M M / D D / Y Y Y Y
04 / 20 / 2002

Mailing Address
1210 Cole Mill Road

City State Zip Code
Durham NC 27705-2908

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) ▼ 220.00

Transaction ID: SA11A1.11340

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

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2002

Mailing Address
1210 Cole Mill Road

City State Zip Code
Durham NC 27705-2908

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) ▼ 240.00

Transaction ID: SA11A1.11701

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Mailing Address
1210 Cole Mill Road

City State Zip Code
Durham NC 27705-2908

Amount of Each Receipt this Period
100.00

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) ▼ 340.00

Transaction ID: SA11A1.12314

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 25 / 68	
	<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)
Gene (Eugene C.) Lee, Jr.

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Mailing Address
1210 Cole Mill Road

City State Zip Code
Durham NC 27705-2908

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) ▼ 360.00

Transaction ID: SA11A1.11965

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

Date of Receipt
M M / D D / Y Y Y Y
04 / 02 / 2002

Mailing Address
2460 Peach Tree Road, NW Suite 1514

City State Zip Code
Atlanta GA 30305

Amount of Each Receipt this Period
42.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CompLink Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 268.00

Transaction ID: SA11A1.11109

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

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2002

Mailing Address
2460 Peach Tree Road, NW Suite 1514

City State Zip Code
Atlanta GA 30305

Amount of Each Receipt this Period
42.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CompLink Health Insurance Agent

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

Transaction ID: SA11A1.11493

SUBTOTAL of Receipts This Page (optional) ▶ **104.00**

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 / 68

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)
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
06 / 03 / 2002

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
42.00

Name of Employer Occupation
CompLink Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 352.00

Transaction ID: SA11A1.11841

B. Full Name (Last, First, Middle Initial)
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
06 / 28 / 2002

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
100.00

Name of Employer Occupation
CompLink Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 452.00

Transaction ID: SA11A1.12356

C. Full Name (Last, First, Middle Initial)
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
06 / 28 / 2002

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
42.00

Name of Employer Occupation
CompLink Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 494.00

Transaction ID: SA11A1.12150

SUBTOTAL of Receipts This Page (optional) ▶ **184.00**

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

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

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

FOR LINE NUMBER: PAGE 27 / 68

(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. 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
0 4 / 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 Occupation
KL Benefits Health Insurance Agent

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

Transaction ID: SA11A1.1111

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
0 5 / 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 Occupation
KL Benefits Health Insurance Agent

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

Transaction ID: SA11A1.11495

Full Name (Last, First, Middle Initial)
C. 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
0 6 / 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 Occupation
KL Benefits Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 480.00

Transaction ID: SA11A1.11843

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 28 / 68	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

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
06 / 28 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
KL Benefits Health Insurance Agent

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

Transaction ID: SA11A1.12152

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
06 / 28 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
KL Benefits Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 660.00

Transaction ID: SA11A1.12360

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

Mailing Address
110 East Crockett

City State Zip Code
San Antonio TX 78205-2812

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Catio & Catio Health Insurance Agent

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

Transaction ID: SA11A1.12345

SUBTOTAL of Receipts This Page (optional) ▶ **680.00**

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 / 68	
	<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 Mann Sr.

Mailing Address
11803 Grant Road #209

City State Zip Code
Cypress TX 77429

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Robertson Mann Associates Health Insurance Agent

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

Transaction ID: SA11A1.12290

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

Mailing Address
180 Charlotte Highway

City State Zip Code
Asheville NC 28803

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12157

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

Mailing Address
10540 York Road

City State Zip Code
Cockeysville MD 21030

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BenefitMall.com Health Insurance Agent

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

Transaction ID: SA11A1.12304

SUBTOTAL of Receipts This Page (optional) ▶ **1120.00**

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 / 68	
	<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. Dennis Mather Date of Receipt

Mailing Address N M / D E / Y Y Y Y
1D540 York Road 06 26 2002

City State Zip Code
Cockeysville MD 21030 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 50.00

Name of Employer BenefitMal.com	Occupation Health Insurance Agent
------------------------------------	--------------------------------------

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

Transaction ID: SA11A1.12325

B. Michael Metzrick Date of Receipt

Mailing Address N M / D E / Y Y Y Y
P.O. Box 38248 04 28 2002

City State Zip Code
Greensboro NC 27438-8248 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) ▼ 755.00

Transaction ID: SA11A1.11350

C. Michael Metzrick Date of Receipt

Mailing Address N M / D E / Y Y Y Y
P.O. Box 38248 05 30 2002

City State Zip Code
Greensboro NC 27438-8248 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) ▼ 840.00

Transaction ID: SA11A1.11702

SUBTOTAL of Receipts This Page (optional)	220.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 31 / 68

(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. Michael Meterick

Mailing Address

P.O. Box 38248

City

State

Zip Code

Greensboro

NC

27438-8248

Date of Receipt

N M / D E / Y Y Y Y
0 6 / 2 7 / 2 0 0 2

Amount of Each Receipt this Period

85.00

FEC ID number of contributing
federal political committee.

Name of Employer
Med/Flex Benefits Center, Inc.

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Transaction ID: SA11A1.11966

Full Name (Last, First, Middle Initial)

B. John May

Mailing Address

705 Lakeview Plaza Blvd #B

City

State

Zip Code

Worthington

OH

43085-4779

Date of Receipt

N M / D E / Y Y Y Y
0 6 / 2 7 / 2 0 0 2

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 ▼

210.00

Transaction ID: SA11A1.12034

Full Name (Last, First, Middle Initial)

C. John May

Mailing Address

705 Lakeview Plaza Blvd #B

City

State

Zip Code

Worthington

OH

43085-4779

Date of Receipt

N M / D E / Y Y Y Y
0 6 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period

25.00

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 ▼

235.00

Transaction ID: SA11A1.12453

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 32 / 68	
	<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 State Zip Code
Saint Clair Shores MI 48080-2218

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Professional Benefit Planners Health Insurance Agent

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

Transaction ID: SA11A1.12296

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

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
06 / 27 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Professional Benefit Planners Health Insurance Agent

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

Transaction ID: SA11A1.11969

Full Name (Last, First, Middle Initial)
C. Alan R. Mitchell

Mailing Address
P.O. Box 7348

City State Zip Code
Monroe LA 71211-7348

Date of Receipt
M M / D D / Y Y Y Y
05 / 28 / 2002

Amount of Each Receipt this Period
240.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Associated Resources Management, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.11600

SUBTOTAL of Receipts This Page (optional) ▶ **360.00**

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 / 68	
	<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)
Julia Moore

Mailing Address
9208 C Anderson Drive, NW

City State Zip Code
Albuquerque NM 87114-5317

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
J. Moore Insurance Health Insurance Agent

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

Transaction ID: SA11A1.12355

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

Mailing Address
9208 C Anderson Drive, NW

City State Zip Code
Albuquerque NM 87114-5317

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
J. Moore Insurance Health Insurance Agent

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

Transaction ID: SA11A1.11970

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

Mailing Address
201 S. McPherson Church Road Suite 103

City State Zip Code
Fayetteville NC 28305

Date of Receipt
M M / D D / Y Y Y Y
04 / 29 / 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) ▼ 420.00

Transaction ID: SA11A1.11355

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 34 / 68	
	<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 Mozingo

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

Date of Receipt
M M / D D / Y Y Y Y
05 / 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) ▼ 500.00

Transaction ID: SA11A1.11707

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 M / D D / Y Y Y Y
06 / 27 / 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) ▼ 580.00

Transaction ID: SA11A1.11971

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

Mailing Address
32110 Agoura Road
City State Zip Code
Westlake Village CA 91361

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Warner Pacific Insurance Services Health Insurance Agent

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

Transaction ID: SA11A1.12403

SUBTOTAL of Receipts This Page (optional) ▶ **660.00**

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 / 68	
	<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. Cynthia Osborne

Mailing Address
1600 Canal Street Suite 141D
City State Zip Code
New Orleans LA 70112

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Patient Care Occupation Health Insurance Agent

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

Transaction ID: SA11A1.12298

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

Mailing Address
22 West Lake Forest Drive
City State Zip Code
Palmyra VA 22963

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer F. Jim Parks Agency Occupation Health Insurance Agent

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

Transaction ID: SA11A1.12368

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

Mailing Address
8D14 Midlothian Turnpike, #200
City State Zip Code
Richmond VA 23235-5291

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.1204D

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 36 / 68	
	<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 Rice

Mailing Address
625 S. Minnesota Ave., #203

City State Zip Code
Sioux Falls SD 57104-4873

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period
480.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Rice Insurance Agency, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 480.00

Transaction ID: SA11A1.12348

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
06 / 26 / 2002

Amount of Each Receipt this Period
200.00

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) ▼ 700.00

Transaction ID: SA11A1.12354

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

Mailing Address
100 South Sunrise Way PMB 964

City State Zip Code
Palm Springs CA 92262-6737

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
50.00

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) ▼ 240.00

Transaction ID: SA11A1.12274

SUBTOTAL of Receipts This Page (optional) ▶ **730.00**

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 / 68	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 2

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

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Palm Canyon Insurance Agency Health Insurance Agent

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

Transaction ID: SA11A1.12212

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

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 2

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

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
The Rowe Group Health Insurance Agent

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

Transaction ID: SA11A1.12213

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

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 2

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

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) ▼ 2340.00

Transaction ID: SA11A1.11143

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 38 / 68	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
P.O. Box 4252

City State Zip Code
Timonium MD 21094-4252

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 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) ▼ 2350.00

Transaction ID: SA11A1.11527

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

Mailing Address
P.O. Box 4252

City State Zip Code
Timonium MD 21094-4252

Date of Receipt
M M / D D / Y Y Y Y
06 / 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) ▼ 2360.00

Transaction ID: SA11A1.11877

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

Mailing Address
P.O. Box 4252

City State Zip Code
Timonium MD 21094-4252

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 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) ▼ 2370.00

Transaction ID: SA11A1.12215

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 39 / 68	
	<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

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 7 / 2 0 0 2

Mailing Address
510 Briscoe Blvd. #200

City State Zip Code
Lawrenceville GA 30045-6700

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Multiple Benefits Corp. Multiple Benefits Corp.

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

Transaction ID: SA11A1.11991

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

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 2

Mailing Address
810 Tara Plaza

City State Zip Code
Papillion NE 68046

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.12217

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

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 7 / 2 0 0 2

Mailing Address
P.O. Box 4068

City State Zip Code
Wilmington NC 28406

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Denial Plans, Plus Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 208.00

Transaction ID: SA11A1.11993

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 40 / 68

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

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

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

A. Full Name (Last, First, Middle Initial)
Kenneth Schmidt

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 2

Mailing Address
200 North Broadway Suite 140D

City State Zip Code
St. Louis MO 63102-2755

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
50.00

Name of Employer Occupation
Marsh Advantage America

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

Transaction ID: SA11A1.12466

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

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 2

Mailing Address
P.O. Box 720889

City State Zip Code
Oklahoma City OK 73172-0899

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
120.00

Name of Employer Occupation
Insurance Solutions Health Insurance Agent

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

Transaction ID: SA11A1.12383

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

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 2

Mailing Address
P.O. Box 355

City State Zip Code
Apollo PA 15013-0355

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
200.00

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

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

Transaction ID: SA11A1.11146

SUBTOTAL of Receipts This Page (optional) ▶ **370.00**

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 / 68	
	<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. Mark Sheffer

Mailing Address
P.O. Box 355
City: Apollo State: PA Zip Code: 15613-0355

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 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) ▼ 1000.00

Transaction ID: SA11A1.11882

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

Mailing Address
P.O. Box 355
City: Apollo State: PA Zip Code: 15613-0355

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 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) ▼ 1200.00

Transaction ID: SA11A1.12220

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

Mailing Address
P.O. Box 67
City: Ringwood State: IL Zip Code: 60072-0067

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period
660.00

FEC ID number of contributing federal political committee.

Name of Employer: Shalek Financial Services Occupation: Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 910.00

Transaction ID: SA11A1.12329

SUBTOTAL of Receipts This Page (optional) ► **1060.00**

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 / 68	
	<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. Stuart Shapiro

Mailing Address
P.O. Box 587
City State Zip Code
Wheeling IL 60090-0587

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period
100.00

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) ▼ 290.00

Transaction ID: SA11A1.12467

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

Mailing Address
7920 Miramar Road #125
City State Zip Code
San Diego CA 92126-4206

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Dental Option Insurance Services Health Insurance Agent

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

Transaction ID: SA11A1.12468

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
0 6 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period
100.00

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) ▼ 250.00

Transaction ID: SA11A1.12297

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 / 68	
	<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
06 / 28 / 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) ▼ 275.00

Transaction ID: SA11A1.12222

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
06 / 28 / 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) ▼ 210.00

Transaction ID: SA11A1.12227

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

Mailing Address
2922 Cypress Street Suite 100

City State Zip Code
West Monroe LA 71291-5348

Date of Receipt
M M / D D / Y Y Y Y
05 / 28 / 2002

Amount of Each Receipt this Period
240.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Southern Heritage Insurance Certified Senior Advisor

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

Transaction ID: SA11A1.11605

SUBTOTAL of Receipts This Page (optional) ▶ **285.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 / 68	
	<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)
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
04 / 20 / 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) ▼ 800.00

Transaction ID: SA11A1.11385

B. Full Name (Last, First, Middle Initial)
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
06 / 27 / 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) ▼ 800.00

Transaction ID: SA11A1.11998

C. Full Name (Last, First, Middle Initial)
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
06 / 26 / 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) ▼ 210.00

Transaction ID: SA11A1.12291

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: (check only one)		PAGE 45 / 68	
	<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)
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
06 / 27 / 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) ▼ 260.00

Transaction ID: SA11A1.11990

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

Mailing Address
10342 South Springcrest Lane

City State Zip Code
South Jordan UT 84095-4538

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Ryan P. Thom Insurance Planning, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.12377

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

Mailing Address
10342 South Springcrest Lane

City State Zip Code
South Jordan UT 84095-4538

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Ryan P. Thom Insurance Planning, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.12233

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

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

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

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

FOR LINE NUMBER: PAGE 46 / 68

(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. Peter Vinton

Mailing Address

9480 Deereco Road

City

State

Zip Code

Timonium

MD

21093

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 2 0 / 2 0 0 2

Amount of Each Receipt this Period

80.00

FEC ID number of contributing
federal political committee.

Name of Employer
Corporate Coverage, LLC

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Transaction ID: SA11A1.11395

Full Name (Last, First, Middle Initial)

B. Peter Vinton

Mailing Address

9480 Deereco Road

City

State

Zip Code

Timonium

MD

21093

Date of Receipt

N M / D E / Y Y Y Y
0 5 / 3 0 / 2 0 0 2

Amount of Each Receipt this Period

80.00

FEC ID number of contributing
federal political committee.

Name of Employer
Corporate Coverage, LLC

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Transaction ID: SA11A1.11744

Full Name (Last, First, Middle Initial)

C. Peter Vinton

Mailing Address

9480 Deereco Road

City

State

Zip Code

Timonium

MD

21093

Date of Receipt

N M / D E / Y Y Y Y
0 6 / 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
Corporate Coverage, LLC

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Transaction ID: SA11A1.12007

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 47 / 68

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)
Vicky Van Tersch

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Mailing Address
5709 North West Avenue

City State Zip Code
Fresno CA 93711-2366

Amount of Each Receipt this Period
120.00

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) ▼ 224.00

Transaction ID: SA11A1.12334

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2002

Mailing Address
P.O. Box 838

City State Zip Code
Lilburn GA 30047-0838

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) ▼ 220.00

Transaction ID: SA11A1.11901

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2002

Mailing Address
P.O. Box 838

City State Zip Code
Lilburn GA 30047-0838

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) ▼ 240.00

Transaction ID: SA11A1.12242

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 / 68	
	<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)
Charles Westmoreland

Mailing Address
P.O. Box 925

City State Zip Code
Jackson MS 39205-0923

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Public Life Insurance Co. Director of Agency Development

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

Transaction ID: SA11A1.11164

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

Mailing Address
P.O. Box 925

City State Zip Code
Jackson MS 39205-0923

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Public Life Insurance Co. Director of Agency Development

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

Transaction ID: SA11A1.11550

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

Mailing Address
P.O. Box 925

City State Zip Code
Jackson MS 39205-0923

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 2

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Public Life Insurance Co. Director of Agency Development

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

Transaction ID: SA11A1.11902

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)
Charles Westmoreland

Mailing Address
P.O. Box 925

City State Zip Code
Jackson MS 39205-0923

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 2

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Public Life Insurance Co. Director of Agency Development

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

Transaction ID: SA11A1.12263

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

Mailing Address
P.O. Box 925

City State Zip Code
Jackson MS 39205-0923

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 2

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Public Life Insurance Co. Director of Agency Development

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

Transaction ID: SA11A1.12243

C. Full Name (Last, First, Middle Initial)
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
0 6 / 2 7 / 2 0 0 2

Amount of Each Receipt this Period
50.00

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) ▼ 220.00

Transaction ID: SA11A1.12405

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 50 / 68
	<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. Trei Wild

Mailing Address
5495 Belt Line Road Suite 155
City State Zip Code
Dallas TX 75240-7643

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer
Safeguard Health Plans

Occupation
Health Insurance Agent

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Transaction ID: SA11A1.12290

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

Mailing Address
400 Field Drive
City State Zip Code
Lake Forest IL 60045-2581

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer
Starmark

Occupation
Health Insurance Agent

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Transaction ID: SA11A1.12351

Full Name (Last, First, Middle Initial)
C. 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
04 / 29 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer
Avariti Insurance & Financial Serv, Inc

Occupation
Health Insurance Agent

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Transaction ID: SA11A1.11402

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 51 / 68
	<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

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
05 / 30 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Avari Insurance & Financial Serv, Inc Health Insurance Agent

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

Amount of Each Receipt this Period
80.00

Transaction ID: SA11A1.11750

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
06 / 27 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Avari Insurance & Financial Serv, Inc Health Insurance Agent

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

Amount of Each Receipt this Period
80.00

Transaction ID: SA11A1.12013

C.

SUBTOTAL of Receipts This Page (optional)	▶	160.00
TOTAL This Period (last page this line number only)	▶	14993.00

**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

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

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

Full Name (Last, First, Middle Initial) A. AMEX		Date of Disbursement 04 / 22 / 2002
Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072-3852		Amount of Each Disbursement this Period 12.54
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.11413
State: District:		

Full Name (Last, First, Middle Initial) B. AMEX		Date of Disbursement 06 / 21 / 2002
Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072-3852		Amount of Each Disbursement this Period 12.54
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.11760
State: District:		

Full Name (Last, First, Middle Initial) C. AMEX		Date of Disbursement 06 / 21 / 2002
Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072-3852		Amount of Each Disbursement this Period 18.44
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.12181
State: District:		

SUBTOTAL of Disbursements This Page (optional)	▶	43.52
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. Jeffrey W. Gennaro		Date of Disbursement 06 / 26 / 2002	
Mailing Address PO Box 10315 City State Zip Code Phoenix AZ 85064-0315		Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement HUPAC Convention Raffle Winner		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:	Transaction ID: SB21B.12478		

Full Name (Last, First, Middle Initial) B. National Association of Health Underwriters		Date of Disbursement 04 / 17 / 2002	
Mailing Address 2000 N. 14th Street, Suite 450 City State Zip Code Arlington VA 22201		Amount of Each Disbursement this Period 154.21	
Purpose of Disbursement Reimbursement for PAC Admin. Costs		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:	Transaction ID: SB21B.11282		

Full Name (Last, First, Middle Initial) C. National Association of Health Underwriters		Date of Disbursement 04 / 24 / 2002	
Mailing Address 2000 N. 14th Street, Suite 450 City State Zip Code Arlington VA 22201		Amount of Each Disbursement this Period 1375.00	
Purpose of Disbursement CC 2002 Board Registration Fees		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:	Transaction ID: SB21B.11283		

SUBTOTAL of Disbursements This Page (optional) ▶	1779.21
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 05 / 17 / 2002		
Mailing Address 2000 N. 14th Street, Suite 450 City: Arlington State: VA Zip Code: 22201			Amount of Each Disbursement this Period 815.85		
Purpose of Disbursement Reimbursement for PAC admin. costs			Category/ Type		
Candidate Name					
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		Transaction ID: SB21B.11763		
State: District:					

Full Name (Last, First, Middle Initial) B. National Association of Health Underwriters			Date of Disbursement 06 / 12 / 2002		
Mailing Address 2000 N. 14th Street, Suite 450 City: Arlington State: VA Zip Code: 22201			Amount of Each Disbursement this Period 251.72		
Purpose of Disbursement Reimbursement for PAC Admin. Costs			Category/ Type		
Candidate Name					
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		Transaction ID: SB21B.12177		
State: District:					

Full Name (Last, First, Middle Initial) C. NOVA Information System			Date of Disbursement 04 / 02 / 2002		
Mailing Address 4020 University Avenue City: Fairfax State: VA Zip Code: 22030			Amount of Each Disbursement this Period 81.58		
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.11414		
State: District:					

SUBTOTAL of Disbursements This Page (optional)	1148.93
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25
	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 05 / 02 / 2002	
Mailing Address 4020 University Avenue City: Fairfax State: VA Zip Code: 22030		Amount of Each Disbursement this Period 80.84	
Purpose of Disbursement Monthly Credit Card Settlement Fee Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.11762	
State: District:			

Full Name (Last, First, Middle Initial) B. NOVA Information System		Date of Disbursement 06 / 04 / 2002	
Mailing Address 4020 University Avenue City: Fairfax State: VA Zip Code: 22030		Amount of Each Disbursement this Period 88.83	
Purpose of Disbursement Monthly Credit Card Settlement Fee Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.12183	
State: District:			

Full Name (Last, First, Middle Initial) C. Jim Poe		Date of Disbursement 06 / 26 / 2002	
Mailing Address P.O. Box 850011 City: Yukon State: OK Zip Code: 73085-0011		Amount of Each Disbursement this Period 750.00	
Purpose of Disbursement HUPAC Convention Raffle Winner Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.12478	
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	929.47
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

<p>Full Name (Last, First, Middle Initial) A. Stuart Shapiro</p>		<p>Date of Disbursement 06 / 26 / 2002</p>	
<p>Mailing Address P.O. Box 587 City Wheeling State IL Zip Code 60090-0587</p>		<p>Amount of Each Disbursement this Period 1500.00</p>	
<p>Purpose of Disbursement HUPAC Convention Raffle Prize Winner</p>		<p>Category/ Type</p>	
<p>Candidate Name</p>		<p>Transaction ID: SB21B.12480</p>	
<p>Office Sought: House Senate President</p>	<p>Disbursement For: Primary General Other (specify) ▼</p>		
<p>State: District:</p>			
<p>Full Name (Last, First, Middle Initial) B. Sylvester Management Corporation</p>		<p>Date of Disbursement 04 / 26 / 2002</p>	
<p>Mailing Address P.O. Box 986 City Irma State SC Zip Code 29063</p>		<p>Amount of Each Disbursement this Period 375.00</p>	
<p>Purpose of Disbursement FEC 2002 DC Trade Conference</p>		<p>Category/ Type</p>	
<p>Candidate Name</p>		<p>Transaction ID: SB21B.11341</p>	
<p>Office Sought: House Senate President</p>	<p>Disbursement For: Primary General Other (specify) ▼</p>		
<p>State: District:</p>			

C.

SUBTOTAL of Disbursements This Page (optional)	1875.00
TOTAL This Period (last page this line number only)	5776.13

**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. EVAN BAYH		Date of Disbursement 06 / 06 / 2002
Mailing Address 10 W MARKET SUITE 2000 City: INDIANAPOLIS State: IN Zip Code: 46204		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name EVAN BAYH COMMITTEE		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.12189
State: IN District: 00		

Full Name (Last, First, Middle Initial) B. ROY BLUNT		Date of Disbursement 06 / 06 / 2002
Mailing Address PO BOX 278 City: STRAFFORD State: MO Zip Code: 65757		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name FRIENDS OF ROY BLUNT		
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: SB23.11582
State: MO District: 07		

Full Name (Last, First, Middle Initial) C. BOEHNER, JOHN A		Date of Disbursement 06 / 06 / 2002
Mailing Address 7908-I CINCINNATI DAYTON RD City: WEST CHESTER State: OH Zip Code: 45069		Amount of Each Disbursement this Period 450.00
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name FRIENDS OF JOHN BOEHNER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.12188
State: OH District: 08		

SUBTOTAL of Disbursements This Page (optional)	2450.00
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

<p>A. Full Name (Last, First, Middle Initial) CALDER BENJAMIN III CLAY</p> <p>Mailing Address 1824 MT PARAN ROAD NW City ATLANTA State GA Zip Code 30327</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name CALDER CLAY FOR US CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 03</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p>	<p>Date of Disbursement 05 / 30 / 2002</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Transaction ID: SB23.11622</p>
<p>B. Full Name (Last, First, Middle Initial) LARRY E CRAIG</p> <p>Mailing Address 2250 6TH AVE SW City PAYETTE State ID Zip Code 83661</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name CRAIG FOR U S SENATE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 00</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p>	<p>Date of Disbursement 05 / 22 / 2002</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Transaction ID: SB23.11584</p>
<p>C. Full Name (Last, First, Middle Initial) MIKE DOYLE</p> <p>Mailing Address 2227 HAMPTON ST City PITTSBURGH State PA Zip Code 15218</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name DOYLE FOR CONGRESS COMMITTEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 14</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼</p>	<p>Date of Disbursement 05 / 30 / 2002</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Transaction ID: SB23.11631</p>

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. BOB ETHERIDGE		Date of Disbursement 05 / 30 / 2002	
Mailing Address PO BOX 28001 City: RALEIGH State: NC Zip Code: 27611		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name BOB ETHERIDGE 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: NC District: 02	Transaction ID: SB23.11611		

Full Name (Last, First, Middle Initial) B. HAROLD JR FORD		Date of Disbursement 05 / 30 / 2002	
Mailing Address 58 RIVERMIST LANE City: MEMPHIS State: TN Zip Code: 38103		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name RE-ELECT HAROLD FORD JR			
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: TN District: 09	Transaction ID: SB23.11613		

Full Name (Last, First, Middle Initial) C. JIM GERLACH		Date of Disbursement 05 / 30 / 2002	
Mailing Address 806 HARBOUR RIDGE LANE City: DOWNINGTOWN State: PA Zip Code: 19335		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name JIM GERLACH 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: PA District: 08	Transaction ID: SB23.11618		

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. GRANGER, KAY		Date of Disbursement 05 / 07 / 2002
Mailing Address 715 JONES STREET City: FORT WORTH State: TX Zip Code: 76102		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name KAY GRANGER CAMPAIGN FUND		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.11564
State: TX District: 12		

Full Name (Last, First, Middle Initial) B. RALPH M HALL		Date of Disbursement 06 / 03 / 2002
Mailing Address 1500 SUNSET HILL DRIVE City: ROCKWALL State: TX Zip Code: 75087		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name HALL 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: SB23.12160
State: TX District: 04		

Full Name (Last, First, Middle Initial) C. TIM HUTCHINSON		Date of Disbursement 04 / 25 / 2002
Mailing Address PO BOX 989 City: ROGERS State: AR Zip Code: 72757		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name HUTCHINSON FOR SENATE		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.11200
State: AR District: 00		

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. JAMES M INHOFE			Date of Disbursement 04 / 24 / 2002	
Mailing Address 2139 E 32ND ST City TULSA State OK Zip Code 74105			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name FRIENDS OF JIM INHOFE COMMITTEE				
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: SB23.11274	
State: OK District: 00				

Full Name (Last, First, Middle Initial) B. SAMUEL ROBERT JOHNSON			Date of Disbursement 06 / 07 / 2002	
Mailing Address PO BOX 880086 City PLANO State TX Zip Code 75086			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name FRIENDS OF SAM JOHNSON				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.11567	
State: TX District: 03				

Full Name (Last, First, Middle Initial) C. TOM LATHAM			Date of Disbursement 06 / 03 / 2002	
Mailing Address 178 180TH STREET City ALEXANDER State IA Zip Code 50420			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution			Category/ Type	
Candidate Name LATHAM FOR CONGRESS				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: SB23.12163	
State: IA District: 04				

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. JOHN LEWIS		Date of Disbursement 06 / 11 / 2002
Mailing Address 1520 PINEHURST DRIVE SW City ATLANTA State GA Zip Code 30311		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name JOHN LEWIS FOR CONGRESS	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: GA District: 05	Transaction ID: SB23.12172

Full Name (Last, First, Middle Initial) B. MIKE MCINTYRE		Date of Disbursement 04 / 02 / 2002
Mailing Address 1701 NORTH CHESTNUT STREET City LUMBERTON State NC Zip Code 28358		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name MIKE MCINTYRE FOR CONGRESS	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: NC District: 07	Transaction ID: SB23.11191

Full Name (Last, First, Middle Initial) C. DENNIS MOORE		Date of Disbursement 04 / 08 / 2002
Mailing Address 8319 MULLEN RD City LENEXA State KS Zip Code 66215		Amount of Each Disbursement this Period 200.00
Purpose of Disbursement Pay La Brasserie-In Kind Contribution	Candidate Name MOORE FOR CONGRESS	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: KS District: 03	Transaction ID: SB23.12204

SUBTOTAL of Disbursements This Page (optional)	1200.00
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. DENNIS MOORE		Date of Disbursement 05 / 20 / 2002
Mailing Address 8319 MULLEN RD City: LENEKA State: KS Zip Code: 66215		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution	Candidate Name MOORE FOR CONGRESS	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: KS District: 03	Transaction ID: SB23.11580

Full Name (Last, First, Middle Initial) B. TIM MURPHY		Date of Disbursement 05 / 30 / 2002
Mailing Address 221 BROOKSIDE BLVD City: PITTSBURCH State: PA Zip Code: 15241		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name TIM MURPHY FOR CONGRESS	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼	State: PA District: 18	Transaction ID: SB23.11616

Full Name (Last, First, Middle Initial) C. JAMES ALLEN NUSSLE		Date of Disbursement 05 / 09 / 2002
Mailing Address PO BOX 324 City: MANCHESTER State: IA Zip Code: 52057		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution	Candidate Name NUSSLE FOR CONGRESS COMMITTEE	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: IA District: 01	Transaction ID: SB23.11573

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

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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. NANCY PELOSI		Date of Disbursement 04 / 30 / 2002
Mailing Address 235 MONTGOMERY STREET SUITE 610 City: SAN FRANCISCO State: CA Zip Code: 94104		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name NANCY PELOSI 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: SB23.12178
State: CA District: 08		

Full Name (Last, First, Middle Initial) B. JOHN E PETERSON		Date of Disbursement 04 / 24 / 2002
Mailing Address 248 N MAIN ST PO BOX 289 City: PLEASANTVILLE State: PA Zip Code: 16341		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type
Candidate Name FRIENDS OF JOHN PETERSON		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.11277
State: PA District: 05		

Full Name (Last, First, Middle Initial) C. THOMAS E PETRI		Date of Disbursement 04 / 25 / 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 Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.11288
State: WI District: 08		

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:
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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. CHARLES W 'CHIP' JR PICKERING		Date of Disbursement 05 / 31 / 2002	
Mailing Address PO BOX 6440 City LAUREL State MS Zip Code 39441		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name PICKERING FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MS District: 03	Transaction ID: SB23.11754		

Full Name (Last, First, Middle Initial) B. MICHAEL DENNIS ROGERS		Date of Disbursement 05 / 30 / 2002	
Mailing Address 1304 QUINTARD AVENUE City ANNISTON State AL Zip Code 36201		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name MIKE ROGERS FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: AL District: 03	Transaction ID: SB23.11625		

Full Name (Last, First, Middle Initial) C. PETE SESSIONS		Date of Disbursement 04 / 26 / 2002	
Mailing Address PO BOX 38585 City DALLAS State TX Zip Code 75238		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name PETE SESSIONS FOR CONGRESS 2002			
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: 06	Transaction ID: SB23.11289		

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

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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. JOHN BARDEN SHADEGG		Date of Disbursement 04 / 06 / 2002	
Mailing Address PO BOX 45444 City PHOENIX State AZ Zip Code 85064		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name JOHN SHADEGG 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: AZ District: 03	Transaction ID: SB23.11183		

Full Name (Last, First, Middle Initial) B. DONALD L SHERWOOD		Date of Disbursement 06 / 03 / 2002	
Mailing Address 41 SHERWOOD DRIVE City TUNKHANNOCK State PA Zip Code 18657		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name FRIENDS OF DON SHERWOOD			
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: PA District: 10	Transaction ID: SB23.12186		

Full Name (Last, First, Middle Initial) C. LEE R TERRY		Date of Disbursement 04 / 25 / 2002	
Mailing Address 11770 FARNAM STREET City OMAHA State NE Zip Code 68154		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name LEE TERRY 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: NE District: 02	Transaction ID: SB23.11188		

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. PATRICK J TOOMEY		Date of Disbursement 05 / 23 / 2002
Mailing Address 5250 WHEATLAND City: ZIONSVILLE State: PA Zip Code: 18092		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution	Candidate Name PAT TOOMEY FOR CONGRESS 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: PA District: 15	Transaction ID: SB23.11757

Full Name (Last, First, Middle Initial) B. JIM TURNER		Date of Disbursement 05 / 07 / 2002
Mailing Address 803 E GOLIAD AVE City: CROCKETT State: TX Zip Code: 75836		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name JIM TURNER FOR CONGRESS 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: TX District: 02	Transaction ID: SB23.11570

Full Name (Last, First, Middle Initial) C. ROGER F WICKER		Date of Disbursement 04 / 26 / 2002
Mailing Address PO BOX 874 City: TUPELO State: MS Zip Code: 38802		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution	Candidate Name FRIENDS OF ROGER WICKER 2002	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: MS District: 01	Transaction ID: SB23.11336

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Association of Health Underwriters Political Action Committee - HUPAC

<p>Full Name (Last, First, Middle Initial) A. HEATHER A WILSON</p>			<p>Date of Disbursement 04 / 02 / 2002</p>	
<p>Mailing Address 9220 GUADALUPE TRAIL NM City ALBUQUERQUE State NM Zip Code 87114</p>			<p>Amount of Each Disbursement this Period 500.00</p>	
<p>Purpose of Disbursement Political Contribution</p>			<p>Category/ Type</p>	
<p>Candidate Name HEATHER WILSON FOR CONGRESS</p>				
<p>Office Sought: <input checked="" type="checkbox"/> House Senate President</p>		<p>Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼</p>		
<p>State: NM District: 01</p>		<p>Transaction ID: SB23.11182</p>		

<p>Full Name (Last, First, Middle Initial) B. TOM YOUNG</p>			<p>Date of Disbursement 05 / 30 / 2002</p>	
<p>Mailing Address POST OFFICE BOX 1001 City MOBILE State AL Zip Code 36633</p>			<p>Amount of Each Disbursement this Period 500.00</p>	
<p>Purpose of Disbursement Political Contribution</p>			<p>Category/ Type</p>	
<p>Candidate Name TOM YOUNG FOR CONGRESS</p>				
<p>Office Sought: <input checked="" type="checkbox"/> House Senate President</p>		<p>Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼</p>		
<p>State: AL District: 01</p>		<p>Transaction ID: SB23.11628</p>		

C.

SUBTOTAL of Disbursements This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	22150.00