

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
JUL 30 10 10 AM '99

1. NAME OF COMMITTEE (in full) The National Association of Health Underwriters PAC		2. FEC IDENTIFICATION NUMBER C00283135
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 2000 N. 14th Street Suite 450		
CITY, STATE and ZIP CODE Arlington, VA 22201		
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election on _____ in the State of _____
- (b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period <u>1/1/99</u> through <u>6/30/99</u>		
8. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 6,109.96
(b) Cash on Hand at Beginning of Reporting Period	\$ 6,109.96	
(c) Total Receipts (from Line 19)	\$ 24,960.04	\$ 24,960.04
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 31,070.00	\$ 31,070.00
7. Total Disbursements (from Line 30)	\$ 13,173.13	\$ 13,173.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 17,896.87	\$ 17,896.87
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 938 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

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

Type or Print Name of Treasurer Kevin P. COICCOIAN		Date 7/30/99
Signature of Treasurer 		

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

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 11/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
The National Association of Health Underwriters PAC	FROM 1/1/99	TO: 6/30/99	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	8,425.00	8,425.00	11(a)(1)
ii. Unitemized	16,535.04	16,535.04	11(a)(2)
Total (add i and ii) >	24,960.04	24,960.04	11(a)(3)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a ii, b and c) >	24,960.04	24,960.04	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	24,960.04	24,960.04	19
20. Total Federal Receipts (subtract line 18 from line 19) >	24,960.04	24,960.04	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(1)
i. Federal Share			21(a)(2)
ii. Non-Federal Share	8,173.13	8,173.13	21(b)
b. Other Federal Operating Expenditure	8,173.13	8,173.13	21(c)
c. Total Operating Expenditures (add a ii, a iii, and b) >			22
22. Transfers to Affiliated/Other Party Committees			23
23. Contributions to Federal Candidates/Committees and Other Political Committees	5,000.00	5,000.00	24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			
28. Refunds of Contributions To:			28(a)
a. Individuals/Persons Other Than Political Committees			28(b)
b. Political Party Committees			28(c)
c. Other Political Committees (such as PACs)			28(d)
d. Total Contribution Refunds (add a, b and c) >			29
29. Other Disbursements			30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	13,173.13	13,173.13	31
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	13,173.13	13,173.13	
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	24,960.04	24,960.04	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	24,960.04	24,960.04	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	8,173.13	8,173.13	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >	8,173.13	8,173.13	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 5
FOR LINE NUMBER 11 (a) (i)

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)

The National Association of Health Underwriters PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JO Anne Burris LMT Maritime Inc. 806 N. 8th Street P.O. Box 251 Sheboygan, WI 53082-0251 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	LMT Maritime Inc. Occupation: Insurance Agent <i>Owner</i> Aggregate Year-to-Date > \$ 245.00	3/11/99	245.00
D. Baily Calvin Calco, Inc 445 E. 5th Ave. Anchorage, AK 99510 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Calco, Inc. Occupation: Insurance Agent/Owner Aggregate Year-to-Date > \$ 300.00	1/2/99 2/2/99 3/2/99 4/2/99 5/3/99 6/2/99	50.00 50.00 50.00 50.00 50.00
Barbara Coggins Benefit Solutions, Inc. 400 E. Hwy. 436, Ste #208 Casselberry, FL 32707 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Benefit Solutions, Inc. Occupation: Insurance Agent/Owner Aggregate Year-to-Date > \$ 200.00	6/25/99	200.00
Edward D. Colina Edward Colina & Associates 13200 128th St. Suite E-3 Miami, FL 33186-5831 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Edward Colina & Associates Occupation: Insurance Agent/Owner Aggregate Year-to-Date > \$ 200.00	6/25/99	200.00
Ann M. Currie 2891 Center Pointe Drive Suite 207 Ft. Myers, FL 33916 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Umbrella Group Occupation: Insurance Agent Aggregate Year-to-Date > \$ 200.00	6/25/99	200.00
Elaine Desiletts Benefit Resources P.O. Box 305 Dover, NH 03821-0035 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Benefit Resources Occupation: Insurance Agent Aggregate Year-to-Date > \$ 250.00	3/22/99 3/11/99	200.00 50.00
William M. Flattery Wye-Oak Insurance Agency, Inc. 110 Old Padonia Rd. #201 Cockeysville, MD 21030 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Wye-Oak Insurance Agency, Inc. Occupation: Insurance Agent Aggregate Year-to-Date > \$ 250.00	2/25/99/	250.00

SUBTOTAL of Receipts This Page (optional) \$1,645.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 2 OF 5
FOR LINE NUMBER 11 (a) (i).

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NAME OF COMMITTEE (In Full)

The National Association of Health Underwriters PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Eva Jean Fomalont Presbyterian Health Plan P.O. Box 27489 Albuquerque, NM 87125	Presbyterian Health Plan	6/18/99 3/2/99	300.00 90.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 390.00	
B. Full Name, Mailing Address and ZIP Code Anthony W. Halby Halby Insurance Agency 313 Railroad Ave. #201 Nevada City, CA 95959	Halby Insurance Agency	6/11/99 3/22/99	75.00 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent/Owner	Aggregate Year-to-Date > \$ 275.00	
C. Full Name, Mailing Address and ZIP Code Timothy Hendricks Business Planning Group of OK 4200 East Skelly Drive #835 Tulsa, OK 74135-3235	Business Planning Group of OK	3/22/99 1/2/99 3/2/ 4/2 5/3/ 6/2 2/2/	100.00 50.00 50.00 50.00 50.00 50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent/Owner	Aggregate Year-to-Date > \$ 400.00	
D. Full Name, Mailing Address and ZIP Code Robert L. Herzfeld Herzfeld Lide & Health Care 546 W. Carpenter Benton, AR 72015	Herzfeld Lide & Health Care	3/2/99	220.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent/Owner	Aggregate Year-to-Date > \$ 220.00	
E. Full Name, Mailing Address and ZIP Code Michael W. Hipskind Key Financial 4901 Main Street Downers Grove, IL 60515	Key Financial	6/25/99 3/22/99	200.00 25.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 225.00	
F. Full Name, Mailing Address and ZIP Code Maureen Kanneally BCBS of IL 300 E. Randolph, 19th Floor Chicago, IL 60601	BCBS of IL	6/25/99	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 200.00	
G. Full Name, Mailing Address and ZIP Code Dennis B. Mather The Mather Companies 10540 York Rd. P.O. Box 8039 Cockeysville, MD 21030	The Mather Companies	3/11/99	220.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent/Owner	Aggregate Year-to-Date > \$ 220.00	

SUBTOTAL of Receipts This Page (optional) \$1,930.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 5
FOR LINE NUMBER 11 (a) (i)

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NAME OF COMMITTEE (In Full)

The National Association of Health Underwriters PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael E. Matznick Med/Flex Benefits Center, Inc. P.O. Box 38248 Greensboro, NC 27438-8248	Med/Flex Benefits Center, Inc.	8/22/99	220.00
		1/2/99	25.00
	Occupation Insurance	3/2/ 4/2/	25.00
	Agent/Owner	5/3/ 6/2/	25.00
	Aggregate Year-to-Date		25.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$370.00		
Sharon McDermott McDermott Brokerage, Inc. 11932 Arbor St., #103 Omaha, NE 66144-2986	McDermott Brokerage, Inc.	6/18/99	100.00
		3/11/99	220.00
	Occupation Insurance		
	Agent/Owner		
	Aggregate Year-to-Date		\$ 320.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 320.00		
Wesley Morgan Professional Ins Planning, Inc. 2546 Reynolda Rd. Winston Salem, NC 27106	Professional Ins Planning, Inc.	5/21/99	200.00
	Occupation Insurance		
	Agent/Owner		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
Lonnie G. Nefouse The Nefouse Agency 1311 West 96th St., #201 Indianapolis, IN 46260-1173	The Nefouse Agency	3/3/99	300.00
	Occupation Insurance		
	Agent/owner		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
Lee R. Parsons Parsons and Associates P.O. Box 19220 Roanoke, VA 24019	Parsons and Associates	6/18/99	100.00
		3/4/99	100.00
	Occupation Insurance		
	Agent/Owner		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
Arnold C. Poutala Campbell, Galt & Newlands 708 SW Third #400 Portland, OR 97204-2495	Campbell, Galt & Newlands	6/18/99	75.00
		3/11/99	140.00
	Occupation Insurance	1/2 4/2	10.00
		2/2 5/3	10.00
		3/2 6/2	10.00
	Agent/Owner		10.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 275.00		
Louis P. Reginelli L.P.R. Insurance Agency 27 Newgate Ave. Naperville, IL 60565	L.P.R. Insurance Agency	6/25/99	200.00
	Occupation Insurance		
	Agent/Owner		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		

SUBTOTAL of Receipts This Page (optional)

\$1,865.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 5
FOR LINE NUMBER 11 (a) (1)

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NAME OF COMMITTEE (In Full)

The National Association of Health Underwriters PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Scott D. Robertson Agents Umbrella Group of FL 2891 Centerpointe Dr., Ste. 207 Fort Myers, FL 33916	Agents Umbrella Group of FL	6/25/99	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent/Owner Aggregate Year-to-Date > \$ 200.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David Rushmore 1820 East Garry St., Suite 102 Santa Ana, CA 92705	Benefit Plan Coordinators	4/5/99	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Stephen Salamon The Salamon Agency 106 Old Court Rd., Suite 301 Baltimore, MD 21208-4106	The Salamon Agency	3/22/99	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent/Owner Aggregate Year-to-Date > \$ 200.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Vincent Semerli Coordinated Benefits Co. 420 Lake-Cook Rd., #111 Deerfield, IL 60015	Coordinated Benefits Co.	3/11/99	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date > \$ 200.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Scott A. Shalek 74 E. Grand Ave., Ste. 104 P.O. Box 542 Fox Lake, IL 60020	Principal Financial group	3/4/99	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent/Owner Aggregate Year-to-Date > \$ 200.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Roger W. Skinner Group Link, Inc. 5546 Spreewood Dr. Indianapolis, IN 46220	Group Link, Inc.	2/11/99 3/4/99 4/2/99	25.00 200.00 10.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent/Owner Aggregate Year-to-Date > \$ 255.00	5/3/99 5/2/99	10.00 10.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Nat Smith Rogers Benefit Group, Inc. 5311 77 Center Drive #72 Charlotte, NC 28217	Rogers Benefit Group, Inc.	3/15/99	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date > \$ 200.00		

SUBTOTAL of Receipts This Page (optional) \$1,505.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 5 OF 5
FOR LINE NUMBER 11 (a) (i)

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NAME OF COMMITTEE (In Full)

The National Association of Health Underwriters PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gordon Splering Safeguard Health Plans, Inc. 8100 N. University Drive Ft. Lauderdale, FL 33321-1717	Safeguard Health Plans, Inc. Occupation Insurance Agent	6/25/99	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$200.00		
B. Full Name, Mailing Address and ZIP Code David L. Streich Key Financial Group 4901 Main Street Downers Grove, IL 60515	Key Financial Group Occupation Insurance Agent	6/25/99	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$200.00		
C. Full Name, Mailing Address and ZIP Code Julia Teplis Julie Teplis Agency 3970 Sentry Crossing NE Marietta, GA 30068	Julie Teplis Agency Occupation Insurance Agent/owner	6/8/99	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$200.00		
D. Full Name, Mailing Address and ZIP Code Daniel Wagon Dan Wagon and Associates 100 West Clarendon #620 Phoenix, AZ 85013-3503	Dan Wagon and Associates Occupation Insurance Agent/Owner	4/7/99	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$200.00		
E. Full Name, Mailing Address and ZIP Code I. William Weinberg PRB, Inc. 204 2nd Ave., #733 San Mateo, CA 94401-3904	PRB, Inc. Occupation Insurance Agent	3/11/99 4/2/99 5/3/99 6/2/99	100.00 50.00 50.00 50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$250.00		
F. Full Name, Mailing Address and ZIP Code Ronald R. Wolownik Guarantee Trust Life Ins., Co. 1275 Milwaukee Ave. Glenview, IL 60025	Guarantee Trust Life Ins., Co. Occupation Insurance Agent	6/23/99 1/2/99 3/2 5/2 2/2 6/2 4/2 6/2	200.00 5.00 5.00 5.00 5.00 5.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$230.00		
G. Full Name, Mailing Address and ZIP Code Douglas Young The Young Group P.O. Box 17786 285 W. Millbrook RD Raleigh, NC 27619	The Young Group Occupation Insurance Agent/Owner	3/11/99	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$200.00		

SUBTOTAL of Receipts This Page (optional) \$1,480.00

TOTAL This Period (last page this line number only) \$8,425.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 21 (b)

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NAME OF COMMITTEE (in Full)

The National Association of Health Underwriters PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Capitol City Brewing Company 2 Massachusetts Avenue, NE Washington, DC 20002	HUPAC Fundraiser 3/8/99 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Fundraiser	2/24/99 3/31/99	100.00 1,574.40
B. Full Name, Mailing Address and ZIP Code Washington Wizards Dancers MCI Center Washington, DC 20004 601 F St. NW	Purpose of Disbursement HUPAC Fundraiser 3/8/99 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Fundraiser	Date (month, day, year) 3/16/99	Amount of Each Disbursement This Period 600.00
C. Full Name, Mailing Address and ZIP Code Travis S. Middleton, Jr. 5622 Libbey Lane Houston, TX 77092	Purpose of Disbursement HUPAC Fundraiser 3/8/99 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Raffle Winner	Date (month, day, year) 5/21/99	Amount of Each Disbursement This Period 2,309.00
D. Full Name, Mailing Address and ZIP Code Vialog Group Communications P.O. Box 9449 Boston, MA 02209-9449	Purpose of Disbursement HUPAC Board of Director Monthly Teleconference Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Teleconference	Date (month, day, year) 3/12/99 4/30/99 5/21/99 6/22/99	Amount of Each Disbursement This Period 70.56 20.68 69.83 34.85
E. Full Name, Mailing Address and ZIP Code Vialog Group Communications P.O. Box 9449 Boston, MA 02209-9449	Purpose of Disbursement HUPAC Board of Director Monthly Teleconference Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Teleconference	Date (month, day, year) 2/11/99	Amount of Each Disbursement This Period 130.32
F. Full Name, Mailing Address and ZIP Code National Association of Health Underwriters 2000 N. 14th St., Suite 450 Arlington, VA 22201	Purpose of Disbursement HUPAC Postage/Shipping/ Xerox Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Reimburse NABU	Date (month, day, year) 3/12/99 4/30/99 5/21/99 6/29/99	Amount of Each Disbursement This Period 258.59 1,276.43 1,169.87 31.76
G. Full Name, Mailing Address and ZIP Code Crestar Bank 1445 New York Avenue, NW Washington, DC 20005-2108 Attn: Tim Lee	Purpose of Disbursement Checking Account Service Charge-Monthly Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Service Charge	Date (month, day, year) 1/12/99 2/9/99 3/9/99	Amount of Each Disbursement This Period 55.88 38.03 47.66
H. Full Name, Mailing Address and ZIP Code Crestar Bank 1445 New York Avenue, NW Washington, DC 20005-2108 Attn: Tim Lee	Purpose of Disbursement Checking Account Monthly Service Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Service Charge	Date (month, day, year) 4/9/99 5/11/99 6/9/99	Amount of Each Disbursement This Period 14.90 20.19 34.31
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)

\$7,857.26

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER 21 (b)

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 committees.

NAME OF COMMITTEE (in Full)

The National Association of Health Underwriters PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nova Information Systems, Inc. 4020 University Drive Fairfax, VA 22030	Credit Card Processing Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Service Fees	1/5/99 2/2/99 3/31/99	4.83 40.00 72.32
B. Full Name, Mailing Address and ZIP Code Nova Information Systems, Inc. 4020 University Drive Fairfax, VA 22030	Credit Card Processing Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Service Fees	4/2/99 5/4/99	159.61 .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)

\$277.06

TOTAL This Period (last page this line number only)

\$8,134.32

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

The National Association of Health Underwriters PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution US Senator - TN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2/25/99	Amount of Each Disbursement This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Keep Our Majority PAC P.O. Box 12877 Washington, DC 20036	Purpose of Disbursement Contribution 14th District - IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/1/99	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Georgians for Isakson P.O. Box 71955 Marietta, GA 30007	Purpose of Disbursement Contribution 6th District - GA Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Elec	Date (month, day, year) 3/1/99	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and ZIP Code Friends of J.C. Watts P.O. Box 720445 Normon, OK 73070	Purpose of Disbursement Contribution 4th District - OK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/20/99	Amount of Each Disbursement This Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Cummings for Congress 2300 North Calvert Street Baltimore, MD 21218	Purpose of Disbursement Contribution 7th District - MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/4/99	Amount of Each Disbursement This Period 500.00
F. Full Name, Mailing Address and ZIP Code Jeffords for Vermont 507 Capitol Court #100 Washington, DC 20002	Purpose of Disbursement Contribution US Senator - Vermont Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/21/99	Amount of Each Disbursement This Period 1,000.00
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)

\$5,000.00

TOTAL This Period (last page this line number only)

\$5,000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 7/30/99
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>SA</i> PREPARER	 7/30/99 DATE PREPARED