

**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 - Health Underwriters PAC

ADDRESS (number and street)

2000 North 14th Street Suite 450

Check if different than previously reported. (ACC)

Arlington

VA

22201

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00283135

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

X October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

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

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(d) 30-Day Post-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

07

01

2004

through

09

30

2004

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

Signature of Treasurer

Electronically Filed by Kevin Corcoran

Date

10

15

2004

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

Office Use Only

FEC FORM 3X  
(Rev. 02/2003)

**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

National Association of Health Underwriters - Health Underwriters PAC

Report Covering the Period: From: <sup>M</sup>07 <sup>D</sup>01 <sup>Y</sup>2004 To: <sup>M</sup>09 <sup>D</sup>30 <sup>Y</sup>2004

	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2004 <sup>Y</sup>		44208.52
(b) Cash on Hand at Beginning of Reporting Period .....	13738.83	
(c) Total Receipts (from Line 19) .....	58402.52	170038.86
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	72142.35	214247.38
<hr/>		
7. Total Disbursements (from Line 31) .....	61102.86	203207.89
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	11039.49	11039.49
<hr/>		
9. Debts and Obligations owed <b>TO</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> 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 (Rev. 02/2003)

Page 3

Write or Type Committee Name

National Association of Health Underwriters - Health Underwriters PAC

Report Covering the Period: From: <sup>M</sup>07 <sup>D</sup>01 <sup>Y</sup>2004 To: <sup>M</sup>09 <sup>D</sup>30 <sup>Y</sup>2004

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) .....	35807.00	
(ii) Unitemized .....	22595.52	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	58402.52	167038.86
(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 33, page 5) .....	58402.52	167038.86
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 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	3000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)) .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	58402.52	170038.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	58402.52	170038.86

**DETAILED SUMMARY PAGE**

of Disbursements

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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.....	6802.86	19157.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	6802.86	19157.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	50250.00	179000.00
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.....	50.00	50.00
(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))..... ▶	50.00	50.00
29. Other Disbursements.....	4000.00	5000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	61102.86	203207.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(i) from Line 31).....	61102.86	203207.89

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	58402.52	167038.86
34. Total Contribution Refunds (from Line 28(d)) .....	50.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	58352.52	166988.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	6802.86	19157.89
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	6802.86	19157.89

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

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

FOR LINE NUMBER:          PAGE 6 / 181  
(check only one)  
 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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Teri D. Adams</b>		Date of Receipt M / D / Y Y Y Y 07 / 30 / 2004
Mailing Address PD Box 1290		Transaction ID: 0828200416C17071
City Prairieville	State LA	Zip Code 70769-1290
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Strategies	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>B. Teri D. Adams</b>		Date of Receipt M / D / Y Y Y Y 08 / 31 / 2004
Mailing Address PD Box 1290		Transaction ID: 41007.C17789
City Prairieville	State LA	Zip Code 70769-1290
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Strategies	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>C. Teri D. Adams</b>		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2004
Mailing Address PD Box 1290		Transaction ID: 41007.C18394
City Prairieville	State LA	Zip Code 70769-1290
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Strategies	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>120.00</b>
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 7 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Keny Aldridge</b>		Date of Receipt M / D / Y Y Y Y 07 / 02 / 2004	
Mailing Address 3131 Custer Dr Suite 9		Transaction ID: 0828200416C16846	
City Lexington	State KY	Zip Code 40517-4006	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer CKBS Insurance Group	Occupation Health Insurance Agent		260.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼		
Full Name (Last, First, Middle Initial) <b>B. Keny Aldridge</b>		Date of Receipt M / D / Y Y Y Y 07 / 30 / 2004	
Mailing Address 3131 Custer Dr Suite 9		Transaction ID: 0828200416C17143	
City Lexington	State KY	Zip Code 40517-4006	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer CKBS Insurance Group	Occupation Health Insurance Agent		340.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼		
Full Name (Last, First, Middle Initial) <b>C. Keny Aldridge</b>		Date of Receipt M / D / Y Y Y Y 08 / 31 / 2004	
Mailing Address 3131 Custer Dr Suite 9		Transaction ID: 41007.C17859	
City Lexington	State KY	Zip Code 40517-4006	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer CKBS Insurance Group	Occupation Health Insurance Agent		420.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼		

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:        PAGE 8 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Keny Aldridge</b>		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 3131 Custer Dr Suite 9		Transaction ID: 41007.C18484
City Lexington	State KY	Zip Code 40517-4006
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer CKBS Insurance Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Stephen Andersen</b>		Date of Receipt M / D / Y 07 / 02 / 2004
Mailing Address 7431 O St		Transaction ID: 41007.C17239
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>C. Stephen Andersen</b>		Date of Receipt M / D / Y 08 / 02 / 2004
Mailing Address 7431 O St		Transaction ID: 41007.C17431
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>160.00</b>
<b>TOTAL</b> 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 9 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Stephen Andersen</b>		Date of Receipt M / D / Y 09 / 02 / 2004
Mailing Address 7431 O St		Transaction ID: 41007.C17973
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>B. Elizabeth Ashmore</b>		Date of Receipt M / D / Y 07 / 02 / 2004
Mailing Address 7808 University Ave		Transaction ID: 41007.C17242
City Lubbock	State TX	Zip Code 79423-2128
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Ashmore Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>C. Elizabeth Ashmore</b>		Date of Receipt M / D / Y 08 / 02 / 2004
Mailing Address 7808 University Ave		Transaction ID: 41007.C17434
City Lubbock	State TX	Zip Code 79423-2128
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Ashmore Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>240.00</b>
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 10 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Elizabeth Ashmore</b>		Date of Receipt M / D / Y 09 / 02 / 2004
Mailing Address 7808 University Ave		Transaction ID: 41007.C17977
City Lubbock	State TX	Zip Code 79423-2128
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Ashmore Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. David S. Ayra</b>		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address 6340 S 3000 E #500		Transaction ID: 0826200416C16940
City Salt Lake City	State UT	Zip Code 84121-3540
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Intermountain Financial Ben.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

Full Name (Last, First, Middle Initial) <b>C. David S. Ayra</b>		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 6340 S 3000 E #500		Transaction ID: 41007.C17889
City Salt Lake City	State UT	Zip Code 84121-3540
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Intermountain Financial Ben.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>280.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 11 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. David S. Ayre</b>		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 8340 S 3000 E #500		Transaction ID: 41007.C18239
City Salt Lake City	State UT	Zip Code 84121-3540
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Intermountain Financial Ben. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 720.00	Receipt

Full Name (Last, First, Middle Initial) <b>B. Ann Bel</b>		Date of Receipt M / D / Y 07 / 01 / 2004
Mailing Address 1881 Shoreline Dr Suite 100		Transaction ID: 0826200416C16759
City Boise	State ID	Zip Code 83702-6743
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Higgins & Rutledge Insura- nce, Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 180.00	Receipt

Full Name (Last, First, Middle Initial) <b>C. Ann Bel</b>		Date of Receipt M / D / Y 07 / 02 / 2004
Mailing Address 1881 Shoreline Dr Suite 100		Transaction ID: 41007.C17247
City Boise	State ID	Zip Code 83702-6743
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.00
Name of Employer Higgins & Rutledge Insura- nce, Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 175.00	Receipt

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>115.00</b>
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 12 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Ann Bel</b>		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2004
Mailing Address 1881 Shoreline Dr Suite 100		Transaction ID: 41007.C17439
City Boise	State ID	Zip Code 83702-6743
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.00
Name of Employer Higgins & Rutledge Insurance, Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 190.00	Receipt

Full Name (Last, First, Middle Initial) <b>B. Ann Bel</b>		Date of Receipt M / D / Y Y Y Y 08 / 08 / 2004
Mailing Address 1881 Shoreline Dr Suite 100		Transaction ID: 41007.C17623
City Boise	State ID	Zip Code 83702-6743
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Higgins & Rutledge Insurance, Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 240.00	Receipt

Full Name (Last, First, Middle Initial) <b>C. Ann Bel</b>		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2004
Mailing Address 1881 Shoreline Dr Suite 100		Transaction ID: 41007.C17982
City Boise	State ID	Zip Code 83702-6743
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.00
Name of Employer Higgins & Rutledge Insurance, Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 255.00	Receipt

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>80.00</b>
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 13 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Robin H. Bennett</b>		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address 201 Executive Center Dr Suite 300		Transaction ID: 0828200416C17179
City Columbia	State SC	Zip Code 29210-8406
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Carolina Care Plan, Inc.	Occupation Senior Account Executive	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Robin H. Bennett</b>		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 201 Executive Center Dr Suite 300		Transaction ID: 41007.C17875
City Columbia	State SC	Zip Code 29210-8406
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Carolina Care Plan, Inc.	Occupation Senior Account Executive	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>C. Robin H. Bennett</b>		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 201 Executive Center Dr Suite 300		Transaction ID: 41007.C18503
City Columbia	State SC	Zip Code 29210-8406
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Carolina Care Plan, Inc.	Occupation Senior Account Executive	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>60.00</b>
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 14 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Bruce D. Benton</b>		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address 21300 Victory Blvd Suite 215		Transaction ID: 0828200416C17154
City Woodland Hills	State CA	Zip Code 91367-7721
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Smith-Benton Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00	

Full Name (Last, First, Middle Initial) <b>B. Bruce D. Benton</b>		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 21300 Victory Blvd Suite 215		Transaction ID: 41007.C17884
City Woodland Hills	State CA	Zip Code 91367-7721
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Smith-Benton Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. Bruce D. Benton</b>		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 21300 Victory Blvd Suite 215		Transaction ID: 41007.C18488
City Woodland Hills	State CA	Zip Code 91367-7721
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Smith-Benton Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>75.00</b>
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 / 181

(check only one)

<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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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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Robert Bishop</b>		Date of Receipt M / D / Y Y Y Y 07 / 30 / 2004
Mailing Address 2785 E Desert Inn Rd		Transaction ID: 0828200416C18969
City Las Vegas	State NV	Zip Code 89121-3623
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 84.00
Name of Employer Kia Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 334.00	

Full Name (Last, First, Middle Initial) <b>B. Robert Bishop</b>		Date of Receipt M / D / Y Y Y Y 08 / 31 / 2004
Mailing Address 2785 E Desert Inn Rd		Transaction ID: 41007.C17660
City Las Vegas	State NV	Zip Code 89121-3623
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 84.00
Name of Employer Kia Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 418.00	

Full Name (Last, First, Middle Initial) <b>C. Robert Bishop</b>		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2004
Mailing Address 2785 E Desert Inn Rd		Transaction ID: 41007.C18283
City Las Vegas	State NV	Zip Code 89121-3623
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 84.00
Name of Employer Kia Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 502.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>252.00</b>
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 16 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Deborah Boop</b>		Date of Receipt MM / DD / YYYY 07 / 01 / 2004
Mailing Address 2080 East 9th Street		Transaction ID: 0826200416C16761
City Cleveland	State OH	Zip Code 44115-1355
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Medical Mutual	Occupation Broker Programs Specialist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 190.00	

Full Name (Last, First, Middle Initial) <b>B. Deborah Boop</b>		Date of Receipt MM / DD / YYYY 07 / 30 / 2004
Mailing Address 2080 East 9th Street		Transaction ID: 0826200416C17013
City Cleveland	State OH	Zip Code 44115-1355
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer Medical Mutual	Occupation Broker Programs Specialist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. Deborah Boop</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2004
Mailing Address 2080 East 9th Street		Transaction ID: 41007.C17805
City Cleveland	State OH	Zip Code 44115-1355
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer Medical Mutual	Occupation Broker Programs Specialist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>40.00</b>
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 17 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Deborah Boop</b>		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2004
Mailing Address 2080 East 9th Street		Transaction ID: 41007.C18981
City Cleveland	State OH	Zip Code 44115-1355
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer Medical Mutual	Occupation Broker Programs Specialist	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. William J. Brennan</b>		Date of Receipt M / D / Y Y Y Y 07 / 30 / 2004
Mailing Address 7 Terrace Way Ste. C		Transaction ID: 0826200416C16982
City Greensboro	State NC	Zip Code 27403-3666
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Group US, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

Full Name (Last, First, Middle Initial) <b>C. William J. Brennan</b>		Date of Receipt M / D / Y Y Y Y 08 / 31 / 2004
Mailing Address 7 Terrace Way Ste. C		Transaction ID: 41007.C17882
City Greensboro	State NC	Zip Code 27403-3666
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Group US, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>60.00</b>
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 18 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. William J. Brunton</b>		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 7 Terrace Way Ste. C		Transaction ID: 41007.C18279
City Greensboro	State NC	Zip Code 27403-3666
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Group US, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B. Jo Anna Buris</b>		Date of Receipt M / D / Y 09 / 17 / 2004
Mailing Address PO Box 251		Transaction ID: 41007.C18219
City Sheboygan	State WI	Zip Code 53082-0251
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 120.00
Name of Employer Lmt Maritime Int.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	

Full Name (Last, First, Middle Initial) <b>C. Tim Byme</b>		Date of Receipt M / D / Y 07 / 02 / 2004
Mailing Address 3113 W Beltline Hwy		Transaction ID: 41007.C17257
City Madison	State WI	Zip Code 53713-2830
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Morlenson, Matzelle & Mel- drum	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>170.00</b>
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 10 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Tim Byrne</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2004
Mailing Address 3113 W Bellline Hwy		Transaction ID: 41007.C17450
City Madison	State WI	Zip Code 53713-2830
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Mortenson, Matzella & Mel-drum	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B. Tim Byrne</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 02 / 2004
Mailing Address 3113 W Bellline Hwy		Transaction ID: 41007.C17884
City Madison	State WI	Zip Code 53713-2830
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Mortenson, Matzella & Mel-drum	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. D. Bailey Galvin</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 02 / 2004
Mailing Address 445 E 5th Ave		Transaction ID: 41007.C17259
City Anchorage	State AK	Zip Code 99501-2634
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Calco, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>90.00</b>
<b>TOTAL</b> 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 20 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. D. Bailey Calvin</b>		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2004
Mailing Address 445 E 5th Ave		Transaction ID: 41007.C17452
City Anchorage	State AK	Zip Code 99501-2634
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Calco, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>B. D. Bailey Calvin</b>		Date of Receipt M / D / Y Y Y Y 09 / 02 / 2004
Mailing Address 445 E 5th Ave		Transaction ID: 41007.C17896
City Anchorage	State AK	Zip Code 99501-2634
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Calco, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>C. Michael Carmean</b>		Date of Receipt M / D / Y Y Y Y 07 / 02 / 2004
Mailing Address P.O. Box 7387		Transaction ID: D826200418C16843
City Columbus	State GA	Zip Code 31508-7387
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Peace & Company Insurance	Occupation Vice President, Group Sales	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 90.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>100.00</b>
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 21 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Michael Carmean</b>		Date of Receipt M / D / Y 08 / 24 / 2004
Mailing Address P.O. Box 7367		Transaction ID: 41007.C17629
City	State	Zip Code
Columbus	GA	31808-7367
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Pearce & Company Insurance	Occupation Vice President, Group Sales	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) <b>B. Pam Cearley</b>		Date of Receipt M / D / Y 07 / 01 / 2004
Mailing Address 110 E Crockett St		Transaction ID: 0826200416C16788
City	State	Zip Code
San Antonio	TX	78205-2612
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Edv&w	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 140.00	

Full Name (Last, First, Middle Initial) <b>C. Pam Cearley</b>		Date of Receipt M / D / Y 07 / 02 / 2004
Mailing Address 110 E Crockett St		Transaction ID: 41007.C17284
City	State	Zip Code
San Antonio	TX	78205-2612
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Edv&w	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>290.00</b>
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 22 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Pam Cearley</b>		Date of Receipt M / D / Y 08 / 02 / 2004
Mailing Address 110 E Crockett St		Transaction ID: 41007.C17457
City San Antonio	State TX	Zip Code 78205-2612
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Edv&w	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

Full Name (Last, First, Middle Initial) <b>B. Pam Cearley</b>		Date of Receipt M / D / Y 09 / 02 / 2004
Mailing Address 110 E Crockett St		Transaction ID: 41007.C18001
City San Antonio	State TX	Zip Code 78205-2612
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Edv&w	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. Jimmy Chandler</b>		Date of Receipt M / D / Y 07 / 02 / 2004
Mailing Address 10 Oriole Glen		Transaction ID: D826200418C16850
City Swannanoa	State NC	Zip Code 28778-9118
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Health & Disability Specialist	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 170.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>60.00</b>
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 23 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. Jimmy Chandler		Date of Receipt M / D / Y Y Y Y 07 / 30 / 2004
Mailing Address 10 Oriole Glen		Transaction ID: 0828200416C17194
City Swannanoa	State NC	Zip Code 28778-9118
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer Health & Disability Specialist	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

Full Name (Last, First, Middle Initial) B. Jimmy Chandler		Date of Receipt M / D / Y Y Y Y 08 / 31 / 2004
Mailing Address 10 Oriole Glen		Transaction ID: 41007.C17819
City Swannanoa	State NC	Zip Code 28778-9118
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer Health & Disability Specialist	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 190.00	

Full Name (Last, First, Middle Initial) C. Jimmy Chandler		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2004
Mailing Address 10 Oriole Glen		Transaction ID: 41007.C18520
City Swannanoa	State NC	Zip Code 28778-9118
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer Health & Disability Specialist	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

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: PAGE 24 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Russ Childers</b>		Date of Receipt M / D / Y Y Y Y 07 / 02 / 2004
Mailing Address PD Box 1547		Transaction ID: 41007.C17285
City Americus	State GA	Zip Code 31709-1547
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Russ Childers, CLU	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

Full Name (Last, First, Middle Initial) <b>B. Russ Childers</b>		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2004
Mailing Address PD Box 1547		Transaction ID: 41007.C17458
City Americus	State GA	Zip Code 31709-1547
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Russ Childers, CLU	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>C. Russ Childers</b>		Date of Receipt M / D / Y Y Y Y 09 / 02 / 2004
Mailing Address PD Box 1547		Transaction ID: 41007.C18003
City Americus	State GA	Zip Code 31709-1547
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Russ Childers, CLU	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>75.00</b>
<b>TOTAL</b> 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 25 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Dorothy Cociu</b>		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address PD Box 6677		Transaction ID: 0626200416C16996
City Fullerton	State CA	Zip Code 92834-6677
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Advanced Benefit Consulting	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

Full Name (Last, First, Middle Initial) <b>B. Dorothy Cociu</b>		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address PD Box 6677		Transaction ID: 41007.C17723
City Fullerton	State CA	Zip Code 92834-6677
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Advanced Benefit Consulting	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

Full Name (Last, First, Middle Initial) <b>C. Dorothy Cociu</b>		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address PD Box 6677		Transaction ID: 41007.C18298
City Fullerton	State CA	Zip Code 92834-6677
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Advanced Benefit Consulting	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>240.00</b>
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 26 / 181  
(check only one)  
 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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Susan E. Cook</b>		Date of Receipt M / D / Y Y Y Y 07 / 30 / 2004
Mailing Address 3495 Piedmont Rd NE 9 Piedmont Center		Transaction ID: 0828200416C17186
City Atlanta	State GA	Zip Code 30305-1773
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Kaiser Permanente	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>B. Susan E. Cook</b>		Date of Receipt M / D / Y Y Y Y 08 / 31 / 2004
Mailing Address 3495 Piedmont Rd NE 9 Piedmont Center		Transaction ID: 41007.C17871
City Atlanta	State GA	Zip Code 30305-1773
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Kaiser Permanente	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>C. Susan E. Cook</b>		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2004
Mailing Address 3495 Piedmont Rd NE 9 Piedmont Center		Transaction ID: 41007.C18471
City Atlanta	State GA	Zip Code 30305-1773
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Kaiser Permanente	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>120.00</b>
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 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Thomas F. Cotter III</b>		Date of Receipt M / D / Y Y Y Y 07 / 30 / 2004
Mailing Address PD Box 895		Transaction ID: 0828200416C17212
City	State	Zip Code
Baytown	TX	77522-0895
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer United Major Medical Inc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00	

Full Name (Last, First, Middle Initial) <b>B. Thomas F. Cotter III</b>		Date of Receipt M / D / Y Y Y Y 08 / 31 / 2004
Mailing Address PD Box 895		Transaction ID: 41007.C17858
City	State	Zip Code
Baytown	TX	77522-0895
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer United Major Medical Inc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. Teresa DeBruin</b>		Date of Receipt M / D / Y Y Y Y 07 / 30 / 2004
Mailing Address 5441 Edgerton Dr		Transaction ID: D828200416C17188
City	State	Zip Code
Norcross	GA	30062-2185
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer DeBruin Benefit Services, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 190.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>70.00</b>
<b>TOTAL</b> 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 28 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Teresa DeBruin</b>		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 5441 Edgerton Dr		Transaction ID: 41007.C17915
City	State	Zip Code
Norcross	GA	30062-2185
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer DeBruin Benefit Services, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. Teresa DeBruin</b>		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 5441 Edgerton Dr		Transaction ID: 41007.C18484
City	State	Zip Code
Norcross	GA	30062-2185
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer DeBruin Benefit Services, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>C. Christopher Deloray</b>		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address 154 Wells Ave		Transaction ID: D8262D0418C172D5
City	State	Zip Code
Newton Center	MA	02459-3302
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Telamon Insurance Network	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>120.00</b>
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 28 / 181

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Christopher Delorey</b>		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 154 Wells Ave		Transaction ID: 41007.C17938
City Newton Center	State MA	Zip Code 02459-3302
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Telamon Insurance Network	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

Full Name (Last, First, Middle Initial) <b>B. Christopher Delorey</b>		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 154 Wells Ave		Transaction ID: 41007.C18514
City Newton Center	State MA	Zip Code 02459-3302
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Telamon Insurance Network	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) <b>C. Stephanie Dane</b>		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address 9000 Cypress Green Dr Ste. 108		Transaction ID: D8282D0418C18983
City Jacksonville	State FL	Zip Code 32258-5509
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Benefitport Southeast	Occupation Field Sales Representative	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 195.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>185.00</b>
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 30 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Stephanie Dene</b>		Date of Receipt M / D / Y Y Y Y 08 / 31 / 2004
Mailing Address 9000 Cypress Green Dr Ste. 108		Transaction ID: 41007.C17696
City Jacksonville	State FL	Zip Code 32256-5509
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Benefitport Southeast	Occupation Field Sales Representative	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. Stephanie Dene</b>		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2004
Mailing Address 9000 Cypress Green Dr Ste. 108		Transaction ID: 41007.C18286
City Jacksonville	State FL	Zip Code 32256-5509
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Benefitport Southeast	Occupation Field Sales Representative	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

Full Name (Last, First, Middle Initial) <b>C. Sharon Diorato</b>		Date of Receipt M / D / Y Y Y Y 07 / 01 / 2004
Mailing Address 801 Pine Street Suite 4G1		Transaction ID: D8262D0418C167B3
City Chattanooga	State TN	Zip Code 37402-2520
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Blue Cross Blue Shield of TN	Occupation Individual Sales Manager	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

SUBTOTAL of Receipts TN's Page (optional) .....	▶	<b>90.00</b>
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 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Sharon Diorato</b>		Date of Receipt M / D / Y Y Y Y 07 / 02 / 2004
Mailing Address 801 Pine Street Suite 4G1		Transaction ID: 41007.C17273
City Chattanooga	State TN	Zip Code 37402-2520
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Blue Cross Blue Shield of TN	Occupation Individual Sales Manager	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

Full Name (Last, First, Middle Initial) <b>B. Sharon Diorato</b>		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2004
Mailing Address 801 Pine Street Suite 4G1		Transaction ID: 41007.C17466
City Chattanooga	State TN	Zip Code 37402-2520
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Blue Cross Blue Shield of TN	Occupation Individual Sales Manager	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. Sharon Diorato</b>		Date of Receipt M / D / Y Y Y Y 08 / 31 / 2004
Mailing Address 801 Pine Street Suite 4G1		Transaction ID: 41007.C17868
City Chattanooga	State TN	Zip Code 37402-2520
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer Blue Cross Blue Shield of TN	Occupation Individual Sales Manager	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts TN's Page (optional) .....	<b>50.00</b>
<b>TOTAL</b> 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 32 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Sharon Dicenzo</b>		Date of Receipt M / D / Y 09 / 02 / 2004
Mailing Address 801 Pine Street Suite 4G1		Transaction ID: 41007.C18014
City Chattanooga	State TN	Zip Code 37402-2520
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Blue Cross Blue Shield of TN	Occupation Individual Sales Manager	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>B. Sharon Dicenzo</b>		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 801 Pine Street Suite 4G1		Transaction ID: 41007.C18430
City Chattanooga	State TN	Zip Code 37402-2520
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer Blue Cross Blue Shield of TN	Occupation Individual Sales Manager	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Rush David Dixon</b>		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address 1375 Piccard Dr Suite 375		Transaction ID: D828200418C17163
City Rockville	State MD	Zip Code 20850-4311
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Early, Cassidy & Schilling	Occupation VP of Employee Benefits	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

<b>SUBTOTAL</b> of Receipts TN's Page (optional) .....	<b>130.00</b>
<b>TOTAL</b> 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 33 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Rush David Dixon</b>		Date of Receipt M / D / Y Y Y Y 08 / 31 / 2004
Mailing Address 1375 Piccard Dr Suite 375		Transaction ID: 41007.C17888
City Rockville	State MD	Zip Code 20850-4311
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Early, Cassidy & Schilling	Occupation VP of Employee Benefits	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B. Rush David Dixon</b>		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2004
Mailing Address 1375 Piccard Dr Suite 375		Transaction ID: 41007.C18506
City Rockville	State MD	Zip Code 20850-4311
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Early, Cassidy & Schilling	Occupation VP of Employee Benefits	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>C. Cynthia Doucet</b>		Date of Receipt M / D / Y Y Y Y 07 / 02 / 2004
Mailing Address 108 Oil Center Dr Suite 103		Transaction ID: 41007.C17275
City Lafayette	State LA	Zip Code 70503-2482
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Insurance Resource Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 190.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>220.00</b>
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 34 / 181  
(check only one)  
 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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Cynthia Doucet</b>		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2004
Mailing Address 108 Oil Center Dr Suite 103		Transaction ID: 41007.C17488
City Lafayette	State LA	Zip Code 70503-2482
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Insurance Resource Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. Cynthia Doucet</b>		Date of Receipt M / D / Y Y Y Y 09 / 02 / 2004
Mailing Address 108 Oil Center Dr Suite 103		Transaction ID: 41007.C18016
City Lafayette	State LA	Zip Code 70503-2482
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Insurance Resource Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Eugene Ebersole</b>		Date of Receipt M / D / Y Y Y Y 07 / 02 / 2004
Mailing Address 405 Gretna Blvd #103 A		Transaction ID: 41007.C17276
City Gretna	State LA	Zip Code 70053-4500
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Ebersole & Associates, In- c.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>100.00</b>
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 35 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Eugene Ebersole</b>		Date of Receipt M / D / Y 08 / 02 / 2004
Mailing Address 405 Gretna Blvd #103 A		Transaction ID: 41007.C17489
City Gretna	State LA	Zip Code 70053-4800
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Ebersole & Associates, In- c.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

Full Name (Last, First, Middle Initial) <b>B. Eugene Ebersole</b>		Date of Receipt M / D / Y 09 / 02 / 2004
Mailing Address 405 Gretna Blvd #103 A		Transaction ID: 41007.C18019
City Gretna	State LA	Zip Code 70053-4800
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Ebersole & Associates, In- c.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	

Full Name (Last, First, Middle Initial) <b>C. Jim M. Edwards</b>		Date of Receipt M / D / Y 07 / 13 / 2004
Mailing Address 1 N Last Chance Gulch St Suite 4		Transaction ID: D828200418C18926
City Helena	State MT	Zip Code 59601-4100
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Mountain West Benefit Sol- ution	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>280.00</b>
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 36 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Michael Embry</b>		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address 20700 Civic Center Dr. #250		Transaction ID: 0828200416C17173
City Southfield	State MI	Zip Code 48076-4133
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Comerica Insurance Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. Michael Embry</b>		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 20700 Civic Center Dr. #250		Transaction ID: 41007.C17808
City Southfield	State MI	Zip Code 48076-4133
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Comerica Insurance Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>C. Thomas M. Evans</b>		Date of Receipt M / D / Y 07 / 02 / 2004
Mailing Address 2717 N 118th Cir		Transaction ID: 41007.C17280
City Omaha	State NE	Zip Code 68164-9888
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer United Healthcare Midlands	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>120.00</b>
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 37 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Thomas M. Evans</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2004
Mailing Address 2717 N 118th Cir		Transaction ID: 41007.C17473
City Omaha	State NE	Zip Code 68164-9688
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer United Healthcare Midlands	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 590.00	

Full Name (Last, First, Middle Initial) <b>B. Thomas M. Evans</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 02 / 2004
Mailing Address 2717 N 118th Cir		Transaction ID: 41007.C18023
City Omaha	State NE	Zip Code 68164-9688
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer United Healthcare Midlands	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 670.00	

Full Name (Last, First, Middle Initial) <b>C. David L. Fear</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 02 / 2004
Mailing Address 11180 Sun Center Dr		Transaction ID: 41007.C17282
City Rancho Cordova	State CA	Zip Code 95670-6121
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 55.00
Name of Employer CA Insurance Marketing Se- rv.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 485.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>215.00</b>
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 38 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. David L. Fear</b>		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2004
Mailing Address 11180 Sun Center Dr		Transaction ID: 41007.C17475
City	State	Zip Code
Rancho Cordova	CA	95670-6121
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 55.00
Name of Employer CA Insurance Marketing Ser- v.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

Full Name (Last, First, Middle Initial) <b>B. David L. Fear</b>		Date of Receipt M / D / Y Y Y Y 09 / 02 / 2004
Mailing Address 11180 Sun Center Dr		Transaction ID: 41007.C18025
City	State	Zip Code
Rancho Cordova	CA	95670-6121
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 55.00
Name of Employer CA Insurance Marketing Ser- v.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00	

Full Name (Last, First, Middle Initial) <b>C. Eva Jean Fomalon</b>		Date of Receipt M / D / Y Y Y Y 07 / 01 / 2004
Mailing Address 2500 Louisiana Blvd NE		Transaction ID: D826200418C16741
City	State	Zip Code
Albuquerque	NM	87110-4372
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 800.00
Name of Employer Delta Dental Plans Of Nm	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>710.00</b>
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 38 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. Linda K. Friedrich		Date of Receipt M / D / Y Y Y Y 07 / 02 / 2004
Mailing Address 4435 O St		Transaction ID: 41007.C17285
City Lincoln	State NE	Zip Code 68510-1864
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Unico Financial Services, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. Linda K. Friedrich		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2004
Mailing Address 4435 O St		Transaction ID: 41007.C17478
City Lincoln	State NE	Zip Code 68510-1864
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Unico Financial Services, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. Linda K. Friedrich		Date of Receipt M / D / Y Y Y Y 09 / 02 / 2004
Mailing Address 4435 O St		Transaction ID: 41007.C18028
City Lincoln	State NE	Zip Code 68510-1864
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Unico Financial Services, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>120.00</b>
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 40 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. <u>Joan Galletta</u>		Date of Receipt M / D / Y <u>07 / 30 / 2004</u>
Mailing Address <u>3342 Kori Rd</u>		Transaction ID: <u>0828200416C18961</u>
City <u>Jacksonville</u>	State <u>FL</u>	Zip Code <u>32257-5454</u>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>10.00</b>
Name of Employer <u>JP Perry Insurance, Inc.</u>	Occupation <u>Health Insurance Agent</u>	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>220.00</b>	

Full Name (Last, First, Middle Initial) B. <u>Joan Galletta</u>		Date of Receipt M / D / Y <u>08 / 31 / 2004</u>
Mailing Address <u>3342 Kori Rd</u>		Transaction ID: <u>41007.C17701</u>
City <u>Jacksonville</u>	State <u>FL</u>	Zip Code <u>32257-5454</u>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>10.00</b>
Name of Employer <u>JP Perry Insurance, Inc.</u>	Occupation <u>Health Insurance Agent</u>	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>230.00</b>	

Full Name (Last, First, Middle Initial) C. <u>Joan Galletta</u>		Date of Receipt M / D / Y <u>09 / 30 / 2004</u>
Mailing Address <u>3342 Kori Rd</u>		Transaction ID: <u>41007.C18288</u>
City <u>Jacksonville</u>	State <u>FL</u>	Zip Code <u>32257-5454</u>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>10.00</b>
Name of Employer <u>JP Perry Insurance, Inc.</u>	Occupation <u>Health Insurance Agent</u>	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>240.00</b>	

SUBTOTAL of Receipts This Page (optional) .....	<b>30.00</b>
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 41 / 181  
(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 - Health Underwriters PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Bruce Gardner</p> <p>Mailing Address 1502 West Ave</p> <hr/> <p>City State Zip Code Austin TX 78701-1561</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p>	<p>Date of Receipt M / D / Y Y Y Y 07 / 02 / 2004</p> <p>Transaction ID: 41007.C17288</p> <hr/> <p>Amount of Each Receipt this Period <b>80.00</b></p>		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;"> <p>Name of Employer Bruce Gardner Insurance &amp; Inv.</p> <p>Receipt For: Primary          General Other (specify) ▼</p> </td> <td style="width:65%;"> <p>Occupation Health Insurance Agent</p> <p>Aggregate Year-to-Date ▼ <b>560.00</b></p> </td> </tr> </table>	<p>Name of Employer Bruce Gardner Insurance &amp; Inv.</p> <p>Receipt For: Primary          General Other (specify) ▼</p>	<p>Occupation Health Insurance Agent</p> <p>Aggregate Year-to-Date ▼ <b>560.00</b></p>	<p>Receipt</p>
<p>Name of Employer Bruce Gardner Insurance &amp; Inv.</p> <p>Receipt For: Primary          General Other (specify) ▼</p>	<p>Occupation Health Insurance Agent</p> <p>Aggregate Year-to-Date ▼ <b>560.00</b></p>		

<p><b>B.</b> Full Name (Last, First, Middle Initial) Bruce Gardner</p> <p>Mailing Address 1502 West Ave</p> <hr/> <p>City State Zip Code Austin TX 78701-1561</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p>	<p>Date of Receipt M / D / Y Y Y Y 08 / 02 / 2004</p> <p>Transaction ID: 41007.C17481</p> <hr/> <p>Amount of Each Receipt this Period <b>80.00</b></p>		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;"> <p>Name of Employer Bruce Gardner Insurance &amp; Inv.</p> <p>Receipt For: Primary          General Other (specify) ▼</p> </td> <td style="width:65%;"> <p>Occupation Health Insurance Agent</p> <p>Aggregate Year-to-Date ▼ <b>640.00</b></p> </td> </tr> </table>	<p>Name of Employer Bruce Gardner Insurance &amp; Inv.</p> <p>Receipt For: Primary          General Other (specify) ▼</p>	<p>Occupation Health Insurance Agent</p> <p>Aggregate Year-to-Date ▼ <b>640.00</b></p>	<p>Receipt</p>
<p>Name of Employer Bruce Gardner Insurance &amp; Inv.</p> <p>Receipt For: Primary          General Other (specify) ▼</p>	<p>Occupation Health Insurance Agent</p> <p>Aggregate Year-to-Date ▼ <b>640.00</b></p>		

<p><b>C.</b> Full Name (Last, First, Middle Initial) Bruce Gardner</p> <p>Mailing Address 1502 West Ave</p> <hr/> <p>City State Zip Code Austin TX 78701-1561</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p>	<p>Date of Receipt M / D / Y Y Y Y 09 / 02 / 2004</p> <p>Transaction ID: 41007.C18031</p> <hr/> <p>Amount of Each Receipt this Period <b>80.00</b></p>		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;"> <p>Name of Employer Bruce Gardner Insurance &amp; Inv.</p> <p>Receipt For: Primary          General Other (specify) ▼</p> </td> <td style="width:65%;"> <p>Occupation Health Insurance Agent</p> <p>Aggregate Year-to-Date ▼ <b>720.00</b></p> </td> </tr> </table>	<p>Name of Employer Bruce Gardner Insurance &amp; Inv.</p> <p>Receipt For: Primary          General Other (specify) ▼</p>	<p>Occupation Health Insurance Agent</p> <p>Aggregate Year-to-Date ▼ <b>720.00</b></p>	<p>Receipt</p>
<p>Name of Employer Bruce Gardner Insurance &amp; Inv.</p> <p>Receipt For: Primary          General Other (specify) ▼</p>	<p>Occupation Health Insurance Agent</p> <p>Aggregate Year-to-Date ▼ <b>720.00</b></p>		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>240.00</b>
<b>TOTAL</b> 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 42 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Charles Garten</b>		Date of Receipt M / D / Y Y Y Y 07 / 07 / 2004
Mailing Address 101D Commons Way P.o. Box 1268		Transaction ID: 0828200416C16919
City Toms River	State NJ	Zip Code 08755-6429
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Benefitport, LLC.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) <b>B. Charles Garten</b>		Date of Receipt M / D / Y Y Y Y 07 / 30 / 2004
Mailing Address 101D Commons Way P.o. Box 1268		Transaction ID: 0828200416C17101
City Toms River	State NJ	Zip Code 08755-6429
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Benefitport, LLC.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>C. Charles Garten</b>		Date of Receipt M / D / Y Y Y Y 08 / 31 / 2004
Mailing Address 101D Commons Way P.o. Box 1268		Transaction ID: 41007.C17907
City Toms River	State NJ	Zip Code 08755-6429
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Benefitport, LLC.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>190.00</b>
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 43 / 181

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Charles Gartin</b>		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 101D Commons Way P.o. Box 1268		Transaction ID: 41007.C18411
City Toms River	State NJ	Zip Code 08755-6429
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Benefitport, LLC.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

Full Name (Last, First, Middle Initial) <b>B. Jeffrey W. Gennaro</b>		Date of Receipt M / D / Y 07 / 07 / 2004
Mailing Address PO Box 10315		Transaction ID: 0826200416C16906
City Phoenix	State AZ	Zip Code 85064-0315
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Capitol Insurance Brokers, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. Jeffrey W. Gennaro</b>		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address PO Box 10315		Transaction ID: 0826200416C17187
City Phoenix	State AZ	Zip Code 85064-0315
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Capitol Insurance Brokers, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>100.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 44 / 181

(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Jeffrey W. Gennaro</b>		Date of Receipt M / D / Y Y Y Y 08 / 31 / 2004
Mailing Address PD Box 10315		Transaction ID: 41007.C17946
City Phoenix	State AZ	Zip Code 85064-0315
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Capitol Insurance Brokers, Inc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Jeffrey W. Gennaro</b>		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2004
Mailing Address PD Box 10315		Transaction ID: 41007.C18466
City Phoenix	State AZ	Zip Code 85064-0315
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Capitol Insurance Brokers, Inc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>C. Bruce Glazer</b>		Date of Receipt M / D / Y Y Y Y 07 / 02 / 2004
Mailing Address 1401 S Brentwood Blvd		Transaction ID: D826200418C16853
City Saint Louis	State MO	Zip Code 63144-1465
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Benefits Just For Groups	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 20.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>60.00</b>
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 45 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Bruce Glaeser</b>		Date of Receipt MM / DD / YYYY 07 / 07 / 2004
Mailing Address 1401 S Brentwood Blvd		Transaction ID: 0828200416C16898
City Saint Louis	State MO	Zip Code 63144-1465
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Benefits Just For Groups	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>B. Patti Goldfarb</b>		Date of Receipt MM / DD / YYYY 07 / 02 / 2004
Mailing Address 301 Madison Ave		Transaction ID: 41007.C17291
City New York	State NY	Zip Code 10017-6229
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Medical Link	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Patti Goldfarb</b>		Date of Receipt MM / DD / YYYY 07 / 02 / 2004
Mailing Address 301 Madison Ave		Transaction ID: 0828200416C16884
City New York	State NY	Zip Code 10017-6229
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Medical Link	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>320.00</b>
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 / 181  
(check only one)  
 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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Patti Goldfarb</b>		Date of Receipt M / D / Y Y Y Y 07 / 30 / 2004
Mailing Address 301 Madison Ave		Transaction ID: 0828200416C17027
City New York	State NY	Zip Code 10017-6229
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Medical Link	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 545.00	

Full Name (Last, First, Middle Initial) <b>B. Patti Goldfarb</b>		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2004
Mailing Address 301 Madison Ave		Transaction ID: 41007.C17484
City New York	State NY	Zip Code 10017-6229
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Medical Link	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00	

Full Name (Last, First, Middle Initial) <b>C. Patti Goldfarb</b>		Date of Receipt M / D / Y Y Y Y 08 / 31 / 2004
Mailing Address 301 Madison Ave		Transaction ID: 41007.C17743
City New York	State NY	Zip Code 10017-6229
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Medical Link	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>100.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 47 / 181

(check only one)

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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Patsi Goldfarb</b>		Date of Receipt M / D / Y 09 / 02 / 2004
Mailing Address 301 Madison Ave		Transaction ID: 41007.C18034
City New York	State NY	Zip Code 10017-6229
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Medical Link	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 670.00	

Full Name (Last, First, Middle Initial) <b>B. Patsi Goldfarb</b>		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 301 Madison Ave		Transaction ID: 41007.C18036
City New York	State NY	Zip Code 10017-6229
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Medical Link	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 695.00	

Full Name (Last, First, Middle Initial) <b>C. Carolyn L. Goodman</b>		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address 4055 Valley View Ln Suite 380		Transaction ID: D826200418C17078
City Dallas	State TX	Zip Code 75244-5074
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Cbiz Benefits & Insurance Serv	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>100.00</b>
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 48 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. Carolyn L. Goodwin		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 4055 Valley View Ln Suite 360		Transaction ID: 41007.C17798
City Dallas	State TX	Zip Code 75244-5074
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Cbiz Benefits & Insurance Serv	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) B. Carolyn L. Goodwin		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 4055 Valley View Ln Suite 360		Transaction ID: 41007.C18369
City Dallas	State TX	Zip Code 75244-5074
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Cbiz Benefits & Insurance Serv	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Michael R. Goss		Date of Receipt M / D / Y 07 / 02 / 2004
Mailing Address 2141 Airport Way #100		Transaction ID: 41007.C17292
City Boise	State ID	Zip Code 83705-5198
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Myriad	Occupation President	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>150.00</b>
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 48 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Michael R. Goss</b>		Date of Receipt M / D / Y 08 / 02 / 2004
Mailing Address 2141 Airport Way #100		Transaction ID: 41007.C17485
City Boise	State ID	Zip Code 83705-5198
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Myriad	Occupation President	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Michael R. Goss</b>		Date of Receipt M / D / Y 09 / 02 / 2004
Mailing Address 2141 Airport Way #100		Transaction ID: 41007.C18035
City Boise	State ID	Zip Code 83705-5198
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Myriad	Occupation President	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Michael Gray</b>		Date of Receipt M / D / Y 07 / 02 / 2004
Mailing Address 7431 O St		Transaction ID: 41007.C17294
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1585.90	

SUBTOTAL of Receipts This Page (optional) .....	<b>400.00</b>
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 50 / 181

(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Michael Gray</b>		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2004	
Mailing Address 7431 O St		Transaction ID: 41007.C17487	
City Lincoln	State NE	Amount of Each Receipt this Period 200.00	
Zip Code 68510-2444		Receipt	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00	
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	Receipt	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1785.90	Receipt	
Full Name (Last, First, Middle Initial) <b>B. Michael Gray</b>		Date of Receipt M / D / Y Y Y Y 09 / 02 / 2004	
Mailing Address 7431 O St		Transaction ID: 41007.C18038	
City Lincoln	State NE	Amount of Each Receipt this Period 200.00	
Zip Code 68510-2444		Receipt	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00	
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	Receipt	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1885.90	Receipt	
Full Name (Last, First, Middle Initial) <b>C. Michael Guscott</b>		Date of Receipt M / D / Y Y Y Y 07 / 30 / 2004	
Mailing Address 500 E Swadesford Rd Suite 3D1		Transaction ID: D8262D0418C17075	
City Wayne	State PA	Amount of Each Receipt this Period 80.00	
Zip Code 19087-1614		Receipt	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00	
Name of Employer Kiskler Tiffany Benefits	Occupation Health Insurance Agent	Receipt	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 80.00	Receipt	

SUBTOTAL of Receipts This Page (optional) ..... ▶ **480.00**

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 51 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Michael Guscott</b>		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 500 E Swedesford Rd Suite 301		Transaction ID: 41007.C17790
City Wayne	State PA	Zip Code 19087-1614
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Kistler Tiffany Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 160.00	

Full Name (Last, First, Middle Initial) <b>B. Michael Guscott</b>		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 500 E Swedesford Rd Suite 301		Transaction ID: 41007.C18324
City Wayne	State PA	Zip Code 19087-1614
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Kistler Tiffany Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Anthony Halby</b>		Date of Receipt M / D / Y 07 / 07 / 2004
Mailing Address 313 Railroad Ave		Transaction ID: D8262D0416C16889
City Nevada City	State CA	Zip Code 95559-2851
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Halby Insurance Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>410.00</b>
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 52 / 181

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Anthony Halby</b>		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address 313 Railroad Ave		Transaction ID: 0828200416C17014
City Nevada City	State CA	Zip Code 95858-2851
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Halby Insurance Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) <b>B. Anthony Halby</b>		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 313 Railroad Ave		Transaction ID: 41007.C17807
City Nevada City	State CA	Zip Code 95858-2851
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Halby Insurance Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	

Full Name (Last, First, Middle Initial) <b>C. Anthony Halby</b>		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 313 Railroad Ave		Transaction ID: 41007.C18341
City Nevada City	State CA	Zip Code 95858-2851
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Halby Insurance Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>60.00</b>
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 53 / 181

(check only one)

<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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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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. Chris Harrison		Date of Receipt M / D / Y 07 / 01 / 2004
Mailing Address 233 Fairway Dr		Transaction ID: 0828200416C18744
City Fayetteville	State NC	Zip Code 28305-5511
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Employee Benefit Systems, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00	

Full Name (Last, First, Middle Initial) B. Chris Harrison		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address 233 Fairway Dr		Transaction ID: 0828200416C17181
City Fayetteville	State NC	Zip Code 28305-5511
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Employee Benefit Systems, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) C. Chris Harrison		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 233 Fairway Dr		Transaction ID: 41007.C17891
City Fayetteville	State NC	Zip Code 28305-5511
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Employee Benefit Systems, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

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: PAGE 54 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Chris Harrison</b>		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2004
Mailing Address 233 Fairway Dr		Transaction ID: 41007.C18493
City Fayetteville	State NC	Zip Code 28305-5511
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Employee Benefit Systems, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 860.00	

Full Name (Last, First, Middle Initial) <b>B. Thomas Harte</b>		Date of Receipt M / D / Y Y Y Y 08 / 31 / 2004
Mailing Address 6 Mary E Clark Dr		Transaction ID: 41007.C17944
City Hampstead	State NH	Zip Code 03841-2288
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Landmark Benefits Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Thomas Harte</b>		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2004
Mailing Address 6 Mary E Clark Dr		Transaction ID: 41007.C18467
City Hampstead	State NH	Zip Code 03841-2288
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Landmark Benefits Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>240.00</b>
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 55 / 181

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Gerald Hartman</b>		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address PD Box 5716		Transaction ID: 0828200416C17116
City Boise	State ID	Zip Code 83705-0716
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.00
Name of Employer Insurance Network America, Inc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

Full Name (Last, First, Middle Initial) <b>B. Gerald Hartman</b>		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address PD Box 5716		Transaction ID: 41007.C17849
City Boise	State ID	Zip Code 83705-0716
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.00
Name of Employer Insurance Network America, Inc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

Full Name (Last, First, Middle Initial) <b>C. Gerald Hartman</b>		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address PD Box 5716		Transaction ID: 41007.C18447
City Boise	State ID	Zip Code 83705-0716
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.00
Name of Employer Insurance Network America, Inc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 590.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>45.00</b>
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 66 / 181

(check only one)

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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Sheila Hartman</b>		Date of Receipt M / D / Y Y Y Y 07 / 07 / 2004
Mailing Address 21300 Victory Blvd		Transaction ID: 0826200416C16899
City	State	Zip Code
Woodland Hills	CA	91367-7721
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 480.00
Name of Employer Financial Independence Co.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>B. Sheila Hartman</b>		Date of Receipt M / D / Y Y Y Y 07 / 07 / 2004
Mailing Address 21300 Victory Blvd		Transaction ID: 0826200416C16880
City	State	Zip Code
Woodland Hills	CA	91367-7721
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Financial Independence Co.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1480.00	

Full Name (Last, First, Middle Initial) <b>C. William J. Hartman</b>		Date of Receipt M / D / Y Y Y Y 08 / 31 / 2004
Mailing Address PO Box 8270		Transaction ID: 41007.C17799
City	State	Zip Code
Fort Wayne	IN	46858-8270
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer American Republic Insuran- ce Co	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1580.00</b>
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 57 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Tameka Harwell</b>		Date of Receipt M / D / Y Y Y Y 07 / 30 / 2004
Mailing Address 4109 Duncan Dr		Transaction ID: 0828200416C17207
City Annandale	State VA	Zip Code 22003-3704
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer CONEXIS	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 160.00	

Full Name (Last, First, Middle Initial) <b>B. Tameka Harwell</b>		Date of Receipt M / D / Y Y Y Y 08 / 31 / 2004
Mailing Address 4109 Duncan Dr		Transaction ID: 41007.C17943
City Annandale	State VA	Zip Code 22003-3704
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer CONEXIS	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. Tameka Harwell</b>		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2004
Mailing Address 4109 Duncan Dr		Transaction ID: 41007.C18515
City Annandale	State VA	Zip Code 22003-3704
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer CONEXIS	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>120.00</b>
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 58 / 181  
(check only one)  
 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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Lisa Mary Hellman</b>		Date of Receipt M / D / Y Y Y Y 07 / 02 / 2004
Mailing Address 348D Preston Ridge Rd Suite 100		Transaction ID: 0828200416C16844
City Alpharetta	State GA	Zip Code 30005-2028
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Love, Douglas & Pope Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

Full Name (Last, First, Middle Initial) <b>B. Lisa Mary Hellman</b>		Date of Receipt M / D / Y Y Y Y 07 / 02 / 2004
Mailing Address 348D Preston Ridge Rd Suite 100		Transaction ID: 41007.C17305
City Alpharetta	State GA	Zip Code 30005-2028
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Love, Douglas & Pope Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) <b>C. Lisa Mary Hellman</b>		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2004
Mailing Address 348D Preston Ridge Rd Suite 100		Transaction ID: 41007.C17495
City Alpharetta	State GA	Zip Code 30005-2028
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Love, Douglas & Pope Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>60.00</b>
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 58 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Lisa Mary Hellman</b>		Date of Receipt M / D / Y 08 / 14 / 2004
Mailing Address 348D Preston Ridge Rd Suite 100		Transaction ID: 41007.C17630
City Alpharetta	State GA	Zip Code 30005-2028
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Love, Douglas & Pope Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>B. Lisa Mary Hellman</b>		Date of Receipt M / D / Y 09 / 02 / 2004
Mailing Address 348D Preston Ridge Rd Suite 100		Transaction ID: 41007.C18048
City Alpharetta	State GA	Zip Code 30005-2028
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Love, Douglas & Pope Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00	

Full Name (Last, First, Middle Initial) <b>C. Timothy Hendricks</b>		Date of Receipt M / D / Y 07 / 02 / 2004
Mailing Address 4200 E Skelly Dr		Transaction ID: 41007.C17306
City Tulsa	State OK	Zip Code 74135-5208
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Bus. Planning Group of OK	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>270.00</b>
<b>TOTAL</b> 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 60 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Timothy Hendricks</b>		Date of Receipt M / D / Y 08 / 02 / 2004
Mailing Address 4200 E Skelly Dr		Transaction ID: 41007.C17496
City Tulsa	State OK	Zip Code 74135-3206
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Bus. Planning Group of OK	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Timothy Hendricks</b>		Date of Receipt M / D / Y 09 / 02 / 2004
Mailing Address 4200 E Skelly Dr		Transaction ID: 41007.C18049
City Tulsa	State OK	Zip Code 74135-3206
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Bus. Planning Group of OK	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C. W. Richard Herd</b>		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address 309B Highland Dr Suite 423		Transaction ID: D826200418C17148
City Salt Lake City	State UT	Zip Code 84108-5085
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Mcdermott Company & Associates	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 190.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>120.00</b>
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 61 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. W. Richard Herd</b>		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 309B Highland Dr Suite 423		Transaction ID: 41007.C17885
City Salt Lake City	State UT	Zip Code 84106-3085
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer McDermott Company & Associates	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. W. Richard Herd</b>		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 309B Highland Dr Suite 423		Transaction ID: 41007.C18490
City Salt Lake City	State UT	Zip Code 84106-3085
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer McDermott Company & Associates	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>C. Donna Hill</b>		Date of Receipt M / D / Y 07 / 02 / 2004
Mailing Address PO Box 724		Transaction ID: 41007.C17311
City Snelville	State GA	Zip Code 30078-0724
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer D.D.H. Associates	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>140.00</b>
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 62 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Donna HI</b>		Date of Receipt M / D / Y 08 / 02 / 2004
Mailing Address PD Box 724		Transaction ID: 41007.C17501
City Snellville	State GA	Zip Code 30078-0724
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer D.D.H. Associates	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>B. Donna HI</b>		Date of Receipt M / D / Y 09 / 02 / 2004
Mailing Address PD Box 724		Transaction ID: 41007.C18054
City Snellville	State GA	Zip Code 30078-0724
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer D.D.H. Associates	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>C. Richard HI</b>		Date of Receipt M / D / Y 07 / 02 / 2004
Mailing Address 4435 O St		Transaction ID: 41007.C17312
City Lincoln	State NE	Zip Code 68510-1884
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
Name of Employer Unico Financial Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>260.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 63 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Richard Hill</b>		Date of Receipt M / D / Y 08 / 02 / 2004
Mailing Address 4435 O St		Transaction ID: 41007.C17502
City Lincoln	State NE	Zip Code 68510-1864
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
Name of Employer Unico Financial Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) <b>B. Richard Hill</b>		Date of Receipt M / D / Y 09 / 02 / 2004
Mailing Address 4435 O St		Transaction ID: 41007.C18055
City Lincoln	State NE	Zip Code 68510-1864
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
Name of Employer Unico Financial Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>C. Beverly Hilton</b>		Date of Receipt M / D / Y 08 / 19 / 2004
Mailing Address 200 Center Point Circle Ste. 150		Transaction ID: 41007.C17831
City Columbia	State SC	Zip Code 29210-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Delta Dental of SC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>220.00</b>
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 64 / 181

(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Patrick L. Hoefener</b>		Date of Receipt M / D / Y Y Y Y 07 / 07 / 2004	
Mailing Address 10040 Regency Cir Suite 180		Transaction ID: 0826200416C16915	
City State Zip Code Omaha NE 68114-3723	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer American Community Mutual Ins. Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) <b>B. Sheri Hokin</b>		Date of Receipt M / D / Y Y Y Y 07 / 02 / 2004	
Mailing Address 3330 Dundee Rd Suite C-3		Transaction ID: 0826200416C16827	
City State Zip Code Northbrook IL 60062-2318	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Hokin Stenberg Insurance Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 140.00		
Full Name (Last, First, Middle Initial) <b>C. Sheri Hokin</b>		Date of Receipt M / D / Y Y Y Y 07 / 30 / 2004	
Mailing Address 3330 Dundee Rd Suite C-3		Transaction ID: 0826200416C17003	
City State Zip Code Northbrook IL 60062-2318	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Hokin Stenberg Insurance Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 180.00		

SUBTOTAL of Receipts This Page (optional) ..... ▶ **290.00**

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 65 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Sheri Hokin</b>		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 333D Dundee Rd Suite C-3		Transaction ID: 41007.C17714
City Northbrook	State IL	Zip Code 60062-2318
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Hokin Stenberg Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

Full Name (Last, First, Middle Initial) <b>B. Sheri Hokin</b>		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 333D Dundee Rd Suite C-3		Transaction ID: 41007.C18303
City Northbrook	State IL	Zip Code 60062-2318
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Hokin Stenberg Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. Gloria Danlea Hopper</b>		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address 6400 Fairview Rd		Transaction ID: D826200418C170B1
City Charlotte	State NC	Zip Code 28210-5237
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Cameron M. Harris & Co.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 190.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>60.00</b>
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 66 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. Gloria Denise Hopper		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 8400 Fairview Rd		Transaction ID: 41007.C17811
City Charlotte	State NC	Zip Code 28210-3237
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Cameron M. Harris & Co.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) B. Gloria Denise Hopper		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 8400 Fairview Rd		Transaction ID: 41007.C18380
City Charlotte	State NC	Zip Code 28210-3237
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Cameron M. Harris & Co.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) C. Thomas J. Hitea		Date of Receipt M / D / Y 07 / 02 / 2004
Mailing Address 201 Executive Center Dr. Ste. 300		Transaction ID: D826200418C16832
City Columbia	State SC	Zip Code 29210-6408
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Carolina Care Plan, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 40.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>100.00</b>
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 67 / 181

(check only one)

<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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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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Thomas J. Hica</b>		Date of Receipt M / D / Y 08 / 25 / 2004	
Mailing Address 201 Executive Center Dr. Ste. 300		Transaction ID: 41007.C17635	
City Columbia	State SC	Zip Code 29210-8406	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Carolina Care Plan, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 290.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>B. Mary Lou Hudman</b>		Date of Receipt M / D / Y 07 / 01 / 2004	
Mailing Address 5330 Bent Tree Forest Dr. Ste. 326		Transaction ID: 0826200416C16746	
City Dallas	State TX	Zip Code 75248-3471	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer A Benefit Source	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 120.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>C. Mary Lou Hudman</b>		Date of Receipt M / D / Y 08 / 22 / 2004	
Mailing Address 5330 Bent Tree Forest Dr. Ste. 326		Transaction ID: 41007.C18222	
City Dallas	State TX	Zip Code 75248-3471	Amount of Each Receipt this Period 70.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer A Benefit Source	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 190.00	
Receipt For: Primary General Other (specify) ▼			

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: PAGE 68 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Mary Lou Hudman</b>		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 533D Bent Tree Forest Dr. Ste. 326		Transaction ID: 41007.C18480
City Dallas	State TX	Zip Code 75248-3471
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer A Benefit Source	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B. Robert Huffaker</b>		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address PO Box 6217		Transaction ID: 0826200416C17115
City Chattanooga	State TN	Zip Code 37401-6217
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 90.00
Name of Employer Huffaker & Associates, In- c.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C. Robert Huffaker</b>		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address PO Box 6217		Transaction ID: 41007.C17842
City Chattanooga	State TN	Zip Code 37401-6217
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 90.00
Name of Employer Huffaker & Associates, In- c.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

SUBTOTAL of Receipts TN's Page (optional) .....	<b>190.00</b>
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 68 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Robert Huffaker</b>		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2004
Mailing Address PD Box 6217		Transaction ID: 41007.C18415
City Chattanooga	State TN	Zip Code 37401-6217
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 90.00
Name of Employer Huffaker & Associates, In- c. Receipt For: Primary      General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 630.00	Receipt

Full Name (Last, First, Middle Initial) <b>B. S. David Jackson</b>		Date of Receipt M / D / Y Y Y Y 07 / 30 / 2004
Mailing Address 1139 S Orem Blvd		Transaction ID: 0826200416C17085
City Orem	State UT	Zip Code 84058-6976
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer First West Benefit Solu- tions Receipt For: Primary      General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 240.00	Receipt

Full Name (Last, First, Middle Initial) <b>C. S. David Jackson</b>		Date of Receipt M / D / Y Y Y Y 08 / 09 / 2004
Mailing Address 1139 S Orem Blvd		Transaction ID: 41007.C17822
City Orem	State UT	Zip Code 84058-6976
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer First West Benefit Solu- tions Receipt For: Primary      General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 290.00	Receipt

SUBTOTAL of Receipts TN's Page (optional) .....	▶	<b>160.00</b>
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 70 / 181

(check only one)

<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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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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. S. David Jackson		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 1139 S Orem Blvd		Transaction ID: 41007.C17783
City Orem	State UT	Zip Code 84058-6876
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer First West Benefit Solutions	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

Full Name (Last, First, Middle Initial) B. S. David Jackson		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 1139 S Orem Blvd		Transaction ID: 41007.C18384
City Orem	State UT	Zip Code 84058-6876
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer First West Benefit Solutions	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) C. Art Jetter		Date of Receipt M / D / Y 07 / 07 / 2004
Mailing Address 11305 Chicago Circle		Transaction ID: D828200418C18902
City Omaha	State NE	Zip Code 68154-2633
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer Art Jetter & Company	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>5040.00</b>
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 71 / 181

(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. David S. Johnson		Date of Receipt M / D / Y Y Y Y 07 / 02 / 2004
Mailing Address 3346 Gwinnett Plantation Way		Transaction ID: 0828200416C16862
City Duluth	State GA	Zip Code 30096-4656
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Lloyd-Bennett & Co. Insurance	Occupation Account Executive	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) B. David S. Johnson		Date of Receipt M / D / Y Y Y Y 07 / 30 / 2004
Mailing Address 3346 Gwinnett Plantation Way		Transaction ID: 0828200416C17005
City Duluth	State GA	Zip Code 30096-4656
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Lloyd-Bennett & Co. Insurance	Occupation Account Executive	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. David S. Johnson		Date of Receipt M / D / Y Y Y Y 08 / 31 / 2004
Mailing Address 3346 Gwinnett Plantation Way		Transaction ID: 41007.C17725
City Duluth	State GA	Zip Code 30096-4656
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Lloyd-Bennett & Co. Insurance	Occupation Account Executive	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>120.00</b>
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 72 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. David S. Johnson		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2004
Mailing Address 3348 Gwinnett Plantation Way		Transaction ID: 41007.C18900
City Duluth	State GA	Zip Code 30086-4656
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Lloyd-Bennett & Co. Insurance	Occupation Account Executive	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Lawrence Kaczmarek		Date of Receipt M / D / Y Y Y Y 07 / 02 / 2004
Mailing Address 2833 State Route 59		Transaction ID: 41007.C17327
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 810.90	

Full Name (Last, First, Middle Initial) C. Lawrence Kaczmarek		Date of Receipt M / D / Y Y Y Y 07 / 07 / 2004
Mailing Address 2833 State Route 59		Transaction ID: D826200418C16880
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 910.90	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>250.00</b>
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 73 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Lawrence Kaczmarek</b>		Date of Receipt M / D / Y 08 / 02 / 2004
Mailing Address 2833 State Route 58		Transaction ID: 41007.C17517
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1010.90	

Full Name (Last, First, Middle Initial) <b>B. Lawrence Kaczmarek</b>		Date of Receipt M / D / Y 09 / 02 / 2004
Mailing Address 2833 State Route 58		Transaction ID: 41007.C18072
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1110.90	

Full Name (Last, First, Middle Initial) <b>C. Thelma Kaczmarek</b>		Date of Receipt M / D / Y 07 / 02 / 2004
Mailing Address 2833 State Rta. 58 Ste. B		Transaction ID: D826200418C16869
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>220.00</b>
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 74 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Thelma Kaczmarek</b>		Date of Receipt M / D / Y Y Y Y 07 / 02 / 2004
Mailing Address 2833 State Rte. 59 Ste. B		Transaction ID: 41007.C17928
City	State	Zip Code
Ravenna	OH	44266-1684
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

Full Name (Last, First, Middle Initial) <b>B. Thelma Kaczmarek</b>		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2004
Mailing Address 2833 State Rte. 59 Ste. B		Transaction ID: 41007.C17918
City	State	Zip Code
Ravenna	OH	44266-1684
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

Full Name (Last, First, Middle Initial) <b>C. Thelma Kaczmarek</b>		Date of Receipt M / D / Y Y Y Y 09 / 02 / 2004
Mailing Address 2833 State Rte. 59 Ste. B		Transaction ID: 41007.C18073
City	State	Zip Code
Ravenna	OH	44266-1684
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 740.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>240.00</b>
<b>TOTAL</b> 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 75 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Jack Kalasz</b>		Date of Receipt M / D / Y 07 / 07 / 2004
Mailing Address 3501 State Highway 66		Transaction ID: 0826200416C16914
City Neptune	State NJ	Zip Code 07754-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 240.00
Name of Employer Health Net Of The Northeast	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>B. Alan Katz</b>		Date of Receipt M / D / Y 07 / 01 / 2004
Mailing Address 2000 Corporate Center Dr		Transaction ID: 0826200416C16737
City Newbury Park	State CA	Zip Code 91320-1400
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Blue Cross Of California	Occupation Senior Vice President, Sales	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Arnold Katz</b>		Date of Receipt M / D / Y 08 / 27 / 2004
Mailing Address 1021 W 8th Ave		Transaction ID: 41007.C17843
City King Of Prussia	State PA	Zip Code 19408-1323
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer Brokerage Concepts Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2740.00</b>
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 76 / 181  
(check only one)  
 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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Mark D. Kennedy</b>		Date of Receipt M / D / Y Y Y Y 07 / 30 / 2004
Mailing Address 1173 Brittnmoore Rd		Transaction ID: 0828200416C17002
City	State	Zip Code
Houston	TX	77043-5003
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Benefit Concepts Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

Full Name (Last, First, Middle Initial) <b>B. Mark D. Kennedy</b>		Date of Receipt M / D / Y Y Y Y 08 / 31 / 2004
Mailing Address 1173 Brittnmoore Rd		Transaction ID: 41007.C17707
City	State	Zip Code
Houston	TX	77043-5003
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Benefit Concepts Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

Full Name (Last, First, Middle Initial) <b>C. Mark D. Kennedy</b>		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2004
Mailing Address 1173 Brittnmoore Rd		Transaction ID: 41007.C18301
City	State	Zip Code
Houston	TX	77043-5003
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Benefit Concepts Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>240.00</b>
<b>TOTAL</b> 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 77 / 181  
(check only one)  
 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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Carolyn King-Kinney</b>		Date of Receipt M / D / Y Y Y Y 07 / 01 / 2004
Mailing Address B Country Ln		Transaction ID: 0828200416C18797
City Sussex	State NJ	Zip Code 07461-4630
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer New England Financial	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B. Mary B. Kramer</b>		Date of Receipt M / D / Y Y Y Y 07 / 02 / 2004
Mailing Address 11508 Miracle Hills Dr		Transaction ID: 41007.C17832
City Omaha	State NE	Zip Code 68154-4447
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Silverstone Group, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>C. Mary B. Kramer</b>		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2004
Mailing Address 11508 Miracle Hills Dr		Transaction ID: 41007.C17823
City Omaha	State NE	Zip Code 68154-4447
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Silverstone Group, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>230.00</b>
<b>TOTAL</b> 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 78 / 181

(check only one)

<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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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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Mary B. Kramer</b>		Date of Receipt M / D / Y Y Y Y 09 / 02 / 2004
Mailing Address 11506 Miracle Hills Dr		Transaction ID: 41007.C18078
City Omaha	State NE	Zip Code 68154-4447
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Silverstone Group, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>B. Robert Lay</b>		Date of Receipt M / D / Y Y Y Y 07 / 30 / 2004
Mailing Address 3112 Forest Ave		Transaction ID: 0826200416C17060
City Fort Worth	State TX	Zip Code 76112-7002
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Lay & Williams Insurance Serv	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00	

Full Name (Last, First, Middle Initial) <b>C. Robert Lay</b>		Date of Receipt M / D / Y Y Y Y 08 / 31 / 2004
Mailing Address 3112 Forest Ave		Transaction ID: 41007.C17780
City Fort Worth	State TX	Zip Code 76112-7002
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Lay & Williams Insurance Serv	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>90.00</b>
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 78 / 181  
(check only one)  
 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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Robert Lay</b>		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 3112 Forest Ave		Transaction ID: 41007.C18978
City Fort Worth	State TX	Zip Code 76112-7002
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Lay & Williams Insurance Servi	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. Ronald Levine</b>		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address 2480 Peachtree Rd NW Suite 1514		Transaction ID: 0826200416C17163
City Atlanta	State GA	Zip Code 30305-4105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Compink	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) <b>C. Ronald Levine</b>		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 2480 Peachtree Rd NW Suite 1514		Transaction ID: 41007.C17881
City Atlanta	State GA	Zip Code 30305-4105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Compink	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>85.00</b>
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 80 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Ronald Levine</b>		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 2480 Peachtree Rd NW Suite 1514		Transaction ID: 41007.C18543
City Atlanta	State GA	Zip Code 30305-4105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Complink	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 710.00	

Full Name (Last, First, Middle Initial) <b>B. Brian Leichty</b>		Date of Receipt M / D / Y 07 / 02 / 2004
Mailing Address 120 E Washington St		Transaction ID: 41007.C17834
City Plymouth	State IN	Zip Code 46563-1744
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer KJ Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

Full Name (Last, First, Middle Initial) <b>C. Brian Leichty</b>		Date of Receipt M / D / Y 08 / 02 / 2004
Mailing Address 120 E Washington St		Transaction ID: 41007.C17526
City Plymouth	State IN	Zip Code 46563-1744
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer KJ Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>190.00</b>
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 81 / 181  
(check only one)  
 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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Brian Liechty</b>		Date of Receipt M / D / Y Y Y Y 09 / 02 / 2004
Mailing Address 120 E Washington St		Transaction ID: 41007.C18083
City Plymouth	State IN	Zip Code 46563-1744
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer KI Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) <b>B. Clark Loewa</b>		Date of Receipt M / D / Y Y Y Y 07 / 02 / 2004
Mailing Address 12200 Northwest Fwy Suite 882		Transaction ID: 41007.C17836
City Houston	State TX	Zip Code 77062-4930
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Northwest General Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00	

Full Name (Last, First, Middle Initial) <b>C. Clark Loewa</b>		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2004
Mailing Address 12200 Northwest Fwy Suite 882		Transaction ID: 41007.C17528
City Houston	State TX	Zip Code 77062-4930
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Northwest General Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>130.00</b>
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 82 / 181  
(check only one)  
 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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Clark Loeve</b>		Date of Receipt M / D / Y 09 / 02 / 2004
Mailing Address 12200 Northwest Fwy Suite 662		Transaction ID: 41007.C18085
City Houston	State TX	Zip Code 77062-4830
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Northwest General Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. Dale Maloney</b>		Date of Receipt M / D / Y 07 / 02 / 2004
Mailing Address 1434 W Fairbanks Ave		Transaction ID: 0826200416C16830
City Winter Park	State FL	Zip Code 32789-4806
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Resource Group Of Winter Park	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00	

Full Name (Last, First, Middle Initial) <b>C. Dale Maloney</b>		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address 1434 W Fairbanks Ave		Transaction ID: 0826200416C16850
City Winter Park	State FL	Zip Code 32789-4806
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Resource Group Of Winter Park	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 670.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>145.00</b>
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 83 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Dale Maloney</b>		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 1434 W Fairbanks Ave		Transaction ID: 41007.C17694
City	State	Zip Code
Winter Park	FL	32789-4806
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Resource Group Of Winter Park	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 770.00	

Full Name (Last, First, Middle Initial) <b>B. Dale Maloney</b>		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 1434 W Fairbanks Ave		Transaction ID: 41007.C18309
City	State	Zip Code
Winter Park	FL	32789-4806
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Resource Group Of Winter Park	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 870.00	

Full Name (Last, First, Middle Initial) <b>C. Jennifer Meneer</b>		Date of Receipt M / D / Y 07 / 01 / 2004
Mailing Address 3700 Colonnade Pkwy		Transaction ID: D8262D0418C16763
City	State	Zip Code
Birmingham	AL	35243-5218
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer United Healthcare	Occupation Account Executive	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>220.00</b>
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 84 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Jennifer Mancer</b>		Date of Receipt M / D / Y Y Y Y 07 / 02 / 2004
Mailing Address 3700 Colonnade Pkwy		Transaction ID: 41007.C17939
City	State	Zip Code
Birmingham	AL	35243-3216
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer United Healthcare	Occupation Account Executive	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

Full Name (Last, First, Middle Initial) <b>B. Jennifer Mancer</b>		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2004
Mailing Address 3700 Colonnade Pkwy		Transaction ID: 41007.C17931
City	State	Zip Code
Birmingham	AL	35243-3216
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer United Healthcare	Occupation Account Executive	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. Jennifer Mancer</b>		Date of Receipt M / D / Y Y Y Y 09 / 02 / 2004
Mailing Address 3700 Colonnade Pkwy		Transaction ID: 41007.C18089
City	State	Zip Code
Birmingham	AL	35243-3216
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer United Healthcare	Occupation Account Executive	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>60.00</b>
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 85 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. Kimberly Martin		Date of Receipt M / D / Y Y Y Y 07 / 02 / 2004
Mailing Address 180 Charlotte Hwy		Transaction ID: 41007.C17340
City	State	Zip Code
Asheville	NC	28803-9673
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Benefits Unlimited, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 140.00	

Full Name (Last, First, Middle Initial) B. Kimberly Martin		Date of Receipt M / D / Y Y Y Y 07 / 02 / 2004
Mailing Address 180 Charlotte Hwy		Transaction ID: 0826200416C16861
City	State	Zip Code
Asheville	NC	28803-9673
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Benefits Unlimited, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

Full Name (Last, First, Middle Initial) C. Kimberly Martin		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2004
Mailing Address 180 Charlotte Hwy		Transaction ID: 41007.C17532
City	State	Zip Code
Asheville	NC	28803-9673
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Benefits Unlimited, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>60.00</b>
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 86 / 181  
(check only one)  
 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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Kimberly Martin</b>		Date of Receipt M / D / Y 09 / 02 / 2004
Mailing Address 180 Charlotte Hwy		Transaction ID: 41007.C18090
City Asheville	State NC	Zip Code 28803-9673
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Benefits Unlimited, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B. Dannis B. Mether</b>		Date of Receipt M / D / Y 07 / 01 / 2004
Mailing Address 10540 York Rd		Transaction ID: 0826200416C16765
City Cockeysville	State MD	Zip Code 21030-2300
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer The Mether Companies	Occupation President And Ceo	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	

Full Name (Last, First, Middle Initial) <b>C. Carol Malztek</b>		Date of Receipt M / D / Y 07 / 02 / 2004
Mailing Address PO Box 38905		Transaction ID: 41007.C17342
City Greensboro	State NC	Zip Code 27438-8505
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer NCAHU	Occupation Executive Director	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>80.00</b>
<b>TOTAL</b> 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 87 / 181

(check only one)

<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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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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Carol Malznick</b>		Date of Receipt M / D / Y 08 / 02 / 2004
Mailing Address PD Box 38905		Transaction ID: 41007.C17534
City Greensboro	State NC	Zip Code 27438-8905
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer NCAHU	Occupation Executive Director	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>B. Carol Malznick</b>		Date of Receipt M / D / Y 09 / 02 / 2004
Mailing Address PD Box 38905		Transaction ID: 41007.C18092
City Greensboro	State NC	Zip Code 27438-8905
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer NCAHU	Occupation Executive Director	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>C. John May</b>		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address 705 Lakeview Plaza Blvd		Transaction ID: D826200418C171B1
City Worthington	State OH	Zip Code 43085-4779
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer May Insurance Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>160.00</b>
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 88 / 181  
(check only one)  
 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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. John May</b>		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 705 Lakeview Plaza Blvd		Transaction ID: 41007.C17897
City Worthington	State OH	Zip Code 43085-4779
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer May Insurance Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

Full Name (Last, First, Middle Initial) <b>B. Donna S. McGrift</b>		Date of Receipt M / D / Y 07 / 07 / 2004
Mailing Address 4055 Valley View Ln Suite 380		Transaction ID: 0826200416C16885
City Dallas	State TX	Zip Code 75244-5074
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer CBIZ Benefits & Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 190.00	

Full Name (Last, First, Middle Initial) <b>C. Donna S. McGrift</b>		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address 4055 Valley View Ln Suite 380		Transaction ID: 0826200416C17089
City Dallas	State TX	Zip Code 75244-5074
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer CBIZ Benefits & Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>140.00</b>
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 88 / 181

(check only one)

<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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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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Donna S. McCright</b>		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 4055 Valley View Ln Suite 360		Transaction ID: 41007.C17827
City Dallas	State TX	Zip Code 75244-5074
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer CBIZ Benefits & Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>B. Donna S. McCright</b>		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 4055 Valley View Ln Suite 360		Transaction ID: 41007.C18528
City Dallas	State TX	Zip Code 75244-5074
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer CBIZ Benefits & Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Ryan McDermott</b>		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address 309B South Highland Dr. Ste. 423		Transaction ID: D8262D0418C17D49
City Salt Lake City	State UT	Zip Code 84108-3647
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer McDermott Company & Assoc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

SUBTOTAL of Receipts TNs Page (optional) .....	▶	<b>60.00</b>
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 00 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Ryan McDermott</b>		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 309B South Highland Dr. Ste. 423		Transaction ID: 41007.C17764
City Salt Lake City	State UT	Zip Code 84106-3647
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer McDermott Company & Assoc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

Full Name (Last, First, Middle Initial) <b>B. Ryan McDermott</b>		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 309B South Highland Dr. Ste. 423		Transaction ID: 41007.C18342
City Salt Lake City	State UT	Zip Code 84106-3647
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer McDermott Company & Assoc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. Sharon McDermott</b>		Date of Receipt M / D / Y 07 / 02 / 2004
Mailing Address 11919 P St		Transaction ID: 41007.C17343
City Omaha	State NE	Zip Code 68137-2228
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer AFLAC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>140.00</b>
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 01 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Sharon McDermott</b>		Date of Receipt M / D / Y 08 / 02 / 2004
Mailing Address 11919 P St		Transaction ID: 41007.C17535
City Omaha	State NE	Zip Code 68137-2226
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer AFLAC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>B. Sharon McDermott</b>		Date of Receipt M / D / Y 09 / 02 / 2004
Mailing Address 11919 P St		Transaction ID: 41007.C18093
City Omaha	State NE	Zip Code 68137-2226
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer AFLAC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) <b>C. Susan McGinnis</b>		Date of Receipt M / D / Y 07 / 02 / 2004
Mailing Address 8518 East 101 St. Suite H		Transaction ID: 41007.C17344
City Tulsa	State OK	Zip Code 74133-7035
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer Allstate Workplace Division	Occupation Vice President	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>210.00</b>
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 02 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Susan McGinnis</b>		Date of Receipt M / D / Y 07 / 22 / 2004
Mailing Address 8518 East 101 St. Suite H		Transaction ID: 41013.C18552
City Tulsa	State OK	Zip Code 74133-7035
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer Allstate Workplace Division	Occupation Vice President	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. Susan McGinnis</b>		Date of Receipt M / D / Y 08 / 19 / 2004
Mailing Address 8518 East 101 St. Suite H		Transaction ID: 41007.C17633
City Tulsa	State OK	Zip Code 74133-7035
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer Allstate Workplace Division	Occupation Vice President	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. Susan McGinnis</b>		Date of Receipt M / D / Y 09 / 29 / 2004
Mailing Address 8518 East 101 St. Suite H		Transaction ID: 41007.C18224
City Tulsa	State OK	Zip Code 74133-7035
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer Allstate Workplace Division	Occupation Vice President	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>30.00</b>
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 03 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Jeffrey R. Miles</b>		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address 520 Washington Blvd Suite 801		Transaction ID: 0828200416C17085
City Marina Del Rey	State CA	Zip Code 90292-5442
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer The Miles Organization, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Jeffrey R. Miles</b>		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 520 Washington Blvd Suite 801		Transaction ID: 41007.C17746
City Marina Del Rey	State CA	Zip Code 90292-5442
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer The Miles Organization, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>C. Jeffrey R. Miles</b>		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 520 Washington Blvd Suite 801		Transaction ID: 41007.C18371
City Marina Del Rey	State CA	Zip Code 90292-5442
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer The Miles Organization, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>240.00</b>
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 04 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. David R. Moore</b>		Date of Receipt M / D / Y Y Y Y 07 / 02 / 2004
Mailing Address PD Box 1006		Transaction ID: 0626200416C16868
City Burlington	State NC	Zip Code 27216-1006
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer David R. Moore, Clu & Associa	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. David R. Moore</b>		Date of Receipt M / D / Y Y Y Y 07 / 02 / 2004
Mailing Address PD Box 1006		Transaction ID: 41007.C17350
City Burlington	State NC	Zip Code 27216-1006
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer David R. Moore, Clu & Associa	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>C. David R. Moore</b>		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2004
Mailing Address PD Box 1008		Transaction ID: 41007.C17542
City Burlington	State NC	Zip Code 27216-1008
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer David R. Moore, Clu & Associa	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>60.00</b>
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 05 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. David R. Moore</b>		Date of Receipt M / D / Y Y Y Y 09 / 02 / 2004
Mailing Address PD Box 1006		Transaction ID: 41007.C18100
City	State	Zip Code
Burlington	NC	27216-1006
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer David R. Moore, Clu & Associa	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>B. Wesley Moore</b>		Date of Receipt M / D / Y Y Y Y 07 / 02 / 2004
Mailing Address PD Box 604		Transaction ID: 41007.C17349
City	State	Zip Code
Darlington	SC	29540-0604
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer W.P. Moore, III Agency	Occupation Owner, Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00	

Full Name (Last, First, Middle Initial) <b>C. Wesley Moore</b>		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2004
Mailing Address PD Box 604		Transaction ID: 41007.C17541
City	State	Zip Code
Darlington	SC	29540-0604
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer W.P. Moore, III Agency	Occupation Owner, Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 670.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>220.00</b>
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 06 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Wesley Moore</b>		Date of Receipt M / D / Y 09 / 02 / 2004
Mailing Address PD Box 804		Transaction ID: 41007.C18099
City Darlington	State SC	Zip Code 29540-0804
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer W.P. Moore, III Agency	Occupation Owner, Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 770.00	

Full Name (Last, First, Middle Initial) <b>B. Josh Naca</b>		Date of Receipt M / D / Y 07 / 02 / 2004
Mailing Address 936 N 34th St Suite 208		Transaction ID: 41007.C17852
City Seattle	State WA	Zip Code 98103-8889
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Dental Health Services	Occupation Vice President Sales & Service	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. Josh Naca</b>		Date of Receipt M / D / Y 08 / 02 / 2004
Mailing Address 936 N 34th St Suite 208		Transaction ID: 41007.C17845
City Seattle	State WA	Zip Code 98103-8889
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Dental Health Services	Occupation Vice President Sales & Service	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>160.00</b>
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 07 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Josh Nace</b>		Date of Receipt M / D / Y 09 / 02 / 2004
Mailing Address 936 N 34th St Suite 208		Transaction ID: 41007.C18102
City Seattle	State WA	Zip Code 98103-8869
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Denial Health Services	Occupation Vice President Sales & Service	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>B. Patricia Norbet</b>		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address PO Box 22074B		Transaction ID: 0826200416C16989
City Charlotte	State NC	Zip Code 28222-0748
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Cameron M. Harris & Co.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Patricia Norbet</b>		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address PO Box 22074B		Transaction ID: 41007.C17722
City Charlotte	State NC	Zip Code 28222-0748
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Cameron M. Harris & Co.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>70.00</b>
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 08 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Patricia Norket</b>		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address PD Box 22074B		Transaction ID: 41007.C18293
City Charlotte	State NC	Zip Code 28222-0748
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Cameron M. Harris & Co.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>B. Michael A. Norris</b>		Date of Receipt M / D / Y 07 / 02 / 2004
Mailing Address 295 E Palmer St		Transaction ID: 41007.C17359
City Franklin	State NC	Zip Code 28734-3049
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Wayah Insurance Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Michael A. Norris</b>		Date of Receipt M / D / Y 07 / 02 / 2004
Mailing Address 295 E Palmer St		Transaction ID: D826200418C16852
City Franklin	State NC	Zip Code 28734-3049
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Wayah Insurance Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>65.00</b>
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 08 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Michael A. Norris</b>		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2004
Mailing Address 295 E Palmer St		Transaction ID: 41007.C17553
City	State	Zip Code
Franklin	NC	28734-3049
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Wayah Insurance Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	

Full Name (Last, First, Middle Initial) <b>B. Michael A. Norris</b>		Date of Receipt M / D / Y Y Y Y 09 / 02 / 2004
Mailing Address 295 E Palmer St		Transaction ID: 41007.C18111
City	State	Zip Code
Franklin	NC	28734-3049
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Wayah Insurance Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>C. Herbert Oliver</b>		Date of Receipt M / D / Y Y Y Y 07 / 01 / 2004
Mailing Address 3400 Wynnnewood Drive		Transaction ID: D826200418C167B1
City	State	Zip Code
Greensboro	NC	27408-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 240.00
Name of Employer Roberts & Dennis Insur. Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>290.00</b>
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 100/181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. John Parker		Date of Receipt M / D / Y 07 / 02 / 2004
Mailing Address 47 Laurel Hill Dr		Transaction ID: 0828200416C16833
City Niantic	State CT	Zip Code 06357-1536
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Parker Health Plan Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

Full Name (Last, First, Middle Initial) B. John Parker		Date of Receipt M / D / Y 07 / 02 / 2004
Mailing Address 47 Laurel Hill Dr		Transaction ID: 41007.C17362
City Niantic	State CT	Zip Code 06357-1536
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Parker Health Plan Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

Full Name (Last, First, Middle Initial) C. John Parker		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address 47 Laurel Hill Dr		Transaction ID: 0828200416C17086
City Niantic	State CT	Zip Code 06357-1536
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Parker Health Plan Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>110.00</b>
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 101 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. John Parker		Date of Receipt M / D / Y 08 / 02 / 2004
Mailing Address 47 Laurel Hill Dr		Transaction ID: 41007.C17556
City Niantic	State CT	Zip Code 06357-1536
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Parker Health Plan Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. John Parker		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 47 Laurel Hill Dr		Transaction ID: 41007.C17906
City Niantic	State CT	Zip Code 06357-1536
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Parker Health Plan Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

Full Name (Last, First, Middle Initial) C. John Parker		Date of Receipt M / D / Y 08 / 02 / 2004
Mailing Address 47 Laurel Hill Dr		Transaction ID: 41007.C18114
City Niantic	State CT	Zip Code 06357-1536
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Parker Health Plan Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>140.00</b>
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 102 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. John Parker</b>		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 47 Laurel Hill Dr		Transaction ID: 41007.C18408
City Niantic	State CT	Zip Code 06357-1536
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Parker Health Plan Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 730.00	

Full Name (Last, First, Middle Initial) <b>B. Jesse Patton</b>		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 2175 NW 86th St		Transaction ID: 41007.C18443
City Clive	State IA	Zip Code 50325-5557
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 225.00
Name of Employer Associations Marketing Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1125.00	

Full Name (Last, First, Middle Initial) <b>C. Jesse Patton</b>		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 2175 NW 86th St		Transaction ID: 41007.C18420
City Clive	State IA	Zip Code 50325-5557
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 225.00
Name of Employer Associations Marketing Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>490.00</b>
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 103 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Thomas Polenzani</b>		Date of Receipt M / D / Y 07 / 18 / 2004
Mailing Address 3452 E Foothill Blvd Ste. 514		Transaction ID: 41013.C18553
City Pasadena	State CA	Zip Code 91107-3163
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Polenzani Benefits & Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. J. Donald Powell</b>		Date of Receipt M / D / Y 09 / 28 / 2004
Mailing Address 78 Partridge Ct		Transaction ID: 41007.C18226
City Appleton	State WI	Zip Code 54915-4607
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Hays Companies	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Kathy Rainwater</b>		Date of Receipt M / D / Y 08 / 07 / 2004
Mailing Address 515 W Southwest Loop 323		Transaction ID: 41007.C17828
City Tyler	State TX	Zip Code 75701-9455
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
Name of Employer Threkeid & Company Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>900.00</b>
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 104 / 181

(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. Susan Rash		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address 8014 Midlothian Tpke		Transaction ID: 0828200416C16952
City Richmond	State VA	Zip Code 23235-5291
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Benefit Consultants Of VA, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Susan Rash		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 8014 Midlothian Tpke		Transaction ID: 41007.C17666
City Richmond	State VA	Zip Code 23235-5291
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Benefit Consultants Of VA, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Susan Rash		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 8014 Midlothian Tpke		Transaction ID: 41007.C18247
City Richmond	State VA	Zip Code 23235-5291
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Benefit Consultants Of VA, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>150.00</b>
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 105 / 181

(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Jon C. Rauser</b>		Date of Receipt M / D / Y Y Y Y 07 / 30 / 2004
Mailing Address 735 N Water St Suite 510		Transaction ID: 0828200416C16970
City Milwaukee	State WI	Zip Code 53202-4103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer The Rauser Agency, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Jon C. Rauser</b>		Date of Receipt M / D / Y Y Y Y 08 / 31 / 2004
Mailing Address 735 N Water St Suite 510		Transaction ID: 41007.C17659
City Milwaukee	State WI	Zip Code 53202-4103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer The Rauser Agency, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>C. Jon C. Rauser</b>		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2004
Mailing Address 735 N Water St Suite 510		Transaction ID: 41007.C18284
City Milwaukee	State WI	Zip Code 53202-4103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer The Rauser Agency, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>240.00</b>
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 106 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. John Rice</b>		Date of Receipt M / D / Y Y Y Y 07 / 02 / 2004
Mailing Address 825 S Minnesota Ave		Transaction ID: 0828200416C16858
City Sioux Falls	State SD	Zip Code 57104-4873
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Rice Insurance Agency, In- c.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 2450.00	

Full Name (Last, First, Middle Initial) <b>B. Shan Ricketts</b>		Date of Receipt M / D / Y Y Y Y 07 / 30 / 2004
Mailing Address 736 Johnson Ferry Rd Bldg. C#200		Transaction ID: 0828200416C17132
City Marietta	State GA	Zip Code 30068-4379
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Purchasing Alliance Solu- tions.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C. Shan Ricketts</b>		Date of Receipt M / D / Y Y Y Y 08 / 31 / 2004
Mailing Address 736 Johnson Ferry Rd Bldg. C#200		Transaction ID: 41007.C17860
City Marietta	State GA	Zip Code 30068-4379
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Purchasing Alliance Solu- tions.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 530.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>210.00</b>
<b>TOTAL</b> 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 107/181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Glen Riensche</b>		Date of Receipt M / D / Y 07 / 02 / 2004
Mailing Address 415 5th St P.o. Box 664		Transaction ID: 41007.C17972
City Fairbury	State NE	Zip Code 68352-2501
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Advanced Financial Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

Full Name (Last, First, Middle Initial) <b>B. Glen Riensche</b>		Date of Receipt M / D / Y 08 / 02 / 2004
Mailing Address 415 5th St P.o. Box 664		Transaction ID: 41007.C17566
City Fairbury	State NE	Zip Code 68352-2501
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Advanced Financial Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

Full Name (Last, First, Middle Initial) <b>C. Glen Riensche</b>		Date of Receipt M / D / Y 09 / 02 / 2004
Mailing Address 415 5th St P.o. Box 664		Transaction ID: 41007.C18125
City Fairbury	State NE	Zip Code 68352-2501
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Advanced Financial Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>90.00</b>
<b>TOTAL</b> 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 108 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Mark Riley</b>		Date of Receipt M / D / Y Y Y Y 07 / 30 / 2004
Mailing Address PD Box 290305		Transaction ID: 0828200416C16948
City	State	Zip Code
Columbia	SC	29229-0006
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer The Landmark Group LLC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Mark Riley</b>		Date of Receipt M / D / Y Y Y Y 08 / 31 / 2004
Mailing Address PD Box 290305		Transaction ID: 41007.C17661
City	State	Zip Code
Columbia	SC	29229-0006
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer The Landmark Group LLC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>C. Mark Riley</b>		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2004
Mailing Address PD Box 290305		Transaction ID: 41007.C18249
City	State	Zip Code
Columbia	SC	29229-0006
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer The Landmark Group LLC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>60.00</b>
<b>TOTAL</b> 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 100 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Aline Roberts</b>		Date of Receipt M / D / Y Y Y Y 07 / 07 / 2004
Mailing Address 509 Marin St		Transaction ID: 0828200416C16916
City Thousand Oaks	State CA	Zip Code 91360-4230
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Insurance Dimensions	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. Joseph K. Roberts</b>		Date of Receipt M / D / Y Y Y Y 07 / 02 / 2004
Mailing Address 7431 O St		Transaction ID: 41007.C17375
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Midlands Financial Benefits	Occupation Registered Representative	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

Full Name (Last, First, Middle Initial) <b>C. Joseph K. Roberts</b>		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2004
Mailing Address 7431 O St		Transaction ID: 41007.C17570
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Midlands Financial Benefits	Occupation Registered Representative	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	590.00
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 110 / 181

(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Joseph K. Roberts</b>		Date of Receipt M / D / Y Y Y Y 09 / 02 / 2004
Mailing Address 7431 O St		Transaction ID: 41007.C18129
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Midlands Financial Benefits	Occupation Registered Representative	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B. William T. Robinson</b>		Date of Receipt M / D / Y Y Y Y 07 / 02 / 2004
Mailing Address 100 S Sunrise Way		Transaction ID: 41007.C17376
City Palm Springs	State CA	Zip Code 92262-6737
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Palm Canyon Insurance Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>C. William T. Robinson</b>		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2004
Mailing Address 100 S Sunrise Way		Transaction ID: 41007.C17571
City Palm Springs	State CA	Zip Code 92262-6737
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Palm Canyon Insurance Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>120.00</b>
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 111 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. William T. Robinson</b>		Date of Receipt M / D / Y Y Y Y 09 / 02 / 2004
Mailing Address 100 S Sunrise Way		Transaction ID: 41007.C18130
City Palm Springs	State CA	Zip Code 92262-6737
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Palm Canyon Insurance Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) <b>B. Ernest G. Robinson</b>		Date of Receipt M / D / Y Y Y Y 07 / 30 / 2004
Mailing Address 430 Eraste Landry Rd		Transaction ID: 0826200416C17074
City Lafayette	State LA	Zip Code 70506-2324
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Brokers-Givens Insurance Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. Edward Roling</b>		Date of Receipt M / D / Y Y Y Y 07 / 30 / 2004
Mailing Address 343 E Six Forks Rd		Transaction ID: 0826200416C18988
City Raleigh	State NC	Zip Code 27609-7800
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Delta Dental Plan Of NC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.90	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>120.00</b>
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 112 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Edward Roling</b>		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 343 E Six Forks Rd		Transaction ID: 41007.C17704
City Raleigh	State NC	Zip Code 27609-7800
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Delta Dental Plan Of NC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.90	

Full Name (Last, First, Middle Initial) <b>B. Edward Roling</b>		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 343 E Six Forks Rd		Transaction ID: 41007.C18302
City Raleigh	State NC	Zip Code 27609-7800
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Delta Dental Plan Of NC	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.90	

Full Name (Last, First, Middle Initial) <b>C. Sharon Ross</b>		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address 6230 Fairview Rd Suite 315		Transaction ID: D826200418C17153
City Charlotte	State NC	Zip Code 28210-5253
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer United Healthcare	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 195.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>85.00</b>
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 113 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Sharon Ross</b>		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 823D Fairview Rd Suite 315		Transaction ID: 41007.C17918
City Charlotte	State NC	Zip Code 28210-3253
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer United Healthcare	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. Sharon Ross</b>		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 823D Fairview Rd Suite 315		Transaction ID: 41007.C18474
City Charlotte	State NC	Zip Code 28210-3253
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer United Healthcare	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

Full Name (Last, First, Middle Initial) <b>C. Eugene Rowe</b>		Date of Receipt M / D / Y 07 / 02 / 2004
Mailing Address 18000 Ventura Blvd		Transaction ID: 41007.C17379
City Encino	State CA	Zip Code 91438-2767
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer The Rowe Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>30.00</b>
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 114 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Eugene Rowe</b>		Date of Receipt M / D / Y 08 / 02 / 2004
Mailing Address 18000 Ventura Blvd		Transaction ID: 41007.C17574
City	State	Zip Code
Encino	CA	91436-2767
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer The Rowe Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Eugene Rowe</b>		Date of Receipt M / D / Y 09 / 02 / 2004
Mailing Address 18000 Ventura Blvd		Transaction ID: 41007.C18134
City	State	Zip Code
Encino	CA	91436-2767
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer The Rowe Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>C. Francis A. Ruggiero</b>		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address 288 South St		Transaction ID: D828200418C17055
City	State	Zip Code
Morristown	NJ	07980-6019
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Ruggiero Consulting	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>100.00</b>
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 115 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Francis A. Ruggiero</b>		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 288 South St		Transaction ID: 41007.C17755
City	State	Zip Code
Morristown	NJ	07960-6019
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Ruggiero Consulting	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>B. Francis A. Ruggiero</b>		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 288 South St		Transaction ID: 41007.C18351
City	State	Zip Code
Morristown	NJ	07960-6019
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Ruggiero Consulting	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>C. Stephen Salomon</b>		Date of Receipt M / D / Y 07 / 02 / 2004
Mailing Address PO Box 4252		Transaction ID: 41007.C17381
City	State	Zip Code
Lutherville Timoni	MD	21094-4252
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer Heritage Financial Consultants	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1070.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>90.00</b>
<b>TOTAL</b> 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 116 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Stephen Salamon</b>		Date of Receipt M / D / Y Y Y Y 07 / 07 / 2004
Mailing Address PD Box 4252		Transaction ID: 0828200416C16904
City	State	Zip Code
Lutherville Timoni	MD	21094-4252
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1280.00
Name of Employer Heritage Financial Consultants	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 2350.00	

Full Name (Last, First, Middle Initial) <b>B. Stephen Salamon</b>		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2004
Mailing Address PD Box 4252		Transaction ID: 41007.C17576
City	State	Zip Code
Lutherville Timoni	MD	21094-4252
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer Heritage Financial Consultants	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 2380.00	

Full Name (Last, First, Middle Initial) <b>C. Stephen Salamon</b>		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2004
Mailing Address PD Box 4252		Transaction ID: 41007.C18136
City	State	Zip Code
Lutherville Timoni	MD	21094-4252
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer Heritage Financial Consultants	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 2370.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1300.00</b>
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 117 / 181

(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Raymer Sale</b>		Date of Receipt M / D / Y Y Y Y 07 / 30 / 2004
Mailing Address 510 Briscoe Blvd		Transaction ID: 0828200416C17000
City Lawrenceville	State GA	Zip Code 30045-6700
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Multiple Benefits Corp.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. Raymer Sale</b>		Date of Receipt M / D / Y Y Y Y 08 / 31 / 2004
Mailing Address 510 Briscoe Blvd		Transaction ID: 41007.C17727
City Lawrenceville	State GA	Zip Code 30045-6700
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Multiple Benefits Corp.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Raymer Sale</b>		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2004
Mailing Address 510 Briscoe Blvd		Transaction ID: 41007.C18311
City Lawrenceville	State GA	Zip Code 30045-6700
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Multiple Benefits Corp.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>110.00</b>
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 118 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Randy Sanders</b>		Date of Receipt M / D / Y 07 / 08 / 2004
Mailing Address 145 Head Ave		Transaction ID: 0828200416C16925
City Tallahassee	State GA	Zip Code 30176-1260
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Sanders & Associates Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B. Mel Schlesinger</b>		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address PO Box 30100		Transaction ID: 0828200416C17106
City Winston Salem	State NC	Zip Code 27130-0100
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Dental Plans, Plus	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.90	

Full Name (Last, First, Middle Initial) <b>C. Mel Schlesinger</b>		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address PO Box 30100		Transaction ID: 41007.C17904
City Winston Salem	State NC	Zip Code 27130-0100
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Dental Plans, Plus	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.90	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>280.00</b>
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 110 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Mel Schlesinger</b>		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address PD Box 30100		Transaction ID: 41007.C18424
City Winston Salem	State NC	Zip Code 27130-0100
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Denial Plans. Plus	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.90	

Full Name (Last, First, Middle Initial) <b>B. Kenneth Schmidt</b>		Date of Receipt M / D / Y 07 / 02 / 2004
Mailing Address 200 N Broadway Suite 1400		Transaction ID: 0826200416C16847
City Saint Louis	State MO	Zip Code 63102-2755
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Marsh Advantage America	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. James Schulz</b>		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address 7431 O St		Transaction ID: 0826200416C17114
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>140.00</b>
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 120 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. James Schulz</b>		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 7431 O St		Transaction ID: 41007.C17840
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>B. James Schulz</b>		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 7431 O St		Transaction ID: 41007.C18463
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Kevin Seeker</b>		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 4843 E Thomas Rd Suite 2		Transaction ID: 41007.C18383
City Phoenix	State AZ	Zip Code 85018-7740
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Summit Benefit Services	Occupation President	Receipt
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>240.00</b>
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 121 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Mark Sheffer</b>		Date of Receipt M / D / Y Y Y Y 07 / 01 / 2004
Mailing Address PD Box 355		Transaction ID: 0828200416C16795
City Apollo	State PA	Zip Code 15613-0355
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Executive Benefit Plans, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) <b>B. Mark Sheffer</b>		Date of Receipt M / D / Y Y Y Y 07 / 02 / 2004
Mailing Address PD Box 355		Transaction ID: 41007.C17387
City Apollo	State PA	Zip Code 15613-0355
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Executive Benefit Plans, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C. Mark Sheffer</b>		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2004
Mailing Address PD Box 355		Transaction ID: 41007.C17582
City Apollo	State PA	Zip Code 15613-0355
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Executive Benefit Plans, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>500.00</b>
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 122 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Mark Sheffer</b>		Date of Receipt M / D / Y 09 / 02 / 2004
Mailing Address PD Box 355		Transaction ID: 41007.C18142
City Apollo	State PA	Zip Code 15613-0355
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Executive Benefit Plans, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

Full Name (Last, First, Middle Initial) <b>B. Scott Shalek</b>		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address PD Box 67		Transaction ID: 0826200416C17039
City Ringwood	State IL	Zip Code 60072-0067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Shalek Financial Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

Full Name (Last, First, Middle Initial) <b>C. Scott Shalek</b>		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address PD Box 67		Transaction ID: 41007.C17759
City Ringwood	State IL	Zip Code 60072-0067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Shalek Financial Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>600.00</b>
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 123 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Scott Shalek</b>		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address PD Box 67		Transaction ID: 41007.C18349
City Ringwood	State IL	Zip Code 60072-0067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Shalek Financial Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1550.00	

Full Name (Last, First, Middle Initial) <b>B. Stuart Shapiro</b>		Date of Receipt M / D / Y 07 / 02 / 2004
Mailing Address PD Box 587		Transaction ID: 41007.C17388
City Wheeling	State IL	Zip Code 60090-0587
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Shapiro Financial Group, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.90	

Full Name (Last, First, Middle Initial) <b>C. Stuart Shapiro</b>		Date of Receipt M / D / Y 08 / 02 / 2004
Mailing Address PD Box 587		Transaction ID: 41007.C17583
City Wheeling	State IL	Zip Code 60090-0587
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Shapiro Financial Group, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.90	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>240.00</b>
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 124 / 181  
(check only one)  
 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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Stuart Shapiro</b>		Date of Receipt M / D / Y Y Y Y 09 / 02 / 2004
Mailing Address PD Box 587		Transaction ID: 41007.C18143
City Wheeling	State IL	Zip Code 60090-0587
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Shapiro Financial Group, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.90	

Full Name (Last, First, Middle Initial) <b>B. Bob G. Shupe</b>		Date of Receipt M / D / Y Y Y Y 07 / 02 / 2004
Mailing Address PD Box 2344		Transaction ID: 0826200416C16867
City Brentwood	State TN	Zip Code 37024-2344
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Employee Security Planning Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>C. Bob G. Shupe</b>		Date of Receipt M / D / Y Y Y Y 07 / 30 / 2004
Mailing Address PD Box 2344		Transaction ID: 0826200416C16860
City Brentwood	State TN	Zip Code 37024-2344
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Employee Security Planning Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts TN's Page (optional) .....	<b>80.00</b>
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 125 / 181  
(check only one)  
 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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Bob G. Shupe</b>		Date of Receipt M / D / Y Y Y Y 08 / 31 / 2004
Mailing Address PD Box 2344		Transaction ID: 41007.C17719
City Brentwood	State TN	Zip Code 37024-2344
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Employee Security Planning Inc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) <b>B. Bob G. Shupe</b>		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2004
Mailing Address PD Box 2344		Transaction ID: 41007.C18305
City Brentwood	State TN	Zip Code 37024-2344
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Employee Security Planning Inc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>C. Roger Sidner</b>		Date of Receipt M / D / Y Y Y Y 07 / 02 / 2004
Mailing Address 554B Shorewood Dr		Transaction ID: 41007.C17390
City Indianapolis	State IN	Zip Code 46220-3650
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Grouplink, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00	

<b>SUBTOTAL</b> of Receipts TN's Page (optional) .....	<b>105.00</b>
<b>TOTAL</b> 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 126 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Roger Skinner</b>		Date of Receipt M / D / Y 08 / 02 / 2004
Mailing Address 5548 Shorewood Dr		Transaction ID: 41007.C17585
City Indianapolis	State IN	Zip Code 46220-3650
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer GroupLink, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B. Roger Skinner</b>		Date of Receipt M / D / Y 09 / 02 / 2004
Mailing Address 5548 Shorewood Dr		Transaction ID: 41007.C18145
City Indianapolis	State IN	Zip Code 46220-3650
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer GroupLink, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. Kenneth R. Smith</b>		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address P.O. Box 13250		Transaction ID: D826200418C17073
City Arlington	State TX	Zip Code 76064-0250
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Capital Insurance Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>130.00</b>
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 127 / 181

(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Kenneth R. Smith</b>		Date of Receipt M / D / Y Y Y Y 07 / 30 / 2004
Mailing Address P.O. Box 13250		Transaction ID: 0828200416C17018
City Arlington	State TX	Zip Code 76064-0250
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Capital Insurance Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 120.00	

Full Name (Last, First, Middle Initial) <b>B. Kenneth R. Smith</b>		Date of Receipt M / D / Y Y Y Y 08 / 31 / 2004
Mailing Address P.O. Box 13250		Transaction ID: 41007.C17792
City Arlington	State TX	Zip Code 76064-0250
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Capital Insurance Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 140.00	

Full Name (Last, First, Middle Initial) <b>C. Kenneth R. Smith</b>		Date of Receipt M / D / Y Y Y Y 08 / 31 / 2004
Mailing Address P.O. Box 13250		Transaction ID: 41007.C17792
City Arlington	State TX	Zip Code 76064-0250
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Capital Insurance Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>120.00</b>
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 128 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Kenneth R. Smith</b>		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address P.O. Box 13250		Transaction ID: 41007.C18332
City Arlington	State TX	Zip Code 76004-0250
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Capital Insurance Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Kenneth R. Smith</b>		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address P.O. Box 13250		Transaction ID: 41007.C18335
City Arlington	State TX	Zip Code 76004-0250
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Capital Insurance Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>C. Jackie Spragins</b>		Date of Receipt M / D / Y 07 / 02 / 2004
Mailing Address PO Box 2073		Transaction ID: 41007.C17395
City Wichita Falls	State TX	Zip Code 76307-2073
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Spragins Insurance Agency	Occupation Owner/agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>120.00</b>
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 129 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Jackie Spragins</b>		Date of Receipt M / D / Y 08 / 02 / 2004
Mailing Address PD Box 2073		Transaction ID: 41007.C17592
City Wichita Falls	State TX	Zip Code 76307-2073
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Spragins Insurance Agency	Occupation Owner/agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

Full Name (Last, First, Middle Initial) <b>B. Jackie Spragins</b>		Date of Receipt M / D / Y 09 / 02 / 2004
Mailing Address PD Box 2073		Transaction ID: 41007.C18151
City Wichita Falls	State TX	Zip Code 76307-2073
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Spragins Insurance Agency	Occupation Owner/agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. Burley Strader</b>		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address PD Box 78030		Transaction ID: D828200418C17156
City Greensboro	State NC	Zip Code 27427-8030
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer The Piedmont Administrato- rs	Occupation Sales Consultant	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>90.00</b>
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 130 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Burley Strader</b>		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address PD Box 78030		Transaction ID: 41007.C17893
City Greensboro	State NC	Zip Code 27427-8030
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer The Piedmont Administrators	Occupation Sales Consultant	Receipt
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>B. Burley Strader</b>		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address PD Box 78030		Transaction ID: 41007.C18487
City Greensboro	State NC	Zip Code 27427-8030
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer The Piedmont Administrators	Occupation Sales Consultant	Receipt
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	

Full Name (Last, First, Middle Initial) <b>C. James Summers</b>		Date of Receipt M / D / Y 07 / 01 / 2004
Mailing Address 8420 West Dodge Road Suite 510		Transaction ID: D828200418C18764
City Omaha	State NE	Zip Code 68114-3432
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Senior Market Sales, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 470.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>120.00</b>
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 131 / 181

(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. James Summers</b>		Date of Receipt M / D / Y Y Y Y 07 / 30 / 2004
Mailing Address 842D West Dodge Road Suite 510		Transaction ID: 0828200416C17054
City Omaha	State NE	Zip Code 68114-3432
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Senior Market Sales, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00	

Full Name (Last, First, Middle Initial) <b>B. James Summers</b>		Date of Receipt M / D / Y Y Y Y 08 / 31 / 2004
Mailing Address 842D West Dodge Road Suite 510		Transaction ID: 41007.C17762
City Omaha	State NE	Zip Code 68114-3432
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Senior Market Sales, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 670.00	

Full Name (Last, First, Middle Initial) <b>C. James Summers</b>		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2004
Mailing Address 842D West Dodge Road Suite 510		Transaction ID: 41007.C18356
City Omaha	State NE	Zip Code 68114-3432
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Senior Market Sales, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 770.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>300.00</b>
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 132 / 181  
(check only one)  
 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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. David Thomas</b>		Date of Receipt M / D / Y Y Y Y 07 / 15 / 2004
Mailing Address 1000 Executive Center Dr		Transaction ID: 0828200416C16929
City	State	Zip Code
Greenville	SC	29615-4516
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer BCBS of SC	Occupation Account Executive	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>B. Dan Thompson</b>		Date of Receipt M / D / Y Y Y Y 07 / 30 / 2004
Mailing Address 9720 Bunsen Pkwy		Transaction ID: 0828200416C16954
City	State	Zip Code
Louisville	KY	40269-1802
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Thompson Associates, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) <b>C. Dan Thompson</b>		Date of Receipt M / D / Y Y Y Y 08 / 31 / 2004
Mailing Address 9720 Bunsen Pkwy		Transaction ID: 41007.C17889
City	State	Zip Code
Louisville	KY	40269-1802
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Thompson Associates, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>500.00</b>
<b>TOTAL</b> 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 133 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Don Thompson</b>		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 9720 Bunsen Plowly		Transaction ID: 41007.C18258
City	State	Zip Code
Louisville	KY	40288-1802
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Thompson Associates, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

Full Name (Last, First, Middle Initial) <b>B. Ryan Thom</b>		Date of Receipt M / D / Y 07 / 02 / 2004
Mailing Address 10342 Springcrest Ln		Transaction ID: 41007.C17401
City	State	Zip Code
South Jordan	UT	84065-4538
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Ryan P. Thom Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.90	

Full Name (Last, First, Middle Initial) <b>C. Ryan Thom</b>		Date of Receipt M / D / Y 08 / 02 / 2004
Mailing Address 10342 Springcrest Ln		Transaction ID: 41007.C17598
City	State	Zip Code
South Jordan	UT	84065-4538
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Ryan P. Thom Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.90	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>190.00</b>
<b>TOTAL</b> 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 134 / 181

(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Ryan Thom</b>		Date of Receipt M / D / Y Y Y Y 09 / 02 / 2004
Mailing Address 10342 Springcrest Ln		Transaction ID: 41007.C18181
City	State	Zip Code
South Jordan	UT	84095-4538
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Ryan P. Thom Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.90	

Full Name (Last, First, Middle Initial) <b>B. Helen Todd</b>		Date of Receipt M / D / Y Y Y Y 07 / 01 / 2004
Mailing Address PO Box 58188		Transaction ID: 0826200416C16803
City	State	Zip Code
Little Rock	AR	72215-6188
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 240.00
Name of Employer The Todd Agency, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Richard Todd</b>		Date of Receipt M / D / Y Y Y Y 07 / 01 / 2004
Mailing Address PO Box 58188		Transaction ID: 0826200416C16804
City	State	Zip Code
Little Rock	AR	72215-6188
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 240.00
Name of Employer The Todd Agency, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>500.00</b>
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 135 / 181  
(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 - Health Underwriters PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Danny Tompkins</p> <p>Mailing Address PD Box 1810</p> <hr/> <p>City State Zip Code Roswell GA 30077-1810</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p>	<p>Date of Receipt M / D / Y Y Y Y 07 / 30 / 2004</p> <p>Transaction ID: 0828200416C18991</p> <hr/> <p>Amount of Each Receipt this Period <b>20.00</b></p>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;"> <p>Name of Employer Admin America</p> </td> <td style="width:65%;"> <p>Occupation Heath Insurance Agent</p> </td> </tr> <tr> <td> <p>Receipt For: Primary          General Other (specify) ▼</p> </td> <td style="text-align: right;"> <p>Aggregate Year-to-Date ▼ <b>140.00</b></p> </td> </tr> </table>	<p>Name of Employer Admin America</p>	<p>Occupation Heath Insurance Agent</p>	<p>Receipt For: Primary          General Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ <b>140.00</b></p>	<p>Receipt</p>
<p>Name of Employer Admin America</p>	<p>Occupation Heath Insurance Agent</p>				
<p>Receipt For: Primary          General Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ <b>140.00</b></p>				

<p><b>B.</b> Full Name (Last, First, Middle Initial) Danny Tompkins</p> <p>Mailing Address PD Box 1810</p> <hr/> <p>City State Zip Code Roswell GA 30077-1810</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p>	<p>Date of Receipt M / D / Y Y Y Y 08 / 31 / 2004</p> <p>Transaction ID: 41007.C17718</p> <hr/> <p>Amount of Each Receipt this Period <b>30.00</b></p>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;"> <p>Name of Employer Admin America</p> </td> <td style="width:65%;"> <p>Occupation Heath Insurance Agent</p> </td> </tr> <tr> <td> <p>Receipt For: Primary          General Other (specify) ▼</p> </td> <td style="text-align: right;"> <p>Aggregate Year-to-Date ▼ <b>170.00</b></p> </td> </tr> </table>	<p>Name of Employer Admin America</p>	<p>Occupation Heath Insurance Agent</p>	<p>Receipt For: Primary          General Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ <b>170.00</b></p>	<p>Receipt</p>
<p>Name of Employer Admin America</p>	<p>Occupation Heath Insurance Agent</p>				
<p>Receipt For: Primary          General Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ <b>170.00</b></p>				

<p><b>C.</b> Full Name (Last, First, Middle Initial) Danny Tompkins</p> <p>Mailing Address PD Box 1810</p> <hr/> <p>City State Zip Code Roswell GA 30077-1810</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p>	<p>Date of Receipt M / D / Y Y Y Y 09 / 30 / 2004</p> <p>Transaction ID: 41007.C18307</p> <hr/> <p>Amount of Each Receipt this Period <b>30.00</b></p>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;"> <p>Name of Employer Admin America</p> </td> <td style="width:65%;"> <p>Occupation Heath Insurance Agent</p> </td> </tr> <tr> <td> <p>Receipt For: Primary          General Other (specify) ▼</p> </td> <td style="text-align: right;"> <p>Aggregate Year-to-Date ▼ <b>200.00</b></p> </td> </tr> </table>	<p>Name of Employer Admin America</p>	<p>Occupation Heath Insurance Agent</p>	<p>Receipt For: Primary          General Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ <b>200.00</b></p>	<p>Receipt</p>
<p>Name of Employer Admin America</p>	<p>Occupation Heath Insurance Agent</p>				
<p>Receipt For: Primary          General Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ <b>200.00</b></p>				

<p><b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶</p>	<p><b>30.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) ..... ▶</p>	

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

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

FOR LINE NUMBER: PAGE 136 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Daniel R. Tompkins III</b>		Date of Receipt M / D / Y 07 / 02 / 2004
Mailing Address PD Box 1810		Transaction ID: 41007.C17402
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) <b>B. Daniel R. Tompkins III</b>		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address PD Box 1810		Transaction ID: 0826200416C16963
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Admin America	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>C. Daniel R. Tompkins III</b>		Date of Receipt M / D / Y 08 / 02 / 2004
Mailing Address PD Box 1810		Transaction ID: 41007.C17599
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>80.00</b>
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 137 / 181

(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Daniel R. Tompkins III</b>		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address PD Box 1810		Transaction ID: 41007.C17716
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Admin America	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) <b>B. Daniel R. Tompkins III</b>		Date of Receipt M / D / Y 09 / 02 / 2004
Mailing Address PD Box 1810		Transaction ID: 41007.C18165
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>C. Daniel R. Tompkins III</b>		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address PD Box 1810		Transaction ID: 41007.C18306
City Roswell	State GA	Zip Code 30077-1810
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Admin America	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>100.00</b>
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 138 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Jennifer Toups</b>		Date of Receipt M / D / Y Y Y Y 07 / 02 / 2004
Mailing Address PD Box 113113		Transaction ID: 41007.C17404
City Metairie	State LA	Zip Code 70011-3113
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Business Insurance Group	Occupation Director Of Marketing	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 160.00	

Full Name (Last, First, Middle Initial) <b>B. Jennifer Toups</b>		Date of Receipt M / D / Y Y Y Y 07 / 07 / 2004
Mailing Address PD Box 113113		Transaction ID: 0826200416C16921
City Metairie	State LA	Zip Code 70011-3113
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Business Insurance Group	Occupation Director Of Marketing	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

Full Name (Last, First, Middle Initial) <b>C. Jennifer Toups</b>		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2004
Mailing Address PD Box 113113		Transaction ID: 41007.C17800
City Metairie	State LA	Zip Code 70011-3113
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Business Insurance Group	Occupation Director Of Marketing	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>60.00</b>
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 130 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Jennifer Toups</b>		Date of Receipt M / D / Y 09 / 02 / 2004
Mailing Address PD Box 113113		Transaction ID: 41007.C18106
City Metairie	State LA	Zip Code 70011-3113
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Business Insurance Group	Occupation Director Of Marketing	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. Matlyn Van Sant</b>		Date of Receipt M / D / Y 07 / 02 / 2004
Mailing Address 271 US Highway 48 Ste. 8206		Transaction ID: 41007.C17407
City Fairfield	State NJ	Zip Code 07004-2440
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Stratford Financial Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

Full Name (Last, First, Middle Initial) <b>C. Matlyn Van Sant</b>		Date of Receipt M / D / Y 08 / 02 / 2004
Mailing Address 271 US Highway 48 Ste. 8206		Transaction ID: 41007.C17803
City Fairfield	State NJ	Zip Code 07004-2440
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Stratford Financial Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>180.00</b>
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 140 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Marilyn Van Sant</b>		Date of Receipt M / D / Y 09 / 02 / 2004
Mailing Address 271 US Highway 46 Ste. 6206		Transaction ID: 41007.C18189
City Fairfield	State NJ	Zip Code 07004-2440
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Stratford Financial Group	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) <b>B. Charles G. Wagner</b>		Date of Receipt M / D / Y 07 / 02 / 2004
Mailing Address PO Box 9		Transaction ID: 41007.C17409
City Burwell	State NE	Zip Code 68823-0009
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Town And Country Insur Agency	Occupation President	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. Charles G. Wagner</b>		Date of Receipt M / D / Y 08 / 02 / 2004
Mailing Address PO Box 9		Transaction ID: 41007.C17805
City Burwell	State NE	Zip Code 68823-0009
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Town And Country Insur Agency	Occupation President	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>190.00</b>
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 141 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Charles G. Wagner</b>		Date of Receipt M / D / Y Y Y Y 09 / 02 / 2004
Mailing Address PD Box B		Transaction ID: 41007.C18171
City Burwell	State NE	Zip Code 68823-0009
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Town And Country Insur Agency	Occupation President	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B. M. Hughes Warren, Jr.</b>		Date of Receipt M / D / Y Y Y Y 07 / 02 / 2004
Mailing Address 321 N Front St		Transaction ID: 0826200416C16816
City Wilmington	State NC	Zip Code 28401-3908
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Ebenconcepts Company	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 249.00	

Full Name (Last, First, Middle Initial) <b>C. M. Hughes Warren, Jr.</b>		Date of Receipt M / D / Y Y Y Y 07 / 30 / 2004
Mailing Address 321 N Front St		Transaction ID: 0826200416C171B4
City Wilmington	State NC	Zip Code 28401-3908
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Ebenconcepts Company	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 274.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	95.00
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 142 / 181

(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. M. Hughes Warren, Jr.</b>		Date of Receipt M / D / Y Y Y Y 08 / 31 / 2004
Mailing Address 321 N Front St		Transaction ID: 41007.C17931
City Wilmington	State NC	Zip Code 28401-3808
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Ebanconcepts Company	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 299.00	

Full Name (Last, First, Middle Initial) <b>B. M. Hughes Warren, Jr.</b>		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2004
Mailing Address 321 N Front St		Transaction ID: 41007.C18532
City Wilmington	State NC	Zip Code 28401-3808
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Ebanconcepts Company	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 324.00	

Full Name (Last, First, Middle Initial) <b>C. John Warwick</b>		Date of Receipt M / D / Y Y Y Y 07 / 30 / 2004
Mailing Address PO Box 272		Transaction ID: D826200418C17146
City Chico	State CA	Zip Code 95527-0272
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
Name of Employer John Warwick Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>135.00</b>
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

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(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. John Warwick		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address PD Box 272		Transaction ID: 41007.C17937
City Chico	State CA	Zip Code 95827-0272
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
Name of Employer John Warwick Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 645.00	

Full Name (Last, First, Middle Initial) B. John Warwick		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address PD Box 272		Transaction ID: 41007.C18511
City Chico	State CA	Zip Code 95827-0272
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
Name of Employer John Warwick Insurance	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 730.00	

Full Name (Last, First, Middle Initial) C. Amy Webb		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address 610 S Saratoga Dr		Transaction ID: D826200418C16986
City Moorestown	State NJ	Zip Code 08057-3831
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Saratoga Benefit Services, Llc	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>190.00</b>
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 144 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Amy Webb</b>		Date of Receipt M / D / Y Y Y Y 08 / 31 / 2004
Mailing Address 810 S Saratoga Dr		Transaction ID: 41007.C17678
City State Zip Code Moorestown NJ 08057-3831	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 20.00
Name of Employer Saratoga Benefit Services, Llc Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 230.00	Receipt

Full Name (Last, First, Middle Initial) <b>B. Amy Webb</b>		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2004
Mailing Address 810 S Saratoga Dr		Transaction ID: 41007.C18283
City State Zip Code Moorestown NJ 08057-3831	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 20.00
Name of Employer Saratoga Benefit Services, Llc Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 250.00	Receipt

Full Name (Last, First, Middle Initial) <b>C. Charles Westmoreland</b>		Date of Receipt M / D / Y Y Y Y 07 / 02 / 2004
Mailing Address PO Box 925		Transaction ID: 41007.C17412
City State Zip Code Jackson MS 39205-0525	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 50.00
Name of Employer American Public Life Insurance Receipt For: Primary General Other (specify) ▼	Occupation Director Of Agency Development Aggregate Year-to-Date ▼ 410.90	Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>90.00</b>
<b>TOTAL</b> 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

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(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Charles Westmoreland</b>		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2004
Mailing Address PD Box 825		Transaction ID: 41007.C17608
City	State	Zip Code
Jackson	MS	39205-0825
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer American Public Life Insurance	Occupation Director Of Agency Development	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 460.90	

Full Name (Last, First, Middle Initial) <b>B. Charles Westmoreland</b>		Date of Receipt M / D / Y Y Y Y 09 / 02 / 2004
Mailing Address PD Box 825		Transaction ID: 41007.C18174
City	State	Zip Code
Jackson	MS	39205-0825
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer American Public Life Insurance	Occupation Director Of Agency Development	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 510.90	

Full Name (Last, First, Middle Initial) <b>C. Richard Wheeler</b>		Date of Receipt M / D / Y Y Y Y 07 / 02 / 2004
Mailing Address 617 Union Ave Building 2-6		Transaction ID: D8262D0418C16823
City	State	Zip Code
Brielle	NJ	08730-1841
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Wheeler Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 140.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>120.00</b>
<b>TOTAL</b> 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 146 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Richard Wheeler</b>		Date of Receipt M / D / Y Y Y Y 07 / 07 / 2004
Mailing Address 817 Union Ave Building 2-6		Transaction ID: 0826200416C16912
City Brielle	State NJ	Zip Code 08730-1841
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Wheeler Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 190.00	

Full Name (Last, First, Middle Initial) <b>B. Richard Wheeler</b>		Date of Receipt M / D / Y Y Y Y 07 / 30 / 2004
Mailing Address 817 Union Ave Building 2-6		Transaction ID: 0826200416C17030
City Brielle	State NJ	Zip Code 08730-1841
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Wheeler Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. Richard Wheeler</b>		Date of Receipt M / D / Y Y Y Y 08 / 31 / 2004
Mailing Address 817 Union Ave Building 2-6		Transaction ID: 41007.C17748
City Brielle	State NJ	Zip Code 08730-1841
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Wheeler Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>90.00</b>
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 147 / 181  
(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Richard Wheeler</b>		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2004
Mailing Address 817 Union Ave Building 2-6		Transaction ID: 41007.C18400
City Brielle	State NJ	Zip Code 08730-1841
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Wheeler Agency	Occupation Health Insurance Agent	Receipt
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. David B. Wills</b>		Date of Receipt M / D / Y Y Y Y 07 / 30 / 2004
Mailing Address 902 Brynwood Dr		Transaction ID: 0826200416C16957
City Chattanooga	State TN	Zip Code 37415-3306
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer D.b. Wills & Co.	Occupation President	Receipt
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 140.00	

Full Name (Last, First, Middle Initial) <b>C. David B. Wills</b>		Date of Receipt M / D / Y Y Y Y 08 / 31 / 2004
Mailing Address 902 Brynwood Dr		Transaction ID: 41007.C17871
City Chattanooga	State TN	Zip Code 37415-3308
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer D.b. Wills & Co.	Occupation President	Receipt
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 170.00	

SUBTOTAL of Receipts TN's Page (optional) .....	<b>70.00</b>
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 148 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. David B. Wills</b>		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 902 Brynwood Dr		Transaction ID: 41007.C18243
City Chattanooga	State TN	Zip Code 37415-3306
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer D.B. Wills & Co.	Occupation President	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B. Steven L. Wilson</b>		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address 1151 Red Mile Rd		Transaction ID: 0826200416C17036
City Lexington	State KY	Zip Code 40504-2645
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Benefit Insurance Marketi- ng	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) <b>C. Steven L. Wilson</b>		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 1151 Red Mile Rd		Transaction ID: 41007.C17753
City Lexington	State KY	Zip Code 40504-2645
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Benefit Insurance Marketi- ng	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 470.00	

SUBTOTAL of Receipts TN's Page (optional) .....	▶	<b>130.00</b>
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 140 / 181

(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Steven L. Wilson</b>		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2004
Mailing Address 1151 Red Mile Rd		Transaction ID: 41007.C18926
City Lexington	State KY	Zip Code 40504-2645
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Benefit Insurance Market- ing	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>B. Sue Wilson</b>		Date of Receipt M / D / Y Y Y Y 07 / 02 / 2004
Mailing Address 3555 NW 58th St		Transaction ID: 41007.C17416
City Oklahoma City	State OK	Zip Code 73112-4724
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Sue Wilson Brokerage, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00	

Full Name (Last, First, Middle Initial) <b>C. Sue Wilson</b>		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2004
Mailing Address 3555 NW 58th St		Transaction ID: 41007.C17812
City Oklahoma City	State OK	Zip Code 73112-4724
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Sue Wilson Brokerage, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>100.00</b>
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  
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FOR LINE NUMBER: PAGE 150 / 181  
(check only one)  
 11a    11b    11c    12  
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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Sue Wilson</b>		Date of Receipt M / D / Y Y Y Y 09 / 02 / 2004
Mailing Address 3555 NW 58th St		Transaction ID: 41007.C18178
City	State	Zip Code
Oklahoma City	OK	73112-4724
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Sue Wilson Brokerage, Inc.	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. Barbara Wong</b>		Date of Receipt M / D / Y Y Y Y 07 / 02 / 2004
Mailing Address 411 W 4th Ave		Transaction ID: 41007.C17420
City	State	Zip Code
Anchorage	AK	99501-2343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Capital Management Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00	

Full Name (Last, First, Middle Initial) <b>C. Barbara Wong</b>		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2004
Mailing Address 411 W 4th Ave		Transaction ID: 41007.C17818
City	State	Zip Code
Anchorage	AK	99501-2343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Capital Management Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>75.00</b>
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 151 / 181

(check only one)  
 11a  11b  11c  12  
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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. <b>Barbara Wong</b>		Date of Receipt M / D / Y 09 / 02 / 2004
Mailing Address 411 W 4th Ave		Transaction ID: 41007.C18182
City Anchorage	State AK	Zip Code 99501-2343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Capital Management Benefits	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. <b>Stephen J. Woolston</b>		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address PO Box 30093		Transaction ID: 0826200416C16980
City Salt Lake City	State UT	Zip Code 84130-0093
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer First Health	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. <b>Stephen J. Woolston</b>		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address PO Box 30093		Transaction ID: 41007.C17700
City Salt Lake City	State UT	Zip Code 84130-0093
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer First Health	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>65.00</b>
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 152 / 181

(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Stephen J. Woolston</b>		Date of Receipt M / D / Y Y Y Y 09 / 30 / 2004	
Mailing Address PD Box 30093		Transaction ID: 41007.C18241	
City Salt Lake City	State UT	Zip Code 84130-0093	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer First Health	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 320.00	
Receipt For: Primary      General Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>B. Dennis Wright</b>		Date of Receipt M / D / Y Y Y Y 07 / 30 / 2004	
Mailing Address 111 East Ludwig Road Suite 108		Transaction ID: 0826200416C17015	
City Fort Wayne	State IN	Zip Code 46825-4240	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer D. Edward Wright, Inc.	Occupation President	Aggregate Year-to-Date ▼ 480.90	
Receipt For: Primary      General Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>C. Dennis Wright</b>		Date of Receipt M / D / Y Y Y Y 08 / 31 / 2004	
Mailing Address 111 East Ludwig Road Suite 108		Transaction ID: 41007.C17744	
City Fort Wayne	State IN	Zip Code 46825-4240	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer D. Edward Wright, Inc.	Occupation President	Aggregate Year-to-Date ▼ 540.90	
Receipt For: Primary      General Other (specify) ▼			

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

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(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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Dennis Wright</b>		Date of Receipt M / D / Y 09 / 30 / 2004
Mailing Address 111 East Ludwig Road Suite 108		Transaction ID: 41007.C18972
City Fort Wayne	State IN	Zip Code 46825-4240
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer D. Edward Wright, Inc.	Occupation President	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 620.90	

Full Name (Last, First, Middle Initial) <b>B. Robert Ziff</b>		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address 17 N Delmorr Ave		Transaction ID: 0826200416C17149
City Morrisville	State PA	Zip Code 19067-6278
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Avanti Ins. & Fin. Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>C. Robert Ziff</b>		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 17 N Delmorr Ave		Transaction ID: 41007.C17919
City Morrisville	State PA	Zip Code 19067-6278
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer Avanti Ins. & Fin. Services	Occupation Health Insurance Agent	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>240.00</b>
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

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(check only one)

<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 - Health Underwriters PAC

Full Name (Last, First, Middle Initial) A. Robert Ziff		Date of Receipt M / D / Y 09 / 30 / 2004	
Mailing Address 17 N Delmorr Ave		Transaction ID: 41007.C18475	
City	State	Zip Code	Amount of Each Receipt this Period
Morrisville	PA	19067-6278	80.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Avanti Ins. & Fin. Services	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 640.00	
Receipt For: Primary      General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) .....	▶	80.00
TOTAL This Period (last page this line number only) .....	▶	35807.00

**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	<input type="checkbox"/>	26
	27		28a		28b		28c		29		30b

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Ovid Bell Press, Inc.</b>		Transaction ID: 41007.E1082 Date of Disbursement 07 / 09 / 2004	
Mailing Address PO Box 370		Amount of Each Disbursement this Period 1401.70	
City Fulton	State MO	Zip Code 65251-0370	Category/ Type  HUPAC AD FOR MAGAZINE
Purpose of Disbursement HUPAC AD FOR MAGAZINE			
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary           General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) <b>B. Amex</b>		Transaction ID: 41007.E1086 Date of Disbursement 07 / 21 / 2004	
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 99.36	
City Phoenix	State AZ	Zip Code 85072-3852	Category/ Type  MONTHLY CREDIT CARD SETTLEMENT FEE
Purpose of Disbursement MONTHLY CREDIT CARD SETTLEMENT FEE			
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary           General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) <b>C. Amex</b>		Transaction ID: 41007.E1097 Date of Disbursement 08 / 21 / 2004	
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 54.22	
City Phoenix	State AZ	Zip Code 85072-3852	Category/ Type  MONTHLY CREDIT CARD SETTLEMENT FEE
Purpose of Disbursement MONTHLY CREDIT CARD SETTLEMENT FEE			
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary           General Other (specify) ▼		
State: District			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1555.28</b>
<b>TOTAL</b> 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	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Amex</b>		Transaction ID: 41007.E1088 Date of Disbursement 09 / 21 / 2004	
Mailing Address PO Box 53852		Amount of Each Disbursement this Period  119.94	
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement MONTHLY CREDIT CARD SETTLEMENT FEE	Category/ Type  MONTHLY CREDIT CARD SETTLEMENT FEE	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary          General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. G. Scott Condos</b>		Transaction ID: 41007.E1083 Date of Disbursement 08 / 10 / 2004	
Mailing Address PO Box 80887		Amount of Each Disbursement this Period  454.82	
City Las Vegas State NV Zip Code 89180-0087	Purpose of Disbursement TRAVEL TO REGION 7 MEETING REIMBURS	Category/ Type  TRAVEL TO REGION 7 MEETING REIMBURS	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary          General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. NAHU</b>		Transaction ID: 41012.E1140 Date of Disbursement 07 / 22 / 2004	
Mailing Address 2000 14th St N Ste. 450		Amount of Each Disbursement this Period  788.82	
City Arlington State VA Zip Code 22201-2508	Purpose of Disbursement MAY OPERATING EXPENSES	Category/ Type  MAY OPERATING EXPENSES	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary          General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1343.68</b>
<b>TOTAL</b> 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 checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
	27		28a		28b		28c		29		30b

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. NAHU</b>		Transaction ID: 41007.E1093 Date of Disbursement 08 / 24 / 2004	
Mailing Address 2000 14th St N Ste. 450		Amount of Each Disbursement this Period 431.93	
City Arlington	State VA	Zip Code 22201-2506	Category/ Type  JUNE/JULY 2004 OPERATING EXPENSES
Purpose of Disbursement JUNE/JULY 2004 OPERATING EXPENSES			
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) <b>B. NAHU</b>		Transaction ID: 41007.E1110 Date of Disbursement 08 / 15 / 2004	
Mailing Address 2000 14th St N Ste. 450		Amount of Each Disbursement this Period 362.22	
City Arlington	State VA	Zip Code 22201-2506	Category/ Type  AUGUST 2004 OPERATING EXPENSES
Purpose of Disbursement AUGUST 2004 OPERATING EXPENSES			
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) <b>C. Nova Information System</b>		Transaction ID: 41007.E1101 Date of Disbursement 07 / 02 / 2004	
Mailing Address 4020 University Dr		Amount of Each Disbursement this Period 504.73	
City Fairfax	State VA	Zip Code 22030-8802	Category/ Type  MONTHLY CREDIT CARD SETTLEMENT FEE
Purpose of Disbursement MONTHLY CREDIT CARD SETTLEMENT FEE			
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **1298.88**

**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	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Nova Information System</b>		Transaction ID: 41007.E1099 Date of Disbursement 08 / 02 / 2004	
Mailing Address 4020 University Dr		Amount of Each Disbursement this Period 672.00	
City Fairfax State VA Zip Code 22030-6802	Purpose of Disbursement MONTHLY CREDIT CARD SETTLEMENT FEE	Category/ Type MONTHLY CREDIT CARD SETTLEMENT FEE	
Candidate Name	Disbursement For: Primary General Other (specify) ▼		
Office Sought: House Senate President State: District			

Full Name (Last, First, Middle Initial) <b>B. Nova Information System</b>		Transaction ID: 41007.E1102 Date of Disbursement 08 / 02 / 2004	
Mailing Address 4020 University Dr		Amount of Each Disbursement this Period 307.00	
City Fairfax State VA Zip Code 22030-6802	Purpose of Disbursement MONTHLY CREDIT CARD SETTLEMENT FEE	Category/ Type MONTHLY CREDIT CARD SETTLEMENT FEE	
Candidate Name	Disbursement For: Primary General Other (specify) ▼		
Office Sought: House Senate President State: District			

Full Name (Last, First, Middle Initial) <b>C. Stuart Shapiro</b>		Transaction ID: 41012.E1139 Date of Disbursement 07 / 13 / 2004	
Mailing Address PO Box 587		Amount of Each Disbursement this Period 532.62	
City Wheeling State IL Zip Code 60090-0587	Purpose of Disbursement CONVENTION TRAVEL REIMBURSEMENT	Category/ Type CONVENTION TRAVEL REIMBURSEMENT	
Candidate Name	Disbursement For: Primary General Other (specify) ▼		
Office Sought: House Senate President State: District			

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **1511.62**

**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	<input type="checkbox"/>	26
	27		28a		28b		28c		29		30b

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Stuart Shapiro</b>			Transaction ID: 41007.E1082 Date of Disbursement 08 / 03 / 2004		
Mailing Address PO Box 587			Amount of Each Disbursement this Period  824.98		
City Wheeling	State IL	Zip Code 60090-0587	Category/ Type  REIMBURSEMENT OF 2004 CON- VENTION EX		
Purpose of Disbursement REIMBURSEMENT OF 2004 CONVENTION EX					
Candidate Name			Amount of Each Disbursement this Period  54.14		
Office Sought: House Senate President	Disbursement For: Primary           General Other (specify) ▼				
State: District			Transaction ID: 41007.E1080 Date of Disbursement 07 / 06 / 2004		
Full Name (Last, First, Middle Initial) <b>B. White House Gear</b>			Amount of Each Disbursement this Period  54.14		
Mailing Address 6020 W Chelsea St			Category/ Type  WHITE HOUSE BATHROBE FOR FUNDRAISER		
City Tampa	State FL	Zip Code 33634-6302			
Purpose of Disbursement WHITE HOUSE BATHROBE FOR FUNDRAISER			Amount of Each Disbursement this Period  879.12		
Candidate Name					
Office Sought: House Senate President	Disbursement For: Primary           General Other (specify) ▼		SUBTOTAL of Disbursements This Page (optional) ..... ▶		
State: District					

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **879.12**  
 TOTAL This Period (last page this line number only) ..... ▶ **6588.58**

**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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Aderholt for Congress</b>		Transaction ID: 41007.E1072 Date of Disbursement 07 / 14 / 2004	
Mailing Address PO Box 1158		Amount of Each Disbursement this Period 1000.00	
City Haleyville	State AL	Zip Code 35565-1158	Category/ Type  POLITICAL CONTRIBUTION
Purpose of Disbursement POLITICAL CONTRIBUTION			
Candidate Name ROBERTB ADERHOLT			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: AL    District: D4			

Full Name (Last, First, Middle Initial) <b>B. Andrews For Congress Committee</b>		Transaction ID: 41007.E1112 Date of Disbursement 09 / 15 / 2004	
Mailing Address 215 4th Ave Suite 200		Amount of Each Disbursement this Period 1000.00	
City Haddon Heights	State NJ	Zip Code 08035-1306	Category/ Type  POLITICAL CONTRIBUTION
Purpose of Disbursement POLITICAL CONTRIBUTION			
Candidate Name ROBERTE ANDREWS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: NJ    District: D1			

Full Name (Last, First, Middle Initial) <b>C. Ashburn Congress Committee</b>		Transaction ID: 41008.E1137 Date of Disbursement 09 / 20 / 2004	
Mailing Address PO Box 11444		Amount of Each Disbursement this Period 1000.00	
City Bakersfield	State CA	Zip Code 93389-1444	Category/ Type  POLITICAL CONTRIBUTION
Purpose of Disbursement POLITICAL CONTRIBUTION			
Candidate Name ROY ASBURN			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: CA    District: 20			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3000.00</b>
<b>TOTAL</b> 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Bishop for Congress</b>		Transaction ID: 41007.E1068 Date of Disbursement 07 / 14 / 2004	
Mailing Address P.O. Box 2002		Amount of Each Disbursement this Period 1000.00	
City Brigham City	State UT	Zip Code 84302-	Category/ Type  POLITICAL CONTRIBUTION
Purpose of Disbursement POLITICAL CONTRIBUTION			
Candidate Name ROBERTWILLIAM BISHOP			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT      District: D1	Disbursement For:      2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Bishop for Congress</b>		Transaction ID: 41007.E1108 Date of Disbursement 09 / 10 / 2004	
Mailing Address P.O. Box 2002		Amount of Each Disbursement this Period 500.00	
City Brigham City	State UT	Zip Code 84302-	Category/ Type  POLITICAL CONTRIBUTION
Purpose of Disbursement POLITICAL CONTRIBUTION			
Candidate Name ROBERTWILLIAM BISHOP			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT      District: D1	Disbursement For:      2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Friends of John Boehner</b>		Transaction ID: 41007.E1085 Date of Disbursement 08 / 10 / 2004	
Mailing Address 7908 Cincinnati Dayton Rd		Amount of Each Disbursement this Period 1000.00	
City West Chester	State OH	Zip Code 45069-8628	Category/ Type  POLITICAL CONTRIBUTION
Purpose of Disbursement POLITICAL CONTRIBUTION			
Candidate Name JOHNA BOEHNER			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH      District: 08	Disbursement For:      2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2500.00</b>
<b>TOTAL</b> 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 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Boren for Congress</b>		Transaction ID: 41007.E1064 Date of Disbursement 07 / 13 / 2004	
Mailing Address PO Box 547		Amount of Each Disbursement this Period 1000.00	
City Okemah State OK Zip Code 74859-0547	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type POLITICAL CONTRIBUTION	
Candidate Name Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: District	Disbursement For: 2004 X Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Boustany for Congress</b>		Transaction ID: 41007.E1127 Date of Disbursement 09 / 21 / 2004	
Mailing Address 2936 Johnston St		Amount of Each Disbursement this Period 500.00	
City Lafayette State LA Zip Code 70503-3246	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type POLITICAL CONTRIBUTION	
Candidate Name CHARLESWJR BOUSTANY	Disbursement For: 2004 X Primary General Other (specify) ▼		
Office Sought: x House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: LA District 07			

Full Name (Last, First, Middle Initial) <b>C. Friends of Melissa Brown</b>		Transaction ID: 41007.E1115 Date of Disbursement 09 / 20 / 2004	
Mailing Address PO Box 49B		Amount of Each Disbursement this Period 1000.00	
City Flouertown State PA Zip Code 19031-049B	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type POLITICAL CONTRIBUTION	
Candidate Name MELISSAM BROWN	Disbursement For: 2004 Primary X General Other (specify) ▼		
Office Sought: x House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: PA District 13			

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **2500.00**

**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER:  
(check only one)

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21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. The Richard Burr Committee</b>		Transaction ID: 41007.E1070 Date of Disbursement 07 / 14 / 2004	
Mailing Address PO Box 5928		Amount of Each Disbursement this Period 1000.00	
City Winston Salem State NC Zip Code 27113-5928	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type POLITICAL CONTRIBUTION	Amount of Each Disbursement this Period 1000.00
Candidate Name RICHARD BURR	Disbursement For: 2004 Primary X General Other (specify) ▼		
Office Sought: House X Senate President State: NC District: D0			

Full Name (Last, First, Middle Initial) <b>B. Cantor For Congress</b>		Transaction ID: 41007.E1094 Date of Disbursement 08 / 26 / 2004	
Mailing Address PO Box 17813		Amount of Each Disbursement this Period 250.00	
City Richmond State VA Zip Code 23226-7813	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type POLITICAL CONTRIBUTION	Amount of Each Disbursement this Period 250.00
Candidate Name ERIC CANTOR	Disbursement For: 2004 Primary X General Other (specify) ▼		
Office Sought: X House Senate President State: VA District: D7			

Full Name (Last, First, Middle Initial) <b>C. Friends of Dennis Cardoza</b>		Transaction ID: 41007.E1109 Date of Disbursement 09 / 10 / 2004	
Mailing Address 499 S Capital St SW Ste. 103		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20003-4040	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type POLITICAL CONTRIBUTION	Amount of Each Disbursement this Period 1000.00
Candidate Name DENNIS CARDOZA	Disbursement For: 2004 Primary X General Other (specify) ▼		
Office Sought: X House Senate President State: CA District: 18			

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **2250.00**

**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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial)  
A. Chandler for Congress

Mailing Address PO Box 12678

City Lexington State KY Zip Code 40583-2678

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
BEN CHANDLER

Office Sought:  House  
Senate  
President

State: KY District: D8

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: 41007.E1105  
Date of Disbursement

09 / 09 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)  
B. Coburn for Senate

Mailing Address P.O. Box 977

City Muskogee State OK Zip Code 74402-

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
THOMASA COBURN

Office Sought: House  
 Senate  
President

State: OK District: D0

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: 41007.E1118  
Date of Disbursement

09 / 20 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)  
C. Crane For Congress Committee

Mailing Address PO Box 8534

City Rolling Meadows State IL Zip Code 60008-8534

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
PHILIPM CRANE

Office Sought:  House  
Senate  
President

State: IL District: D8

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: 41007.E1091  
Date of Disbursement

08 / 19 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

Use separate schedule(s)  
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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Friends of Duke Cunningham</b>		Transaction ID: 41007.E1135 Date of Disbursement 09 / 30 / 2004	
Mailing Address 4710 4th St #100  City La Mesa State CA Zip Code 91941-5385		Amount of Each Disbursement this Period  -500.00	
Purpose of Disbursement STOPPED CHECK		Category/ Type  STOPPED CHECK	
Candidate Name RANDY CUNNINGHAM			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 50	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Charlie Dent for Congress</b>		Transaction ID: 41007.E1075 Date of Disbursement 07 / 14 / 2004	
Mailing Address PO Box 442  City Allentown State PA Zip Code 18105-0442		Amount of Each Disbursement this Period  1000.00	
Purpose of Disbursement POLITICAL CONTRIBUTION		Category/ Type  POLITICAL CONTRIBUTION	
Candidate Name CHARLESWIEDER DENT			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Jim Gerlach for Congress Committee</b>		Transaction ID: 41007.E1085 Date of Disbursement 07 / 13 / 2004	
Mailing Address PO Box 2776  City Arlington State VA Zip Code 22202-0776		Amount of Each Disbursement this Period  1000.00	
Purpose of Disbursement POLITICAL CONTRIBUTION		Category/ Type  POLITICAL CONTRIBUTION	
Candidate Name JIM GERLACH			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) .....	<b>1500.00</b>
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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Gohmert for Congress</b>		Transaction ID: 41007.E1095 Date of Disbursement 08 / 27 / 2004	
Mailing Address PO Box 8060		Amount of Each Disbursement this Period 500.00	
City Tyler	State TX	Zip Code 75711-8060	Category/ Type  POLITICAL CONTRIBUTION
Purpose of Disbursement POLITICAL CONTRIBUTION			
Candidate Name LOUISB.MR.JR. GOHMERT			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: TX      District: 1			

Full Name (Last, First, Middle Initial) <b>B. Hall For Congress Committee</b>		Transaction ID: 41007.E1119 Date of Disbursement 08 / 20 / 2004	
Mailing Address PO Box 711		Amount of Each Disbursement this Period 1000.00	
City Rockwall	State TX	Zip Code 75087-0711	Category/ Type  POLITICAL CONTRIBUTION
Purpose of Disbursement POLITICAL CONTRIBUTION			
Candidate Name RALPHMOODY HALL			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: TX      District: D4			

Full Name (Last, First, Middle Initial) <b>C. Keep Our Majority (KOMPAC)</b>		Transaction ID: 41007.E1090 Date of Disbursement 08 / 12 / 2004	
Mailing Address PO Box 20209		Amount of Each Disbursement this Period 1500.00	
City Alexandria	State VA	Zip Code 22320-1209	Category/ Type  POLITICAL CONTRIBUTION
Purpose of Disbursement POLITICAL CONTRIBUTION			
Candidate Name JDENNIS HASTERT			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: IL      District: 14			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3000.00</b>
<b>TOTAL</b> 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial)  
A. Keep Our Majority (KOMPAC)

Mailing Address PO Box 20209

City Alexandria State VA Zip Code 22320-1209

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
JDENNIS HASTERT

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2004  
Primary  General  
Other (specify) ▼

State: IL District: 14

Transaction ID: 41007.E1074  
Date of Disbursement

07 / 14 / 2004

Amount of Each Disbursement this Period

1500.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)  
B. Friends of Jeb Hensarling

Mailing Address P.O. Box 82064

City Dallas State TX Zip Code 75382

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
THOMASJEB HENSARLING

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2004  
Primary  General  
Other (specify) ▼

State: TX District: 05

Transaction ID: 41007.E1084  
Date of Disbursement

08 / 10 / 2004

Amount of Each Disbursement this Period

500.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)  
C. Stephanie Hersheth for Congress

Mailing Address 1511 8th St S

City Brookings State SD Zip Code 57008-3474

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
STEPHANIE HERSETH

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2004  
Primary  General  
Other (specify) ▼

State: SD District: 00

Transaction ID: 41007.E1089  
Date of Disbursement

08 / 12 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

Use separate schedule(s)  
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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Georgians for Isakson</b>		Transaction ID: 41007.E1087 Date of Disbursement 08 / 12 / 2004	
Mailing Address PO Box 71955		Amount of Each Disbursement this Period 1000.00	
City Marietta State GA Zip Code 30007-1955	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type POLITICAL CONTRIBUTION	
Candidate Name JOHNHARDY ISAKSON			
Office Sought: House X Senate President State: GA District: D0	Disbursement For: 2004 Primary X General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Virginia Johnson for Congress</b>		Transaction ID: 41007.E1081 Date of Disbursement 07 / 09 / 2004	
Mailing Address PO Box 9284		Amount of Each Disbursement this Period 500.00	
City Greensboro State NC Zip Code 27420-0284	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type POLITICAL CONTRIBUTION	
Candidate Name VIRGINIAHURT JOHNSON			
Office Sought: X House Senate President State: NC District: 13	Disbursement For: 2004 Primary X General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Stephanie Tubbs Jones for U.S. Congress</b>		Transaction ID: 41007.E1125 Date of Disbursement 09 / 21 / 2004	
Mailing Address 611 Pennsylvania Ave SE Suite 353		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20003-4303	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type POLITICAL CONTRIBUTION	
Candidate Name STEPHANIE TUBBS JONES			
Office Sought: X House Senate President State: OH District: 11	Disbursement For: 2004 Primary X General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2500.00</b>
<b>TOTAL</b> 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Kolbe 2002</b>		Transaction ID: 41007.E1130 Date of Disbursement 09 / 28 / 2004	
Mailing Address PO Box 31568		Amount of Each Disbursement this Period 1000.00	
City Tucson State AZ Zip Code 85751-1568	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type	POLITICAL CONTRIBUTION
Candidate Name JAMEST KOLBE	Disbursement For: 2004 Primary X General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District D8			

Full Name (Last, First, Middle Initial) <b>B. Kolbe 2002</b>		Transaction ID: 41007.E1078 Date of Disbursement 07 / 20 / 2004	
Mailing Address PO Box 31568		Amount of Each Disbursement this Period 500.00	
City Tucson State AZ Zip Code 85751-1568	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type	POLITICAL CONTRIBUTION
Candidate Name JAMEST KOLBE	Disbursement For: 2004 X Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District D8			

Full Name (Last, First, Middle Initial) <b>C. Friends of Connie Mack</b>		Transaction ID: 41007.E1131 Date of Disbursement 09 / 30 / 2004	
Mailing Address 5100 S Cleveland Ave Ste. 318		Amount of Each Disbursement this Period 1000.00	
City Fort Myers State FL Zip Code 33907-2191	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type	POLITICAL CONTRIBUTION
Candidate Name CONNIE MACK	Disbursement For: 2004 Primary X General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District 14			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2500.00</b>
<b>TOTAL</b> 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 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial)  
A. Martinez for Senate

Mailing Address PO Box 536176

City Orlando State FL Zip Code 32853-8176

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
MEL MARTINEZ

Office Sought: House Disbursement For: 2004  
 Senate Primary  General  
President Other (specify) ▼

State: FL District: D0

Category/  
Type

Transaction ID: 41007.E1116  
Date of Disbursement

09 / 20 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)  
B. Matheson For Congress

Mailing Address 677 S 200 W

City Salt Lake City State UT Zip Code 84101-2712

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
JIMMR. MATHESON

Office Sought:  House Disbursement For: 2004  
Senate Primary  General  
President Other (specify) ▼

State: UT District: D2

Category/  
Type

Transaction ID: 41007.E1056  
Date of Disbursement

07 / 06 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)  
C. McCrery for Congress

Mailing Address 10815 Longfellow Trce

City Shreveport State LA Zip Code 71108-9341

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
JAMESOTISIII MCCRERY

Office Sought:  House Disbursement For: 2004  
Senate  Primary General  
President Other (specify) ▼

State: LA District: D4

Category/  
Type

Transaction ID: 41007.E1129  
Date of Disbursement

09 / 22 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial)  
A. Moore For Congress

Mailing Address PO Box 75214

City Washington State DC Zip Code 20013-0214

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
DENNIS MOORE

Office Sought:  House  
Senate  
President  
State: KS District: D3

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: 41007.E1088  
Date of Disbursement

08 / 12 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)  
B. Tim Murphy for Congress

Mailing Address 128 N Columbus St

City Alexandria State VA Zip Code 22314-3038

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
TIM MURPHY

Office Sought:  House  
Senate  
President  
State: PA District: 18

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: 41007.E1124  
Date of Disbursement

08 / 21 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)  
C. Nethercutt For Senate

Mailing Address 801 W Riverside Ave

City Spokane State WA Zip Code 99201-0628

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
GEORGER NETHERCUTT

Office Sought: House  
 Senate  
President  
State: WA District: 00

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: 41007.E1123  
Date of Disbursement

08 / 21 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial)  
A. Northup For Congress

Mailing Address PO Box 7313

City Louisville State KY Zip Code 40257-0313

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
ANNEM NORTHUP

Office Sought:  House  
Senate  
President

State: KY District: D3

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: 41007.E1132  
Date of Disbursement

09 / 30 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)  
B. Obama for Illinois

Mailing Address PO Box 802788

City Chicago State IL Zip Code 60680-2788

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
BARACK OBAMA

Office Sought: House  
 Senate  
President

State: IL District: D0

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: 41007.E1122  
Date of Disbursement

09 / 20 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)  
C. Marvin Parks for Congress

Mailing Address PO Box 2917

City Little Rock State AR Zip Code 72203-2917

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
MARVIN PARKS

Office Sought:  House  
Senate  
President

State: AR District: D2

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: 41007.E1113  
Date of Disbursement

09 / 15 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

Use separate schedule(s)  
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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial)  
A. Friends of Joe Pitts

Mailing Address PO Box 2776

City Arlington State VA Zip Code 22202-0776

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
JOSEPHR PITTS

Office Sought:  House  
Senate  
President  
State: PA District 16

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: 41007.E1126  
Date of Disbursement

09 / 21 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)  
B. Pomeroy for Congress

Mailing Address PO Box 746

City Bismarck State ND Zip Code 58502-0746

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
EARLRALPH POMEROY

Office Sought:  House  
Senate  
President  
State: ND District 00

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: 41007.E1111  
Date of Disbursement

09 / 15 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)  
C. Price for Congress

Mailing Address PO Box 425

City Roswell State GA Zip Code 30077-0425

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
THOMASEDMUNDS PRICE

Office Sought:  House  
Senate  
President  
State: GA District 06

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: 41007.E1121  
Date of Disbursement

09 / 20 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

Use separate schedule(s)  
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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. PRYCE Project</b>		Transaction ID: 41007.E1081 Date of Disbursement 07 / 27 / 2004	
Mailing Address 1155 21st St NW Suite 33D		Amount of Each Disbursement this Period 1500.00	
City Washington	State DC	Zip Code 20036-3308	Category/ Type  POLITICAL CONTRIBUTION
Purpose of Disbursement POLITICAL CONTRIBUTION			
Candidate Name DEBORAH D PRYCE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: OH    District: 15			

Full Name (Last, First, Middle Initial) <b>B. Jim Ramstad Volunteer Committee</b>		Transaction ID: 41007.E1128 Date of Disbursement 09 / 21 / 2004	
Mailing Address 1809 Plymouth Rd Ste. 310		Amount of Each Disbursement this Period 1000.00	
City Hopkins	State MN	Zip Code 55305-1080	Category/ Type  POLITICAL CONTRIBUTION
Purpose of Disbursement POLITICAL CONTRIBUTION			
Candidate Name JAMES M RAMSTAD			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: MN    District: 03			

Full Name (Last, First, Middle Initial) <b>C. Care PAC</b>		Transaction ID: 41008.E1138 Date of Disbursement 09 / 30 / 2004	
Mailing Address 228 S Washington St		Amount of Each Disbursement this Period -1000.00	
City Alexandria	State VA	Zip Code 22314-5404	Category/ Type  STOPPED CHECK
Purpose of Disbursement STOPPED CHECK			
Candidate Name RALPH S REGULA			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: OH    District: 16			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1500.00</b>
<b>TOTAL</b> 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Mike Ross for Congress</b>		Transaction ID: 41007.E1069 Date of Disbursement 07 / 14 / 2004	
Mailing Address PO Box 350		Amount of Each Disbursement this Period 500.00	
City Prescott State AR Zip Code 71857-0350	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type POLITICAL CONTRIBUTION	
Candidate Name MICHAELAVERY ROSS	Disbursement For: 2004 Primary X General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: D4			

Full Name (Last, First, Middle Initial) <b>B. Schaffer for U.S. Senate</b>		Transaction ID: 41007.E1059 Date of Disbursement 07 / 06 / 2004	
Mailing Address 6786 S Revere Pkwy		Amount of Each Disbursement this Period 1000.00	
City Englewood State CO Zip Code 80112-3007	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type POLITICAL CONTRIBUTION	
Candidate Name ROBERTW SCHAFFER	Disbursement For: 2004 X Primary General Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: D0			

Full Name (Last, First, Middle Initial) <b>C. Shays for Congress</b>		Transaction ID: 41007.E1120 Date of Disbursement 09 / 20 / 2004	
Mailing Address 88 Avenue A		Amount of Each Disbursement this Period 1000.00	
City Norwalk State CT Zip Code 06854-2622	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type POLITICAL CONTRIBUTION	
Candidate Name CHRISTOPHER SHAYS	Disbursement For: 2004 Primary X General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: D4			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2500.00</b>
<b>TOTAL</b> 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Sullivan for Congress</b>		Transaction ID: 41007.E1073 Date of Disbursement 07 / 14 / 2004	
Mailing Address PO Box 2776		Amount of Each Disbursement this Period 1000.00	
City Arlington	State VA	Zip Code 22202-0776	Category/ Type  POLITICAL CONTRIBUTION
Purpose of Disbursement POLITICAL CONTRIBUTION			
Candidate Name JOHN SULLIVAN			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK      District: D1	Disbursement For:      2004 <input checked="" type="checkbox"/> Primary              General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ellen Tauscher for Congress</b>		Transaction ID: 41007.E1092 Date of Disbursement 08 / 19 / 2004	
Mailing Address PO Box 1285		Amount of Each Disbursement this Period 1000.00	
City Alamo	State CA	Zip Code 04507-7285	Category/ Type  POLITICAL CONTRIBUTION
Purpose of Disbursement POLITICAL CONTRIBUTION			
Candidate Name ELLENO TAUSCHER			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA      District: 10	Disbursement For:      2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Tauzin for Congress</b>		Transaction ID: 41007.E1077 Date of Disbursement 07 / 20 / 2004	
Mailing Address PO Box 647		Amount of Each Disbursement this Period 1000.00	
City Thibodaux	State LA	Zip Code 70302-0647	Category/ Type  POLITICAL CONTRIBUTION
Purpose of Disbursement POLITICAL CONTRIBUTION			
Candidate Name WILBERTJII TAUZIN			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA      District: 03	Disbursement For:      2004 <input checked="" type="checkbox"/> Primary              General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> 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 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Tauzin for Congress</b>		Transaction ID: 41007.E1134 Date of Disbursement 09 / 30 / 2004	
Mailing Address PO Box 647		Amount of Each Disbursement this Period -1000.00	
City Thibodaux State LA Zip Code 70302-0647	Purpose of Disbursement VOIDED CHECK	Category/ Type	VOIDED CHECK
Candidate Name WILBERTJII TAUZIN	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District D3			

Full Name (Last, First, Middle Initial) <b>B. Bill Thomas Campaign Committee</b>		Transaction ID: 41007.E1087 Date of Disbursement 07 / 13 / 2004	
Mailing Address PO Box 395		Amount of Each Disbursement this Period 1000.00	
City Bakersfield State CA Zip Code 09302-0905	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type	POLITICAL CONTRIBUTION
Candidate Name WILLIAMMARSHALL THOMAS	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District 22			

Full Name (Last, First, Middle Initial) <b>C. Thompson for Congress, Inc.</b>		Transaction ID: 41007.E1086 Date of Disbursement 08 / 10 / 2004	
Mailing Address PO Box 93832		Amount of Each Disbursement this Period 500.00	
City Des Moines State IA Zip Code 50393-3932	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type	POLITICAL CONTRIBUTION
Candidate Name STANLEYJ THOMPSON	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District 03			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
for each category of the  
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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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial)

A. Triplett for the Ninth

Mailing Address 19401 Stirrup Dr

City Abingdon State VA Zip Code 24211-6769

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
KEVINR. TRIPLETT

Category/  
Type

Office Sought:  House  
Senate  
President  
Disbursement For: 2004  
Primary  General  
Other (specify) ▼

State: VA District: D9

Transaction ID: 41007.E1114

Date of Disbursement

09 / 15 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Re-Elect Nydia Velazquez to Congress

Mailing Address 436 New Jersey Ave SE

City Washington State DC Zip Code 20003-4055

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
NYDIAM VELAZQUEZ

Category/  
Type

Office Sought:  House  
Senate  
President  
Disbursement For: 2004  
 Primary General  
Other (specify) ▼

State: NY District: 12

Transaction ID: 41007.E1058

Date of Disbursement

07 / 06 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. Westmoreland for Congress

Mailing Address PO Box 45B

City Sharpsburg State GA Zip Code 30277-045B

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
LYNNA WESTMORELAND

Category/  
Type

Office Sought:  House  
Senate  
President  
Disbursement For: 2004  
Primary  General  
Other (specify) ▼

State: GA District: D8

Transaction ID: 41007.E1117

Date of Disbursement

09 / 20 / 2004

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial) <b>A. Wilson for Congress</b>		Transaction ID: 41007.E1086 Date of Disbursement 07 / 13 / 2004	
Mailing Address PO Box 14070		Amount of Each Disbursement this Period 1000.00	
City Albuquerque State NM Zip Code 87191-4070	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type	POLITICAL CONTRIBUTION
Candidate Name HEATHERA WILSON	Disbursement For: 2004 Primary X General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM      District: D1			

Full Name (Last, First, Middle Initial) <b>B. Wohlgemuth For Congress</b>		Transaction ID: 41007.E1080 Date of Disbursement 07 / 27 / 2004	
Mailing Address PO Box 878		Amount of Each Disbursement this Period 1000.00	
City Burleson State TX Zip Code 76007-0878	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type	POLITICAL CONTRIBUTION
Candidate Name AARLENE WOHLGEMUTH	Disbursement For: 2004 Primary X General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX      District: 17			

SUBTOTAL of Disbursements This Page (optional) .....	▶	2000.00
TOTAL This Period (last page this line number only) .....	▶	50250.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

**A.** Full Name (Last, First, Middle Initial)  
Patrick Ballantine for Governor

Mailing Address PO Box 10958

City Raleigh State NC Zip Code 27605-0958

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name

Office Sought: House Senate President Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Category/Type

Transaction ID: 41007.E1107  
Date of Disbursement  
09 / 09 / 2004

Amount of Each Disbursement this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Missourians for Matt Blunt, Inc.

Mailing Address PO Box 695

City Jefferson City State MO Zip Code 65102-0695

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name

Office Sought: House Senate President Disbursement For: 2004 X Primary General Other (specify) ▼

State: District

Category/Type

Transaction ID: 41007.E1071  
Date of Disbursement  
07 / 14 / 2004

Amount of Each Disbursement this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Jim Long Election Committee

Mailing Address PO Box 10343

City Raleigh State NC Zip Code 27605-0343

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name

Office Sought: House Senate President Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Category/Type

Transaction ID: 41007.E1106  
Date of Disbursement  
09 / 09 / 2004

Amount of Each Disbursement this Period  
1000.00

**SUBTOTAL** of Disbursements This Page (optional) ▶ **3000.00**

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

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

Use separate schedule(s)  
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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Association of Health Underwriters - Health Underwriters PAC

Full Name (Last, First, Middle Initial)  
A. Rossi for Governor

Transaction ID: 41007.E1076  
Date of Disbursement

Mailing Address 15100 SE 38th St  
#715

07 / 20 / 2004

City Bellevue State WA Zip Code 98006-1728

Amount of Each Disbursement this Period

Purpose of Disbursement  
POLITICAL CONTRIBUTION

1000.00

Candidate Name

Category/  
Type

Office Sought: House Senate President  
Disbursement For: 2004  
X Primary General  
Other (specify) ▼

State: District

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

4000.00