



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Kevin Corcoran, Treasurer
National Association of Health
Underwriters PAC (HUPAC)
2000 14th Street Suite 450
Arlington, VA 22201

FEB 10 1999

Identification Number: C00283135

Reference: 12 Day Pre-General Report (10/1/98-10/14/98)

Dear Mr. Corcoran:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Your report discloses what appears to be an in-kind contribution made on behalf of Senator Nickles, a federal candidate (pertinent portion(s) attached). The original payments for the goods and services have been disbursed to Mattox Commercial Photography as well as American Express, itemized as operating expenditures and included in the total for Line 21 of the Detailed Summary Page.

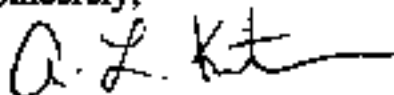
If the transaction in question is an in-kind contribution, please note that the amount of such activity should be subtracted from Line 21 and added to Line 23 of the Detailed Summary Page. This method of reporting would clarify for the public record the total amount of contributions to federal candidates (including in-kind contributions) by reflecting them on Line 23 of the Detailed Summary Page. However, if this expenditure is not an in-kind contribution, please clarify the nature of the transaction.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within

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fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 694-1130.

Sincerely,



Antoinette Kitchen

Reports Analyst

Reports Analyst Division

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)

Nation Association of Health Underwriters PAC. **AK**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mattox Commercial Photography 5021 Seminary Road Suite 130 Alexandria, VA 22311-2094	Photos/Enlargements for Sen. Nickles Luncheon Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Luncheon Photos	10/14/98 10/1/98	\$140.95 \$269.50
B. Full Name, Mailing Address and ZIP Code American Express P.O. Box 42010 Philadelphia, PA 19162-4201	Purpose of Disbursement Sen. Nickles Luncheon at The Monocle Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Luncheon	10/1/98	\$664.30
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$1,074.75
TOTAL This Period (last page this line number only)	\$1,074.75

