

**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 - HUPAC

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

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

C00283135

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

4. TYPE OF REPORT (Choose One)	(a) Quarterly Reports:	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	April 15 Quarterly Report(Q1)	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)	
	July 15 Quarterly Report(Q2)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)	
	October 15 Quarterly Report(Q3)	(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Runoff (12R)	
	X January 31 Quarterly Report(YE)	Report for the:	Convention (12C)	Special (12G)		
	July 31 Mid-Year Report(Non-election Year Only) (MY)	Election on			in the State of	
	Termination Report (TER)	(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 2003 through 12 31 2003

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

Type or Print Name of Treasurer Kevin Corcoran, CAE

Signature of Treasurer Electronically Filed by Kevin Corcoran, CAE Date 01 30 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							
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SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
 NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Report Covering the Period: From: ^M07 ^D01 ^Y2003 To: ^M12 ^D31 ^Y2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2003 ^M ^D		48519.92
(b) Cash on Hand at Beginning of Reporting Period	52845.10	
(c) Total Receipts (from Line 19)	90733.75	199200.83
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	143578.85	247720.75
<hr/>		
7. Total Disbursements (from Line 31)	99370.33	203512.23
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	44208.52	44208.52
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
<hr/>		
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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Page 3

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Report Covering the Period: From: ^M07 ^D01 ^Y2003 To: ^M12 ^D31 ^Y2003

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)	43900.00	
(ii) Unitemized	39333.75	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	83233.75	182200.83
(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)	83233.75	182200.83
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	7500.00	17000.00
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))	90733.75	199200.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	90733.75	199200.83

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.....	20888.33	46059.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	20888.33	46059.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	75450.00	154410.34
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.....	32.00	42.00
(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))..... ▶	32.00	42.00
29. Other Disbursements.....	3000.00	3000.00
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))..	99370.33	203512.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(i) from Line 31).....	99370.33	203512.23

DETAILED SUMMARY PAGE
of Disbursements

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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)	83233.75	182200.83
34. Total Contribution Refunds (from Line 28(d))	32.00	42.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	83201.75	182158.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	20888.33	46059.89
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	20888.33	46059.89

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 300	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Terri D. Adams		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address P.O. Box 1290		Transaction ID: SA11A1.19502
City Prairieville	State LA	Zip Code 70769-1290
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Strategies	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. Terri D. Adams		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address P.O. Box 1290		Transaction ID: SA11A1.19713
City Prairieville	State LA	Zip Code 70769-1290
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Strategies	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. Terri D. Adams		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address P.O. Box 1290		Transaction ID: SA11A1.19975
City Prairieville	State LA	Zip Code 70769-1290
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Strategies	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 300	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Terri D. Adams		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address P.O. Box 1290		Transaction ID: SA11A1.20221
City Prairieville	State LA	Zip Code 70769-1290
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Strategies	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Terri D. Adams		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address P.O. Box 1290		Transaction ID: SA11A1.20479
City Prairieville	State LA	Zip Code 70769-1290
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Strategies	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) C. Terri D. Adams		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address P.O. Box 1290		Transaction ID: SA11A1.20731
City Prairieville	State LA	Zip Code 70769-1290
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Benefit Strategies	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Stephen Andersen		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 7431 O Street		Transaction ID: SA11A1.18958
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Stephen Andersen		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 7431 O Street		Transaction ID: SA11A1.19142
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. Stephen Andersen		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 7431 O Street		Transaction ID: SA11A1.19328
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 300	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. William Anderson		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address 498 Palm Springs Drive Suite 210		Transaction ID: SA11A1.18429
City Altamonte Springs	State FL	Zip Code 32701-7805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Port	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	260.00

Full Name (Last, First, Middle Initial) B. William Anderson		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 498 Palm Springs Drive Suite 210		Transaction ID: SA11A1.19503
City Altamonte Springs	State FL	Zip Code 32701-7805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Port	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	280.00

Full Name (Last, First, Middle Initial) C. William Anderson		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address 498 Palm Springs Drive Suite 210		Transaction ID: SA11A1.18800
City Altamonte Springs	State FL	Zip Code 32701-7805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Port	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	300.00

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. William Anderson		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address 498 Palm Springs Drive Suite 210		Transaction ID: SA11A1.18776
City Altamonte Springs	State FL	Zip Code 32701-7805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Port	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	320.00

Full Name (Last, First, Middle Initial) B. William Anderson		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 498 Palm Springs Drive Suite 210		Transaction ID: SA11A1.18959
City Altamonte Springs	State FL	Zip Code 32701-7805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Port	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	340.00

Full Name (Last, First, Middle Initial) C. William Anderson		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 498 Palm Springs Drive Suite 210		Transaction ID: SA11A1.19143
City Altamonte Springs	State FL	Zip Code 32701-7805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Port	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	360.00

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. William Anderson		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 498 Palm Springs Drive Suite 210		Transaction ID: SA11A1.19327
City Altamonte Springs	State FL	Zip Code 32701-7805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefit Plan	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) B. Patrick Ashe		Date of Receipt M / D / Y 08 / 15 / 2003
Mailing Address 475 River Bend Road #500		Transaction ID: SA11A1.21528
City Naperville	State IL	Zip Code 60540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Benefit Plan	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	

Full Name (Last, First, Middle Initial) C. Elizabeth Ashmore		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address 7806 University Avenue #B		Transaction ID: SA11A1.18430
City Lubbock	State TX	Zip Code 79423-2128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Benefit Plan	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional)	1120.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Elizabeth Ashmore		Date of Receipt M / D / Y 07 / 03 / 2003
Mailing Address 7806 University Avenue #B		Transaction ID: SA11A1.21020
City Lubbock	State TX	Zip Code 79423-2128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ashmore Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. Elizabeth Ashmore		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address 7806 University Avenue #B		Transaction ID: SA11A1.18601
City Lubbock	State TX	Zip Code 79423-2128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ashmore Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) C. Elizabeth Ashmore		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address 7806 University Avenue #B		Transaction ID: SA11A1.18777
City Lubbock	State TX	Zip Code 79423-2128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ashmore Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Elizabeth Ashmore		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 7806 University Avenue #B		Transaction ID: SA11A1.18980
City Lubbock	State TX	Zip Code 79423-2128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ashmore Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) B. Elizabeth Ashmore		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 7806 University Avenue #B		Transaction ID: SA11A1.19144
City Lubbock	State TX	Zip Code 79423-2128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ashmore Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) C. Elizabeth Ashmore		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 7806 University Avenue #B		Transaction ID: SA11A1.19328
City Lubbock	State TX	Zip Code 79423-2128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Ashmore Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Ginger Ashton		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 1900 Electric Road		Transaction ID: SA11A1.19145
City Salem	State VA	Zip Code 24153-7456
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer HCA Hospitals Southwest Virginia	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Ginger Ashton		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 1900 Electric Road		Transaction ID: SA11A1.19329
City Salem	State VA	Zip Code 24153-7456
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer HCA Hospitals Southwest Virginia	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Randy Ayers		Date of Receipt M / D / Y 08 / 15 / 2003
Mailing Address 2700 E. Dublin Granville #380		Transaction ID: SA11A1.21530
City Columbus	State OH	Zip Code 43231
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer National United Brokers, Inc	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00	

SUBTOTAL of Receipts This Page (optional)	▶	520.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. David S. Ayre		Date of Receipt M / D / Y 08 / 28 / 2008
Mailing Address 8340 South 3000 East #500		Transaction ID: SA11A1.19718
City Salt Lake City	State UT	Zip Code 84121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Intermountain Financial Benefit	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. David S. Ayre		Date of Receipt M / D / Y 09 / 28 / 2008
Mailing Address 8340 South 3000 East #500		Transaction ID: SA11A1.19978
City Salt Lake City	State UT	Zip Code 84121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Intermountain Financial Benefit	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. David S. Ayre		Date of Receipt M / D / Y 10 / 30 / 2008
Mailing Address 8340 South 3000 East #500		Transaction ID: SA11A1.20225
City Salt Lake City	State UT	Zip Code 84121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Intermountain Financial Benefit	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	240.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. David S. Ayre		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 8340 South 3000 East #500		Transaction ID: SA11A1.20482
City Salt Lake City	State UT	Zip Code 84121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Intermountain Financial Benefit	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) B. David S. Ayre		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 8340 South 3000 East #500		Transaction ID: SA11A1.20734
City Salt Lake City	State UT	Zip Code 84121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Intermountain Financial Benefit	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

Full Name (Last, First, Middle Initial) C. Kety L. Becerra		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 2921 Gold Street		Transaction ID: SA11A1.19148
City Omaha	State NE	Zip Code 68105-5223
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	▶	180.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Kely L. Becerra		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 2921 Gold Street		Transaction ID: SA11A1.19332
City Omaha	State NE	Zip Code 68105-3223
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Ann Bel		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 1881 Shoreline Drive Suite 100		Transaction ID: SA11A1.18965
City Boise	State ID	Zip Code 83702-6746
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Higgins & Rutledge Insurance, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Ann Bel		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 1881 Shoreline Drive Suite 100		Transaction ID: SA11A1.19149
City Boise	State ID	Zip Code 83702-6746
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Higgins & Rutledge Insurance, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	▶	50.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Ann Bell		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 1881 Shoreline Drive Suite 100		Transaction ID: SA11A1.19333
City State Zip Code Boise ID 83702-6746	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 15.00
Name of Employer Higgins & Rutledge Insurance, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Robin H. Bennett		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 201 Executive Center Drive Suite 300		Transaction ID: SA11A1.20490
City State Zip Code Columbia SC 29210-8406	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00
Name of Employer Carolina Care Plan, Inc.	Occupation Senior Account Executive	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Robin H. Bennett		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 201 Executive Center Drive Suite 300		Transaction ID: SA11A1.20742
City State Zip Code Columbia SC 29210-8406	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00
Name of Employer Carolina Care Plan, Inc.	Occupation Senior Account Executive	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	55.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Kris Biejack		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 8075 Poplar Avenue Suite 221		Transaction ID: SA11A1.19151
City Memphis	State TN	Zip Code 38119-0113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Humana	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Kris Biejack		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 8075 Poplar Avenue Suite 221		Transaction ID: SA11A1.19335
City Memphis	State TN	Zip Code 38119-0113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Humana	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Tracy Q. Bradford		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 888 Ridgeway Loop Road Suite 200		Transaction ID: SA11A1.19518
City Memphis	State TN	Zip Code 38120-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Clay & Land Insurance, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts TN's Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 300	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Tracy Q. Bradford		Date of Receipt M / D / Y 08 / 28 / 2008
Mailing Address 888 Ridgeway Loop Road Suite 200		Transaction ID: SA11A1.19737
City Memphis	State TN	Zip Code 38120-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Clay & Land Insurance, In- c.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00	

Full Name (Last, First, Middle Initial) B. Tracy Q. Bradford		Date of Receipt M / D / Y 09 / 28 / 2008
Mailing Address 888 Ridgeway Loop Road Suite 200		Transaction ID: SA11A1.19994
City Memphis	State TN	Zip Code 38120-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Clay & Land Insurance, In- c.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

Full Name (Last, First, Middle Initial) C. Tracy Q. Bradford		Date of Receipt M / D / Y 10 / 30 / 2008
Mailing Address 888 Ridgeway Loop Road Suite 200		Transaction ID: SA11A1.20240
City Memphis	State TN	Zip Code 38120-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Clay & Land Insurance, In- c.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

SUBTOTAL of Receipts TN's Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. Tracy Q. Bradford		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 866 Ridgeway Loop Road Suite 200		Transaction ID: SA11A1.20499
City Memphis	State TN	Zip Code 38120-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Clay & Land Insurance, In- c.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

Full Name (Last, First, Middle Initial) B. Tracy Q. Bradford		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 866 Ridgeway Loop Road Suite 200		Transaction ID: SA11A1.20751
City Memphis	State TN	Zip Code 38120-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Clay & Land Insurance, In- c.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) C. Shawn Breathers		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 110 Old Padonia Road Suite 2D1		Transaction ID: SA11A1.20500
City Cockeysville	State MD	Zip Code 21030-4549
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Wye/Oak Insurance	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts TN's Page (optional)	60.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Shawn Brashears		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 110 Old Padonia Road Suite 201		Transaction ID: SA11A1.20752
City Cockeysville	State MD	Zip Code 21030-4849
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Wye/Oak Insurance	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. D.Richard Broadbent		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 40 West Cache Valley Blvd. Suite 3-A		Transaction ID: SA11A1.20501
City Logan	State UT	Zip Code 84341-8450
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Broadbent Financial Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. D.Richard Broadbent		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 40 West Cache Valley Blvd. Suite 3-A		Transaction ID: SA11A1.20753
City Logan	State UT	Zip Code 84341-8450
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Broadbent Financial Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. Eleanor M. Brockhurst		Date of Receipt M / D / Y 07 / 01 / 2003
Mailing Address 1212 East Osborn Road Suite 110		Transaction ID: SA11A1.21453
City Phoenix	State AZ	Zip Code 85014-5533
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.00
Name of Employer Brockhurst & Associates, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

Full Name (Last, First, Middle Initial) B. Eleanor M. Brockhurst		Date of Receipt M / D / Y 07 / 03 / 2003
Mailing Address 1212 East Osborn Road Suite 110		Transaction ID: SA11A1.21026
City Phoenix	State AZ	Zip Code 85014-5533
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Brockhurst & Associates, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) C. Leroy Bryant		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address P.O. Box 36210		Transaction ID: SA11A1.20754
City Richmond	State VA	Zip Code 23235-6004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Bryant Consulting Group, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	▶	140.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Thomas Bryon		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 878D Mastin Street Suite F		Transaction ID: SA11A1.20755
City Overland Park	State KS	Zip Code 66212-4789
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer S S & G and Associates, In- c.	Occupation President/Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Anthony Buechler		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 1203 Colonil Circle		Transaction ID: SA11A1.20505
City Papillion	State NE	Zip Code 68046-6109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Buechler Insurance Servic- es	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Anthony Buechler		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 1203 Colonil Circle		Transaction ID: SA11A1.20756
City Papillion	State NE	Zip Code 68046-6109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Buechler Insurance Servic- es	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	40.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Joan Bumgarner		Date of Receipt M / D / Y 08 / 13 / 2008
Mailing Address 16830 Ventura Blvd. Suite 360		Transaction ID: SA11A1.21506
City Encino	State CA	Zip Code 91436-1711
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Word & Brown Insurance Administrators	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Jennifer Bundy-Cobb		Date of Receipt M / D / Y 11 / 03 / 2008
Mailing Address 1600 A Street Suite 3D1		Transaction ID: SA11A1.19158
City Anchorage	State AK	Zip Code 99501-5148
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer The Wilson Agency, LLC	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Jennifer Bundy-Cobb		Date of Receipt M / D / Y 12 / 02 / 2008
Mailing Address 1600 A Street Suite 3D1		Transaction ID: SA11A1.19342
City Anchorage	State AK	Zip Code 99501-5148
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer The Wilson Agency, LLC	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	140.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Christine F. Burns		Date of Receipt M / D / Y 09 / 04 / 2003
Mailing Address 4300 S. I-10 Service Road West #216		Transaction ID: SA11A1.21566
City State Zip Code Metairie LA 70001	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 65.00
Name of Employer Comprehensive Insurance Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00	

Full Name (Last, First, Middle Initial) B. Lesley H. Burnham		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address P.O. Box 46700		Transaction ID: SA11A1.20506
City State Zip Code Greensboro NC 27420-6700	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10.00
Name of Employer United Healthcare of North Carolina	Occupation Small Business Account Executive	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Lesley H. Burnham		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address P.O. Box 46700		Transaction ID: SA11A1.20757
City State Zip Code Greensboro NC 27420-6700	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10.00
Name of Employer United Healthcare of North Carolina	Occupation Small Business Account Executive	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	▶	85.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Jo Anne Burris		Date of Receipt M / D / Y 10 / 09 / 2003
Mailing Address P.O. Box 251		Transaction ID: SA11A1.21969
City Sheboygan	State WI	Zip Code 53082-0251
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer LMT Maritime Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

Full Name (Last, First, Middle Initial) B. Paul Butler		Date of Receipt M / D / Y 08 / 26 / 2003
Mailing Address 253B North Lincoln Avenue		Transaction ID: SA11A1.21551
City Chicago	State IL	Zip Code 60614-2332
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Serpe Insurance Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Tim Byme		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address 3113 W. Beltline Highway		Transaction ID: SA11A1.18791
City Madison	State WI	Zip Code 53713
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Morlenson, Matzelle & Mel-drum	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	▶	360.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. Tim Byme		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 3113 W. Beltline Highway		Transaction ID: SA11A1.18976
City Madison	State WI	Zip Code 53713
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Morlenson, Matzelle & Mel-drum	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Tim Byme		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 3113 W. Beltline Highway		Transaction ID: SA11A1.19159
City Madison	State WI	Zip Code 53713
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Morlenson, Matzelle & Mel-drum	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. Tim Byme		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 3113 W. Beltline Highway		Transaction ID: SA11A1.19344
City Madison	State WI	Zip Code 53713
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Morlenson, Matzelle & Mel-drum	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 300	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. D. Bailey Calvin		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address 445 E. 5th Avenue		Transaction ID: SA11A1.18447
City Anchorage	State AK	Zip Code 99501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Calco, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. D. Bailey Calvin		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address 445 E. 5th Avenue		Transaction ID: SA11A1.18618
City Anchorage	State AK	Zip Code 99501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Calco, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. D. Bailey Calvin		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address 445 E. 5th Avenue		Transaction ID: SA11A1.18794
City Anchorage	State AK	Zip Code 99501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Calco, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. D. Bailey Calvin		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 445 E. 5th Avenue		Transaction ID: SA11A1.18979
City Anchorage	State AK	Zip Code 99501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Calco, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. D. Bailey Calvin		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 445 E. 5th Avenue		Transaction ID: SA11A1.19162
City Anchorage	State AK	Zip Code 99501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Calco, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) C. D. Bailey Calvin		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 445 E. 5th Avenue		Transaction ID: SA11A1.19348
City Anchorage	State AK	Zip Code 99501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Calco, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Sarah Canez		Date of Receipt M / D / Y 07 / 03 / 2003
Mailing Address 7700 Broadway Street Suite 201		Transaction ID: SA11A1.21489
City San Antonio	State TX	
Zip Code 78209-3220		
FEC ID number of contributing federal political committee. C		
Name of Employer Canez Gunter Insurance & Benefits	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) B. Sarah Canez		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 7700 Broadway Street Suite 201		Transaction ID: SA11A1.19524
City San Antonio	State TX	
Zip Code 78209-3220		
FEC ID number of contributing federal political committee. C		
Name of Employer Canez Gunter Insurance & Benefits	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

Full Name (Last, First, Middle Initial) C. Sarah Canez		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 7700 Broadway Street Suite 201		Transaction ID: SA11A1.19745
City San Antonio	State TX	
Zip Code 78209-3220		
FEC ID number of contributing federal political committee. C		
Name of Employer Canez Gunter Insurance & Benefits	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

SUBTOTAL of Receipts This Page (optional)	90.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Sarah Canez		Date of Receipt M / D / Y 09 / 20 / 2003
Mailing Address 7700 Broadway Street Suite 201		Transaction ID: SA11A1.20003
City San Antonio	State TX	Zip Code 78209-3220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Canez Gunter Insurance & Benefits	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Sarah Canez		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 7700 Broadway Street Suite 201		Transaction ID: SA11A1.20247
City San Antonio	State TX	Zip Code 78209-3220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Canez Gunter Insurance & Benefits	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

Full Name (Last, First, Middle Initial) C. Sarah Canez		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 7700 Broadway Street Suite 201		Transaction ID: SA11A1.20508
City San Antonio	State TX	Zip Code 78209-3220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Canez Gunter Insurance & Benefits	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Sarah Canez		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 7700 Broadway Street Suite 201		Transaction ID: SA11A1.20759
City San Antonio	State TX	Zip Code 78209-3220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Canez Gunter Insurance & Benefits	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	

Full Name (Last, First, Middle Initial) B. Prant Castle		Date of Receipt M / D / Y 09 / 04 / 2003
Mailing Address 104 Vivian Street		Transaction ID: SA11A1.21564
City Lafayette	State LA	Zip Code 70508-8129
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer American Fidelity Assurance Company	Occupation Comp. Rep. - Ass'n & Worksite Division	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Pam Cearay		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 110 East Crockett Street		Transaction ID: SA11A1.19189
City San Antonio	State TX	Zip Code 78205-2612
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer EDW&W	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

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: (check only one)		PAGE 34 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Pam Cearley		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 110 East Crockett Street		Transaction ID: SA11A1.19351
City San Antonio	State TX	Zip Code 78205-2612
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer EDW&W	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Jeff Chicots		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 383B North Causeway Blvd. Suite 2100		Transaction ID: SA11A1.20511
City Metairie	State LA	Zip Code 70002-8305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer United Healthcare	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Jeff Chicots		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 383B North Causeway Blvd. Suite 2100		Transaction ID: SA11A1.20782
City Metairie	State LA	Zip Code 70002-8305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer United Healthcare	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. Russ Childers		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address P.O. Box 1547		Transaction ID: SA11A1.18900
City Americus	State GA	Zip Code 31709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Russ Childers		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address P.O. Box 1547		Transaction ID: SA11A1.18996
City Americus	State GA	Zip Code 31709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Russ Childers		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address P.O. Box 1547		Transaction ID: SA11A1.19170
City Americus	State GA	Zip Code 31709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Russ Childers		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address P.O. Box 1547		Transaction ID: SA11A1.19352
City Americus	State GA	Zip Code 31709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Steve Clement		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 301D Fenwood Triangle		Transaction ID: SA11A1.19172
City Roswell	State GA	Zip Code 30075-4199
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer S.M.C. Consultants, Inc.	Occupation President/Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Steve Clement		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 301D Fenwood Triangle		Transaction ID: SA11A1.19354
City Roswell	State GA	Zip Code 30075-4199
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer S.M.C. Consultants, Inc.	Occupation President/Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	65.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Dorothy Cociu		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address P.O. Box 6677		Transaction ID: SA11A1.19531
City Fullerton	State CA	Zip Code 92834-6677
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Advanced Benefit Consulting	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 470.00	

Full Name (Last, First, Middle Initial) B. Dorothy Cociu		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address P.O. Box 6677		Transaction ID: SA11A1.19753
City Fullerton	State CA	Zip Code 92834-6677
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Advanced Benefit Consulting	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) C. Dorothy Cociu		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address P.O. Box 6677		Transaction ID: SA11A1.20010
City Fullerton	State CA	Zip Code 92834-6677
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Advanced Benefit Consulting	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	

SUBTOTAL of Receipts This Page (optional)	▶	240.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. Dorothy Cociu		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address P.O. Box 6677		Transaction ID: SA11A1.20254
City Fullerton	State CA	Zip Code 92834-6677
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Advanced Benefit Consulting	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 710.00	

Full Name (Last, First, Middle Initial) B. Dorothy Cociu		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address P.O. Box 6677		Transaction ID: SA11A1.20515
City Fullerton	State CA	Zip Code 92834-6677
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Advanced Benefit Consulting	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 790.00	

Full Name (Last, First, Middle Initial) C. Dorothy Cociu		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address P.O. Box 6677		Transaction ID: SA11A1.20766
City Fullerton	State CA	Zip Code 92834-6677
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Advanced Benefit Consulting	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 870.00	

SUBTOTAL of Receipts This Page (optional)	240.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Susan E. Cook		Date of Receipt M / D / Y 08 / 16 / 2003
Mailing Address 3495 Piedmont Road NE 9 Piedmont Center		Transaction ID: SA11A1.21192
City Atlanta	State GA	Zip Code 30302-1736
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Kaiser Permanente	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Susan E. Cook		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 3495 Piedmont Road NE 9 Piedmont Center		Transaction ID: SA11A1.19758
City Atlanta	State GA	Zip Code 30302-1736
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Kaiser Permanente	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Susan E. Cook		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 3495 Piedmont Road NE 9 Piedmont Center		Transaction ID: SA11A1.20258
City Atlanta	State GA	Zip Code 30302-1736
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Kaiser Permanente	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Susan E. Cook		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 3495 Piedmont Road NE 9 Piedmont Center		Transaction ID: SA11A1.20519
City Atlanta	State GA	Zip Code 30302-1736
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Kaiser Permanente	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

Full Name (Last, First, Middle Initial) B. E. Jay Coon		Date of Receipt M / D / Y 10 / 08 / 2003
Mailing Address P.O. Box 7839		Transaction ID: SA11A1.21586
City Des Moines	State IA	Zip Code 50322-7839
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Access Benefit Consultants, Inc.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Audrey Cramer		Date of Receipt M / D / Y 08 / 15 / 2003
Mailing Address 300 South Saint Louis Blvd. Suite 200		Transaction ID: SA11A1.21242
City South Bend	State IN	Zip Code 46617-3044
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer Gibson Insurance Group	Occupation Account Manager - Employee Benefits	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	▶	185.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. Audrey Cramer		Date of Receipt M / D / Y 12 / 10 / 2003
Mailing Address 300 South Saint Louis Blvd. Suite 200		Transaction ID: SA11A1.21429
City South Bend	State IN	Zip Code 46617-3044
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 95.00
Name of Employer Gibson Insurance Group	Occupation Account Manager - Employee Benefits	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00	

Full Name (Last, First, Middle Initial) B. Carol Cutler		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address One National City Center Suite 700-E		Transaction ID: SA11A1.20772
City Indianapolis	State IN	Zip Code 46255-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer N.C.I.G.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. John Dalris		Date of Receipt M / D / Y 08 / 12 / 2003
Mailing Address 6280 South Valley View Blvd. Suite 522		Transaction ID: SA11A1.21191
City Las Vegas	State NV	Zip Code 89118-6829
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer JD Benefit Services, Inc.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	255.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Gina Dalton		Date of Receipt M / D / Y 08 / 02 / 2008
Mailing Address 50 South Main Street Suite 530		Transaction ID: SA11A1.21206
City Salt Lake City	State UT	Zip Code 84144-2044
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer Benefits Unlimited	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Thomas J. Daniels		Date of Receipt M / D / Y 09 / 13 / 2008
Mailing Address 120 Wood Avenue South Suite 300		Transaction ID: SA11A1.21571
City Iselin	State NJ	Zip Code 08830-2709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer WellChoice	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	

Full Name (Last, First, Middle Initial) C. Thomas J. Daniels		Date of Receipt M / D / Y 09 / 29 / 2008
Mailing Address 120 Wood Avenue South Suite 300		Transaction ID: SA11A1.20017
City Iselin	State NJ	Zip Code 08830-2709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer WellChoice	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. Thomas J. Daniels		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 120 Wood Avenue South Suite 300		Transaction ID: SA11A1.20261
City	State	Zip Code
Iselin	NJ	08830-2709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer WellChoice	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. Thomas J. Daniels		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 120 Wood Avenue South Suite 300		Transaction ID: SA11A1.20523
City	State	Zip Code
Iselin	NJ	08830-2709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer WellChoice	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 470.00	

Full Name (Last, First, Middle Initial) C. Thomas J. Daniels		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 120 Wood Avenue South Suite 300		Transaction ID: SA11A1.20773
City	State	Zip Code
Iselin	NJ	08830-2709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer WellChoice	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. Teresa DeBruin		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 400 Interstate N. Parkway #1700		Transaction ID: SA11A1.20775
City Atlanta	State GA	Zip Code 30339-5047
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Strategic Employee Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Christopher Deloray		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 154 Wells Avenue		Transaction ID: SA11A1.20526
City Newton	State MA	Zip Code 02459-3302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Telemon Insurance Network	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Christopher Deloray		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 154 Wells Avenue		Transaction ID: SA11A1.20776
City Newton	State MA	Zip Code 02459-3302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Telemon Insurance Network	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional)	180.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Thomas Devine		Date of Receipt M / D / Y 10 / 09 / 2003
Mailing Address 8800 France Avenue South Suite 350		Transaction ID: SA11A1.21968
City Edina	State MN	Zip Code 55435-2007
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer David Agency, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Rush David Dixon		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 1375 Piccard Drive Suite 375		Transaction ID: SA11A1.19541
City Rockville	State MD	Zip Code 20852-4346
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Early, Cassidy & Schilling	Occupation VP of EE Benefits	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) C. Rush David Dixon		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 1375 Piccard Drive Suite 375		Transaction ID: SA11A1.19785
City Rockville	State MD	Zip Code 20852-4346
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Early, Cassidy & Schilling	Occupation VP of EE Benefits	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 / 300	
	<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 - HUPAC

A. Full Name (Last, First, Middle Initial) Rush David Dixon		Date of Receipt M / D / Y 09 / 13 / 2003
Mailing Address 1375 Piccard Drive Suite 375		Transaction ID: SA11A1.21905
City State Zip Code Rockville MD 20852-4346	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Early, Cassidy & Schilling	Occupation VP of EE Benefits	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

B. Full Name (Last, First, Middle Initial) Rush David Dixon		Date of Receipt M / D / Y 09 / 28 / 2003
Mailing Address 1375 Piccard Drive Suite 375		Transaction ID: SA11A1.20023
City State Zip Code Rockville MD 20852-4346	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Early, Cassidy & Schilling	Occupation VP of EE Benefits	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

C. Full Name (Last, First, Middle Initial) Rush David Dixon		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 1375 Piccard Drive Suite 375		Transaction ID: SA11A1.20287
City State Zip Code Rockville MD 20852-4346	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Early, Cassidy & Schilling	Occupation VP of EE Benefits	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional) ▶	700.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 / 300	
	<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 - HUPAC

A. Full Name (Last, First, Middle Initial) Rush David Dixon		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 1375 Piccard Drive Suite 375		Transaction ID: SA11A1.20529
City State Zip Code Rockville MD 20852-4346	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Early, Cassidy & Schilling	Occupation VP of EE Benefits	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

B. Full Name (Last, First, Middle Initial) Rush David Dixon		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 1375 Piccard Drive Suite 375		Transaction ID: SA11A1.20779
City State Zip Code Rockville MD 20852-4346	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Early, Cassidy & Schilling	Occupation VP of EE Benefits	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00	

C. Full Name (Last, First, Middle Initial) Claudia S. Dodge		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address P.O. Box 1737D		Transaction ID: SA11A1.20530
City State Zip Code Richmond VA 23228	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		
Name of Employer BB&T Benefit Consultants of Virginia	Occupation Sales Consultant	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional) ▶	210.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Claudia S. Dodge		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address P.O. Box 17370		Transaction ID: SA11A1.20780
City Richmond	State VA	Zip Code 23226
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer BB&T Benefit Consultants of Virginia	Occupation Sales Consultant	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Jay Donnell		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address One Riverway #2200		Transaction ID: SA11A1.20781
City Houston	State TX	Zip Code 77056
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Willis of Texas, Inc.	Occupation Vice President Employee Benefits	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Cynthia Doucet		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 108 Oil Center Drive Suite 103		Transaction ID: SA11A1.18997
City Lafayette	State LA	Zip Code 70503-2482
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Insurance Resource group	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	▶	50.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. Cynthia Doucet		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 106 Oil Center Drive Suite 103		Transaction ID: SA11A1.19182
City Lafayette	State LA	Zip Code 70503-2482
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Insurance Resource group	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) B. Cynthia Doucet		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 106 Oil Center Drive Suite 103		Transaction ID: SA11A1.19364
City Lafayette	State LA	Zip Code 70503-2482
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Insurance Resource group	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Eugene Ebersole		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address 405 Gretna Blvd. #103 A		Transaction ID: SA11A1.18482
City Gretna	State LA	Zip Code 70563-4545
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Ebersole & Associates, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Eugene Ebersole		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address 405 Gretna Blvd. #103 A		Transaction ID: SA11A1.18633
City Gretna	State LA	Zip Code 70053-4845
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Ebersole & Associates, In- c.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) B. Eugene Ebersole		Date of Receipt M / D / Y 08 / 23 / 2003
Mailing Address 405 Gretna Blvd. #103 A		Transaction ID: SA11A1.21269
City Gretna	State LA	Zip Code 70053-4845
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 65.00
Name of Employer Ebersole & Associates, In- c.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 505.00	

Full Name (Last, First, Middle Initial) C. Eugene Ebersole		Date of Receipt M / D / Y 08 / 02 / 2003
Mailing Address 405 Gretna Blvd. #103 A		Transaction ID: SA11A1.18821
City Gretna	State LA	Zip Code 70053-4845
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Ebersole & Associates, In- c.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 545.00	

SUBTOTAL of Receipts This Page (optional)	▶	145.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Eugene Ebersole		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 405 Gretna Blvd. #103 A		Transaction ID: SA11A1.18998
City Gretna	State LA	Zip Code 70053-4845
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Ebersole & Associates, In- c.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

Full Name (Last, First, Middle Initial) B. Eugene Ebersole		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 405 Gretna Blvd. #103 A		Transaction ID: SA11A1.19183
City Gretna	State LA	Zip Code 70053-4845
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Ebersole & Associates, In- c.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

Full Name (Last, First, Middle Initial) C. Eugene Ebersole		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 405 Gretna Blvd. #103 A		Transaction ID: SA11A1.19365
City Gretna	State LA	Zip Code 70053-4845
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Ebersole & Associates, In- c.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 665.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Thomas M. Evans		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address 2717 North 118th Circle		Transaction ID: SA11A1.18466
City Omaha	State NE	Zip Code 68164-9672
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer United Healthcare Midlands	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. Thomas M. Evans		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address 2717 North 118th Circle		Transaction ID: SA11A1.18637
City Omaha	State NE	Zip Code 68164-9672
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer United Healthcare Midlands	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. Thomas M. Evans		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address 2717 North 118th Circle		Transaction ID: SA11A1.18825
City Omaha	State NE	Zip Code 68164-9672
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer United Healthcare Midlands	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 63 / 300	
	<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

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 - HUPAC

Full Name (Last, First, Middle Initial) A. Thomas M. Evans		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 2717 North 118th Circle		Transaction ID: SA11A1.19002
City Omaha	State NE	Zip Code 68164-9672
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer United Healthcare Midlands	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Thomas M. Evans		Date of Receipt M / D / Y 10 / 08 / 2003
Mailing Address 2717 North 118th Circle		Transaction ID: SA11A1.21597
City Omaha	State NE	Zip Code 68164-9672
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 65.00
Name of Employer United Healthcare Midlands	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 465.00	

Full Name (Last, First, Middle Initial) C. Thomas M. Evans		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 2717 North 118th Circle		Transaction ID: SA11A1.19187
City Omaha	State NE	Zip Code 68164-9672
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer United Healthcare Midlands	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 505.00	

SUBTOTAL of Receipts This Page (optional)	▶	145.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 54 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Thomas M. Evans		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 2717 North 118th Circle		Transaction ID: SA11A1.19369
City Omaha	State NE	Zip Code 68164-9672
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer United Healthcare Midlands	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 545.00	

Full Name (Last, First, Middle Initial) B. Nicole Fairbairn		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 147D1 Cumberland Road Suite 180		Transaction ID: SA11A1.20275
City Noblesville	State IN	Zip Code 46060-6715
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Creative Insurance Concepts, Inc.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Nicole Fairbairn		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 147D1 Cumberland Road Suite 180		Transaction ID: SA11A1.20536
City Noblesville	State IN	Zip Code 46060-6715
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Creative Insurance Concepts, Inc.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

A. Nicole Fairbairn Full Name (Last, First, Middle Initial) Mailing Address 147D1 Cumberland Road Suite 180 City State Zip Code Noblesville IN 46060-8715		Date of Receipt M / D / Y 12 / 30 / 2003 Transaction ID: SA11A1.20786 Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Creative Insurance Concepts, Inc.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

B. David L. Fear Full Name (Last, First, Middle Initial) Mailing Address 11180 Sun Center Dr. #A City State Zip Code Rancho Cordova CA 95670		Date of Receipt M / D / Y 07 / 02 / 2003 Transaction ID: SA11A1.18468 Amount of Each Receipt this Period 55.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer CA Insurance Marketing Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	

C. David L. Fear Full Name (Last, First, Middle Initial) Mailing Address 11180 Sun Center Dr. #A City State Zip Code Rancho Cordova CA 95670		Date of Receipt M / D / Y 08 / 04 / 2003 Transaction ID: SA11A1.18839 Amount of Each Receipt this Period 55.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer CA Insurance Marketing Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. David L. Fear		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address 11180 Sun Center Dr. #A		Transaction ID: SA11A1.18827
City Rancho Cordova	State CA	Zip Code 95670
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer CA Insurance Marketing Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00	

Full Name (Last, First, Middle Initial) B. David L. Fear		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 11180 Sun Center Dr. #A		Transaction ID: SA11A1.19004
City Rancho Cordova	State CA	Zip Code 95670
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer CA Insurance Marketing Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) C. David L. Fear		Date of Receipt M / D / Y 10 / 07 / 2003
Mailing Address 11180 Sun Center Dr. #A		Transaction ID: SA11A1.21583
City Rancho Cordova	State CA	Zip Code 95670
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer CA Insurance Marketing Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)	▶	210.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. David L. Fear		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 11180 Sun Center Dr. #A		Transaction ID: SA11A1.19189
City Rancho Cordova	State CA	Zip Code 95670
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer CA Insurance Marketing Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 705.00	

Full Name (Last, First, Middle Initial) B. David L. Fear		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 11180 Sun Center Dr. #A		Transaction ID: SA11A1.19371
City Rancho Cordova	State CA	Zip Code 95670
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer CA Insurance Marketing Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) C. Eva Jean Fomalon		Date of Receipt M / D / Y 07 / 01 / 2003
Mailing Address 2500 Louisiana Blvd. NE, Ste. 300		Transaction ID: SA11A1.20978
City Albuquerque	State NM	Zip Code 87110
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00
Name of Employer Delta Dental Plans of NM	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

SUBTOTAL of Receipts This Page (optional)	710.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 58 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Eva Jean Fornalant		Date of Receipt M / D / Y 12 / 12 / 2003
Mailing Address 2500 Louisiana Blvd. NE, Ste. 300		Transaction ID: SA11A1.21614
City	State	Zip Code
Albuquerque	NM	87110
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Delta Dental Plans of NM	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	

Full Name (Last, First, Middle Initial) B. Linda K. Friedrich		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address 4435 O Street		Transaction ID: SA11A1.18470
City	State	Zip Code
Lincoln	NE	68510-1842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer UNICO Financial Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Linda K. Friedrich		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address 4435 O Street		Transaction ID: SA11A1.18841
City	State	Zip Code
Lincoln	NE	68510-1842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer UNICO Financial Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

SUBTOTAL of Receipts This Page (optional)	690.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 58 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Linda K. Friedrich		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address 4435 O Street		Transaction ID: SA11A1.18831
City Lincoln	State NE	Zip Code 68510-1842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer UNICO Financial Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) B. Linda K. Friedrich		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 4435 O Street		Transaction ID: SA11A1.19008
City Lincoln	State NE	Zip Code 68510-1842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer UNICO Financial Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

Full Name (Last, First, Middle Initial) C. Linda K. Friedrich		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 4435 O Street		Transaction ID: SA11A1.19192
City Lincoln	State NE	Zip Code 68510-1842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer UNICO Financial Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 60 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Linda K. Friedrich		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 4435 O Street		Transaction ID: SA11A1.19374
City Lincoln	State NE	Zip Code 68510-1842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer UNICO Financial Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. John Gaglione		Date of Receipt M / D / Y 08 / 15 / 2003
Mailing Address 2111 West Plum Street Suite 374		Transaction ID: SA11A1.21254
City Aurora	State IL	Zip Code 60506-3267
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer CIMS	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Bruce Gardner		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address 1502 West Avenue		Transaction ID: SA11A1.18472
City Austin	State TX	Zip Code 78701-1530
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Bruce Gardner Insurance & Investment	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 61 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Bruce Gardner		Date of Receipt M / D / Y 08 / 04 / 2008
Mailing Address 1502 West Avenue		Transaction ID: SA11A1.18843
City Austin	State TX	Zip Code 78701-1530
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Bruce Gardner Insurance & Investment	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Bruce Gardner		Date of Receipt M / D / Y 09 / 02 / 2008
Mailing Address 1502 West Avenue		Transaction ID: SA11A1.18833
City Austin	State TX	Zip Code 78701-1530
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Bruce Gardner Insurance & Investment	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) C. Bruce Gardner		Date of Receipt M / D / Y 10 / 02 / 2008
Mailing Address 1502 West Avenue		Transaction ID: SA11A1.19010
City Austin	State TX	Zip Code 78701-1530
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Bruce Gardner Insurance & Investment	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

SUBTOTAL of Receipts This Page (optional)	▶	240.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Bruce Gardner		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 1502 West Avenue		Transaction ID: SA11A1.19194
City Austin	State TX	Zip Code 78701-1530
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Bruce Gardner Insurance & Investment	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

Full Name (Last, First, Middle Initial) B. Bruce Gardner		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 1502 West Avenue		Transaction ID: SA11A1.19376
City Austin	State TX	Zip Code 78701-1530
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Bruce Gardner Insurance & Investment	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) C. Charles Garten		Date of Receipt M / D / Y 07 / 03 / 2003
Mailing Address 101D Commons Way Bldg. G P.O. Box 1268		Transaction ID: SA11A1.21012
City Toms River	State NJ	Zip Code 08754-1268
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer BenefitPort, LLC	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

SUBTOTAL of Receipts This Page (optional)	▶	210.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 63 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Charles Garten		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 101D Commons Way Bldg. G P.O. Box 1268		Transaction ID: SA11A1.19552
City Toms River	State NJ	Zip Code 08754-1268
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer BenefitPort, LLC	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) B. Charles Garten		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 101D Commons Way Bldg. G P.O. Box 1268		Transaction ID: SA11A1.19777
City Toms River	State NJ	Zip Code 08754-1268
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer BenefitPort, LLC	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	

Full Name (Last, First, Middle Initial) C. Charles Garten		Date of Receipt M / D / Y 09 / 13 / 2003
Mailing Address 101D Commons Way Bldg. G P.O. Box 1268		Transaction ID: SA11A1.21574
City Toms River	State NJ	Zip Code 08754-1268
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 155.00
Name of Employer BenefitPort, LLC	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 565.00	

SUBTOTAL of Receipts This Page (optional)	▶	195.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 64 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Charles Garten		Date of Receipt M / D / Y 09 / 20 / 2003
Mailing Address 101D Commons Way Bldg. G P.O. Box 1268		Transaction ID: SA11A1.20035
City Toms River	State NJ	Zip Code 08754-1268
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer BenefitPort, LLC	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 605.00	

Full Name (Last, First, Middle Initial) B. Charles Garten		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 101D Commons Way Bldg. G P.O. Box 1268		Transaction ID: SA11A1.20281
City Toms River	State NJ	Zip Code 08754-1268
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer BenefitPort, LLC	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 645.00	

Full Name (Last, First, Middle Initial) C. Charles Garten		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 101D Commons Way Bldg. G P.O. Box 1268		Transaction ID: SA11A1.20542
City Toms River	State NJ	Zip Code 08754-1268
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer BenefitPort, LLC	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 685.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 65 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Charles Gartin		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 101D Commons Way Bldg. G P.O. Box 1268		Transaction ID: SA11A1.20792
City Toms River	State NJ	Zip Code 08754-1268
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer BenefitPort, LLC	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 725.00	

Full Name (Last, First, Middle Initial) B. Jeffrey W. Gennaro		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address PO Box 10315		Transaction ID: SA11A1.19554
City Phoenix	State AZ	Zip Code 85064-0315
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Capitol Insurance Brokers, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Jeffrey W. Gennaro		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address PO Box 10315		Transaction ID: SA11A1.19779
City Phoenix	State AZ	Zip Code 85064-0315
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Capitol Insurance Brokers, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 66 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Jeffrey W. Gennaro		Date of Receipt M / D / Y 09 / 20 / 2003
Mailing Address PD Box 10315		Transaction ID: SA11A1.20037
City Phoenix	State AZ	Zip Code 85064-0315
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Capitol Insurance Brokers, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. Jeffrey W. Gennaro		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address PD Box 10315		Transaction ID: SA11A1.20283
City Phoenix	State AZ	Zip Code 85064-0315
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Capitol Insurance Brokers, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Jeffrey W. Gennaro		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address PD Box 10315		Transaction ID: SA11A1.20544
City Phoenix	State AZ	Zip Code 85064-0315
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Capitol Insurance Brokers, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 67 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Jeffrey W. Gennaro		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address PD Box 10315		Transaction ID: SA11A1.20794
City Phoenix	State AZ	Zip Code 85064-0315
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Capitol Insurance Brokers, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) B. Gerard Garshonowitz		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 405 Tarrytown Road, PMB773		Transaction ID: SA11A1.20284
City White Plains	State NY	Zip Code 10607-1313
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Morrell Consulting Group, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Gerard Garshonowitz		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 405 Tarrytown Road, PMB773		Transaction ID: SA11A1.20545
City White Plains	State NY	Zip Code 10607-1313
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Morrell Consulting Group, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 68 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Gerard Gershanowitz		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 405 Tarrytown Road, PMB773		Transaction ID: SA11A1.20795
City White Plains	State NY	Zip Code 10607-1313
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Morrell Consulting Group, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) B. Patti Goldfarb		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address 301 Madison Avenue		Transaction ID: SA11A1.18475
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Medical Link	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Patti Goldfarb		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 301 Madison Avenue		Transaction ID: SA11A1.19558
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Medical Link	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

SUBTOTAL of Receipts This Page (optional)	100.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 68 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Patti Goldfarb		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address 301 Madison Avenue		Transaction ID: SA11A1.18646
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Medical Link	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) B. Patti Goldfarb		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 301 Madison Avenue		Transaction ID: SA11A1.19781
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Medical Link	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) C. Patti Goldfarb		Date of Receipt M / D / Y 08 / 02 / 2003
Mailing Address 301 Madison Avenue		Transaction ID: SA11A1.18836
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Medical Link	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 70 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Patti Goldfarb		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 301 Madison Avenue		Transaction ID: SA11A1.20039
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Medical Link	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

Full Name (Last, First, Middle Initial) B. Patti Goldfarb		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 301 Madison Avenue		Transaction ID: SA11A1.19013
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Medical Link	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00	

Full Name (Last, First, Middle Initial) C. Patti Goldfarb		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 301 Madison Avenue		Transaction ID: SA11A1.20285
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Medical Link	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional)	100.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 71 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Patti Goldfarb		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 301 Madison Avenue		Transaction ID: SA11A1.19197
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Medical Link	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Patti Goldfarb		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 301 Madison Avenue		Transaction ID: SA11A1.20546
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Medical Link	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 775.00	

Full Name (Last, First, Middle Initial) C. Patti Goldfarb		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 301 Madison Avenue		Transaction ID: SA11A1.19379
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Medical Link	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 825.00	

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 72 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Patsi Goldfarb		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 301 Madison Avenue		Transaction ID: SA11A1.20796
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Medical Link	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) B. Carolyn L. Goodwin		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 4055 Valley View Lane Suite 360		Transaction ID: SA11A1.19557
City Dallas	State TX	Zip Code 75244-5083
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer CBIZ Benefits & Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

Full Name (Last, First, Middle Initial) C. Carolyn L. Goodwin		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 4055 Valley View Lane Suite 360		Transaction ID: SA11A1.19782
City Dallas	State TX	Zip Code 75244-5083
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer CBIZ Benefits & Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	75.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 73 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. Carolyn L. Goodwin		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 4055 Valley View Lane Suite 360		Transaction ID: SA11A1.20040
City Dallas	State TX	Zip Code 75244-5083
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer CBIZ Benefits & Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00	

Full Name (Last, First, Middle Initial) B. Carolyn L. Goodwin		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 4055 Valley View Lane Suite 360		Transaction ID: SA11A1.20286
City Dallas	State TX	Zip Code 75244-5083
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer CBIZ Benefits & Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) C. Carolyn L. Goodwin		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 4055 Valley View Lane Suite 360		Transaction ID: SA11A1.20547
City Dallas	State TX	Zip Code 75244-5083
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer CBIZ Benefits & Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 74 / 300	
	<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 - HUPAC

A. Full Name (Last, First, Middle Initial) Carolyn L. Goodwin		Date of Receipt M / D / Y 12 / 30 / 2003	
Mailing Address 4055 Valley View Lane Suite 360		Transaction ID: SA11A1.20797	
City State Zip Code Dallas TX 75244-5083	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer CBIZ Benefits & Insurance Services	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

B. Full Name (Last, First, Middle Initial) Michael Gray		Date of Receipt M / D / Y 07 / 02 / 2003	
Mailing Address 7431 O Street		Transaction ID: SA11A1.18476	
City State Zip Code Lincoln NE 68510-2444	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00		

C. Full Name (Last, First, Middle Initial) Michael Gray		Date of Receipt M / D / Y 08 / 04 / 2003	
Mailing Address 7431 O Street		Transaction ID: SA11A1.18847	
City State Zip Code Lincoln NE 68510-2444	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1240.00		

SUBTOTAL of Receipts This Page (optional) ▶	425.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 75 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Michael Gray		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address 7431 O Street		Transaction ID: SA11A1.18837
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1440.00	

Full Name (Last, First, Middle Initial) B. Michael Gray		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 7431 O Street		Transaction ID: SA11A1.19014
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1840.00	

Full Name (Last, First, Middle Initial) C. Michael Gray		Date of Receipt M / D / Y 10 / 09 / 2003
Mailing Address 7431 O Street		Transaction ID: SA11A1.21585
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 195.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1835.00	

SUBTOTAL of Receipts This Page (optional)	▶	595.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 76 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Michael Gray		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 7431 O Street		Transaction ID: SA11A1.19198
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2035.00	

Full Name (Last, First, Middle Initial) B. Michael Gray		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 7431 O Street		Transaction ID: SA11A1.19380
City Lincoln	State NE	Zip Code 68510-2444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Midlands Financial Benefits	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2235.00	

Full Name (Last, First, Middle Initial) C. Katherine Greene		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 802 N. Carancahua Suite 1700		Transaction ID: SA11A1.19199
City Corpus Christi	State TX	Zip Code 78470-0182
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Humana	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	▶	420.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 77 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. Katherine Greene		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 802 N. Carancahua Suite 1700		Transaction ID: SA11A1.19381
City Corpus Christi	State TX	Zip Code 78470-0182
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Humana	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Jeffrey Grossnickle		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 1405 North College Avenue		Transaction ID: SA11A1.20552
City Bloomington	State IN	Zip Code 47404-2417
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer First Insurance Group, In- c.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Jeffrey Grossnickle		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 1405 North College Avenue		Transaction ID: SA11A1.20803
City Bloomington	State IN	Zip Code 47404-2417
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer First Insurance Group, In- c.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 78 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Robert Grundman		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 7412 Karl Drive		Transaction ID: SA11A1.19016
City Lincoln	State NE	Zip Code 68516-4368
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Senior Benefit Strategies	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Robert Grundman		Date of Receipt M / D / Y 10 / 08 / 2003
Mailing Address 7412 Karl Drive		Transaction ID: SA11A1.21581
City Lincoln	State NE	Zip Code 68516-4368
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Senior Benefit Strategies	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00	

Full Name (Last, First, Middle Initial) C. Robert Grundman		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 7412 Karl Drive		Transaction ID: SA11A1.19200
City Lincoln	State NE	Zip Code 68516-4368
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Senior Benefit Strategies	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 78 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Robert Grundman		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 7412 Karl Drive		Transaction ID: SA11A1.19382
City Lincoln	State NE	Zip Code 68516-4368
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Senior Benefit Strategies	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

Full Name (Last, First, Middle Initial) B. Cynthia Gudy		Date of Receipt M / D / Y 09 / 28 / 2003
Mailing Address P.O. Box 155		Transaction ID: SA11A1.20046
City Loveland	State CO	Zip Code 80539-0155
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer New York Life	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Cynthia Gudy		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address P.O. Box 155		Transaction ID: SA11A1.20293
City Loveland	State CO	Zip Code 80539-0155
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer New York Life	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 80 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. Cynthia Gudy		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address P.O. Box 155		Transaction ID: SA11A1.20554
City Loveland	State CO	Zip Code 80539-0155
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer New York Life	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Cynthia Gudy		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address P.O. Box 155		Transaction ID: SA11A1.20805
City Loveland	State CO	Zip Code 80539-0155
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer New York Life	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) C. Anthony Halby		Date of Receipt M / D / Y 07 / 03 / 2003
Mailing Address 313 Railroad Avenue, #201		Transaction ID: SA11A1.21498
City Nevada City	State CA	Zip Code 95559
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Halby Insurance Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 81 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Anthony Halby		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 313 Railroad Avenue, #201		Transaction ID: SA11A1.19564
City Nevada City	State CA	Zip Code 95858
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Halby Insurance Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Anthony Halby		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 313 Railroad Avenue, #201		Transaction ID: SA11A1.19790
City Nevada City	State CA	Zip Code 95858
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Halby Insurance Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) C. Anthony Halby		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 313 Railroad Avenue, #201		Transaction ID: SA11A1.20048
City Nevada City	State CA	Zip Code 95858
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Halby Insurance Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 82 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Anthony Halby		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 313 Railroad Avenue, #201		Transaction ID: SA11A1.20295
City Nevada City	State CA	Zip Code 95959
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Halby Insurance Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

Full Name (Last, First, Middle Initial) B. Anthony Halby		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 313 Railroad Avenue, #201		Transaction ID: SA11A1.20556
City Nevada City	State CA	Zip Code 95959
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Halby Insurance Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

Full Name (Last, First, Middle Initial) C. Anthony Halby		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 313 Railroad Avenue, #201		Transaction ID: SA11A1.20807
City Nevada City	State CA	Zip Code 95959
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Halby Insurance Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 83 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. <u>Water Hale</u>		Date of Receipt M / D / Y 08 / 28 / 2008
Mailing Address 211 East Church Street		Transaction ID: SA11A1.19791
City	State	Zip Code
Morrilton	AR	72110-3419
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Hawkins Insurance Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. <u>Water Hale</u>		Date of Receipt M / D / Y 09 / 28 / 2008
Mailing Address 211 East Church Street		Transaction ID: SA11A1.20049
City	State	Zip Code
Morrilton	AR	72110-3419
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Hawkins Insurance Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. <u>Water Hale</u>		Date of Receipt M / D / Y 10 / 30 / 2008
Mailing Address 211 East Church Street		Transaction ID: SA11A1.20298
City	State	Zip Code
Morrilton	AR	72110-3419
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Hawkins Insurance Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 84 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Water Hale		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 211 East Church Street		Transaction ID: SA11A1.20557
City	State	Zip Code
Morrilton	AR	72110-3419
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Hawkins Insurance Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. Water Hale		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 211 East Church Street		Transaction ID: SA11A1.20808
City	State	Zip Code
Morrilton	AR	72110-3419
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Hawkins Insurance Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) C. Chris Harrison		Date of Receipt M / D / Y 07 / 03 / 2003
Mailing Address 233 Fairway Drive		Transaction ID: SA11A1.21018
City	State	Zip Code
Fayetteville	NC	28305-5511
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Employee Benefit Systems, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 670.00	

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 85 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Chris Harrison		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 233 Fairway Drive		Transaction ID: SA11A1.19587
City Fayetteville	State NC	Zip Code 28305-5511
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Employee Benefit Systems, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Chris Harrison		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 233 Fairway Drive		Transaction ID: SA11A1.19796
City Fayetteville	State NC	Zip Code 28305-5511
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Employee Benefit Systems, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 830.00	

Full Name (Last, First, Middle Initial) C. Chris Harrison		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 233 Fairway Drive		Transaction ID: SA11A1.20053
City Fayetteville	State NC	Zip Code 28305-5511
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Employee Benefit Systems, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 910.00	

SUBTOTAL of Receipts This Page (optional)	▶	240.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 86 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. Chris Harrison		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 233 Fairway Drive		Transaction ID: SA11A1.20900
City Fayetteville	State NC	Zip Code 28305-5511
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Employee Benefit Systems, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	

Full Name (Last, First, Middle Initial) B. Chris Harrison		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 233 Fairway Drive		Transaction ID: SA11A1.20561
City Fayetteville	State NC	Zip Code 28305-5511
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Employee Benefit Systems, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1070.00	

Full Name (Last, First, Middle Initial) C. Chris Harrison		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 233 Fairway Drive		Transaction ID: SA11A1.20812
City Fayetteville	State NC	Zip Code 28305-5511
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Employee Benefit Systems, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

SUBTOTAL of Receipts This Page (optional)	240.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 87 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Thomas Harte		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 8 Mary E. Clark Drive, #3		Transaction ID: SA11A1.19589
City Hampstead	State NH	Zip Code 03841-2288
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Landmark Benefits Group	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Thomas Harte		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 8 Mary E. Clark Drive, #3		Transaction ID: SA11A1.19798
City Hampstead	State NH	Zip Code 03841-2288
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Landmark Benefits Group	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

Full Name (Last, First, Middle Initial) C. Thomas Harte		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 8 Mary E. Clark Drive, #3		Transaction ID: SA11A1.20055
City Hampstead	State NH	Zip Code 03841-2288
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Landmark Benefits Group	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

SUBTOTAL of Receipts This Page (optional)	240.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 88 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Thomas Harte		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 8 Mary E. Clark Drive, #3		Transaction ID: SA11A1.20902
City Hampstead	State NH	Zip Code 03841-2288
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Landmark Benefits Group	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 740.00	

Full Name (Last, First, Middle Initial) B. Thomas Harte		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 8 Mary E. Clark Drive, #3		Transaction ID: SA11A1.20563
City Hampstead	State NH	Zip Code 03841-2288
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Landmark Benefits Group	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 820.00	

Full Name (Last, First, Middle Initial) C. Thomas Harte		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 8 Mary E. Clark Drive, #3		Transaction ID: SA11A1.20814
City Hampstead	State NH	Zip Code 03841-2288
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Landmark Benefits Group	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional)	▶	240.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 88 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. William J. Hartman		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address P.O. Box 8270		Transaction ID: SA11A1.20903
City Fort Wayne	State IN	Zip Code 46808-8270
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer American Republic Insurance Company	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. William J. Hartman		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address P.O. Box 8270		Transaction ID: SA11A1.20564
City Fort Wayne	State IN	Zip Code 46808-8270
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer American Republic Insurance Company	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) C. Pamela Harwell		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 4109 Ducan Drive		Transaction ID: SA11A1.20815
City Annandale	State VA	Zip Code 22003-5704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Complink	Occupation Implementation Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

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: (check only one)		PAGE 00 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. Leesa Hayes		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 9720 Bunsen Parkway		Transaction ID: SA11A1.19203
City Louisville	State KY	Zip Code 40299-1802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Thompson Associates, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Leesa Hayes		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 9720 Bunsen Parkway		Transaction ID: SA11A1.19385
City Louisville	State KY	Zip Code 40299-1802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Thompson Associates, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Lori Headley		Date of Receipt M / D / Y 11 / 18 / 2003
Mailing Address P.O. Box 14725		Transaction ID: SA11A1.21809
City Portland	State OR	Zip Code 97253-0725
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Healthwise Insurance Plan- ning	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional)	140.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 01 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Lori Headley		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address P.O. Box 14725		Transaction ID: SA11A1.20586
City Portland	State OR	Zip Code 97283-0725
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Healthwise Insurance Planning	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

Full Name (Last, First, Middle Initial) B. Lori Headley		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address P.O. Box 14725		Transaction ID: SA11A1.19386
City Portland	State OR	Zip Code 97283-0725
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Healthwise Insurance Planning	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	

Full Name (Last, First, Middle Initial) C. Lori Headley		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address P.O. Box 14725		Transaction ID: SA11A1.20818
City Portland	State OR	Zip Code 97283-0725
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Healthwise Insurance Planning	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

SUBTOTAL of Receipts This Page (optional)	40.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 02 / 300	
	<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

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 - HUPAC

Full Name (Last, First, Middle Initial) A. James Heldebrand		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 814D S. 104th East Avenue Suite 200		Transaction ID: SA11A1.19205
City Tulsa	State OK	Zip Code 74133-1588
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Heldebrand & Associates	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. James Heldebrand		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 814D S. 104th East Avenue Suite 200		Transaction ID: SA11A1.19387
City Tulsa	State OK	Zip Code 74133-1588
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Heldebrand & Associates	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Lisa Mary Helmen		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address 3480 Preston Ridge Road Suite 100		Transaction ID: SA11A1.18484
City Alpharetta	State GA	Zip Code 30005-2054
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Love, Douglas & Pope Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 03 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Lisa Mary Hellman		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address 3480 Preston Ridge Road Suite 100		Transaction ID: SA11A1.18855
City Alpharetta	State GA	Zip Code 30005-2054
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Love, Douglas & Pope Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Lisa Mary Hellman		Date of Receipt M / D / Y 08 / 18 / 2003
Mailing Address 3480 Preston Ridge Road Suite 100		Transaction ID: SA11A1.21203
City Alpharetta	State GA	Zip Code 30005-2054
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Love, Douglas & Pope Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 335.00	

Full Name (Last, First, Middle Initial) C. Lisa Mary Hellman		Date of Receipt M / D / Y 08 / 02 / 2003
Mailing Address 3480 Preston Ridge Road Suite 100		Transaction ID: SA11A1.18845
City Alpharetta	State GA	Zip Code 30005-2054
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Love, Douglas & Pope Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 355.00	

SUBTOTAL of Receipts This Page (optional)	▶	115.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 04 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Lisa Mary Hellman		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 3480 Preston Ridge Road Suite 100		Transaction ID: SA11A1.19022
City Alpharetta	State GA	Zip Code 30005-2054
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Love, Douglas & Pope Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) B. Lisa Mary Hellman		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 3480 Preston Ridge Road Suite 100		Transaction ID: SA11A1.19206
City Alpharetta	State GA	Zip Code 30005-2054
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Love, Douglas & Pope Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 395.00	

Full Name (Last, First, Middle Initial) C. Lisa Mary Hellman		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 3480 Preston Ridge Road Suite 100		Transaction ID: SA11A1.19388
City Alpharetta	State GA	Zip Code 30005-2054
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Love, Douglas & Pope Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 415.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 05 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Timothy Hendricks		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address 4200 East Skelly Drive #251		Transaction ID: SA11A1.18485
City Tulsa	State OK	Zip Code 74135-3206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Business Planning Group of OK	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Timothy Hendricks		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address 4200 East Skelly Drive #251		Transaction ID: SA11A1.18656
City Tulsa	State OK	Zip Code 74135-3206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Business Planning Group of OK	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Timothy Hendricks		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address 4200 East Skelly Drive #251		Transaction ID: SA11A1.18848
City Tulsa	State OK	Zip Code 74135-3208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Business Planning Group of OK	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 06 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Timothy Hendricks		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 4200 East Skelly Drive #251		Transaction ID: SA11A1.19023
City Tulsa	State OK	Zip Code 74135-3206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Business Planning Group of OK	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Timothy Hendricks		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 4200 East Skelly Drive #251		Transaction ID: SA11A1.19207
City Tulsa	State OK	Zip Code 74135-3206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Business Planning Group of OK	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) C. Timothy Hendricks		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 4200 East Skelly Drive #251		Transaction ID: SA11A1.19389
City Tulsa	State OK	Zip Code 74135-3206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Business Planning Group of OK	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 07 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Hugh Hendrickson		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 820 A Street Suite 220		Transaction ID: SA11A1.19390
City Tacoma	State WA	Zip Code 98402-5221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Strategic Employee Benefit Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Hugh Hendrickson		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 820 A Street Suite 220		Transaction ID: SA11A1.20818
City Tacoma	State WA	Zip Code 98402-5221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Strategic Employee Benefit Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. W. Richard Herd		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 309B South Highland Drive Suite 423		Transaction ID: SA11A1.19572
City Salt Lake City	State UT	Zip Code 84108-3647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer McDermott Company & Associates, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional)	▶	40.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 08 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. W. Richard Herd		Date of Receipt M / D / Y 08 / 28 / 2008
Mailing Address 309B South Highland Drive Suite 423		Transaction ID: SA11A1.19802
City Salt Lake City	State Zip Code UT 84106-3647	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer McDermott Company & Associates, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. W. Richard Herd		Date of Receipt M / D / Y 09 / 28 / 2008
Mailing Address 309B South Highland Drive Suite 423		Transaction ID: SA11A1.20060
City Salt Lake City	State Zip Code UT 84106-3647	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer McDermott Company & Associates, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 270.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. W. Richard Herd		Date of Receipt M / D / Y 10 / 30 / 2008
Mailing Address 309B South Highland Drive Suite 423		Transaction ID: SA11A1.20309
City Salt Lake City	State Zip Code UT 84106-3647	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer McDermott Company & Associates, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 290.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 08 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. W. Richard Herd		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 309B South Highland Drive Suite 423		Transaction ID: SA11A1.20589
City Salt Lake City	State UT	Zip Code 84106-3647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer McDermott Company & Associates, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

Full Name (Last, First, Middle Initial) B. W. Richard Herd		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 309B South Highland Drive Suite 423		Transaction ID: SA11A1.20819
City Salt Lake City	State UT	Zip Code 84106-3647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer McDermott Company & Associates, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) C. Porter Hicks		Date of Receipt M / D / Y 10 / 15 / 2003
Mailing Address P.O. Box 2480		Transaction ID: SA11A1.21400
City Cornelius	State NC	Zip Code 28031-2480
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Hicks, Kohler & Associates	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	▶	140.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Porter Hicks		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address P.O. Box 2480		Transaction ID: SA11A1.20312
City Cornelius	State NC	Zip Code 28031-2480
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Hicks, Kohler & Associates	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Porter Hicks		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address P.O. Box 2480		Transaction ID: SA11A1.20371
City Cornelius	State NC	Zip Code 28031-2480
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Hicks, Kohler & Associates	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. Porter Hicks		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address P.O. Box 2480		Transaction ID: SA11A1.20821
City Cornelius	State NC	Zip Code 28031-2480
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Hicks, Kohler & Associates	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 101 / 300	
	<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

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 - HUPAC

Full Name (Last, First, Middle Initial) A. Donna HI		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address PD Box 724		Transaction ID: SA11A1.18489
City Snellville	State GA	Zip Code 30078
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer DDH Associates	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) B. Donna HI		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address PD Box 724		Transaction ID: SA11A1.18860
City Snellville	State GA	Zip Code 30078
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer DDH Associates	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Donna HI		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address PD Box 724		Transaction ID: SA11A1.18850
City Snellville	State GA	Zip Code 30078
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer DDH Associates	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 102 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Donna HI		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address PD Box 724		Transaction ID: SA11A1.19027
City Snellville	State GA	Zip Code 30078
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer DDH Associates	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. Donna HI		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address PD Box 724		Transaction ID: SA11A1.19211
City Snellville	State GA	Zip Code 30078
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer DDH Associates	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) C. Donna HI		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address PD Box 724		Transaction ID: SA11A1.19393
City Snellville	State GA	Zip Code 30078
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer DDH Associates	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 103 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Richard Hill		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address 4435 O Street		Transaction ID: SA11A1.18490
City Lincoln	State NE	Zip Code 68510-1842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer UNICO Financial Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

Full Name (Last, First, Middle Initial) B. Richard Hill		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address 4435 O Street		Transaction ID: SA11A1.18661
City Lincoln	State NE	Zip Code 68510-1842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer UNICO Financial Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) C. Richard Hill		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address 4435 O Street		Transaction ID: SA11A1.18851
City Lincoln	State NE	Zip Code 68510-1842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer UNICO Financial Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 104 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Richard Hill		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 4435 O Street		Transaction ID: SA11A1.19028
City Lincoln	State NE	Zip Code 68510-1842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer UNICO Financial Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

Full Name (Last, First, Middle Initial) B. Richard Hill		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 4435 O Street		Transaction ID: SA11A1.19212
City Lincoln	State NE	Zip Code 68510-1842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer UNICO Financial Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

Full Name (Last, First, Middle Initial) C. Richard Hill		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 4435 O Street		Transaction ID: SA11A1.19394
City Lincoln	State NE	Zip Code 68510-1842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer UNICO Financial Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 105 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Denise Hodges		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 3089 Royal Hannah Drive NE		Transaction ID: SA11A1.20314
City Rockford	State MI	Zip Code 49341-7885
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Danisa Hodges		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 3089 Royal Hannah Drive NE		Transaction ID: SA11A1.20573
City Rockford	State MI	Zip Code 49341-7885
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) C. Danise Hodges		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 3089 Royal Hannah Drive NE		Transaction ID: SA11A1.20823
City Rockford	State MI	Zip Code 49341-7885
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 106 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Sheri Hokin		Date of Receipt M / D / Y 07 / 01 / 2003
Mailing Address 333D Dundee Road Suite C-3		Transaction ID: SA11A1.21462
City Northbrook	State IL	
Zip Code 60062-2328		
FEC ID number of contributing federal political committee. C		
Name of Employer Hokin Stemberg Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

Full Name (Last, First, Middle Initial) B. Sheri Hokin		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 333D Dundee Road Suite C-3		Transaction ID: SA11A1.19577
City Northbrook	State IL	
Zip Code 60062-2328		
FEC ID number of contributing federal political committee. C		
Name of Employer Hokin Stemberg Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

Full Name (Last, First, Middle Initial) C. Sheri Hokin		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 333D Dundee Road Suite C-3		Transaction ID: SA11A1.19808
City Northbrook	State IL	
Zip Code 60062-2328		
FEC ID number of contributing federal political committee. C		
Name of Employer Hokin Stemberg Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

SUBTOTAL of Receipts This Page (optional)	90.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 107 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Sheri Hokin		Date of Receipt M / D / Y 09 / 20 / 2003
Mailing Address 333D Dundee Road Suite C-3		Transaction ID: SA11A1.20064
City Northbrook	State IL	Zip Code 60062-2328
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Hokin Stemberg Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00	

Full Name (Last, First, Middle Initial) B. Sheri Hokin		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 333D Dundee Road Suite C-3		Transaction ID: SA11A1.20017
City Northbrook	State IL	Zip Code 60062-2328
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Hokin Stemberg Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) C. Sheri Hokin		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 333D Dundee Road Suite C-3		Transaction ID: SA11A1.20074
City Northbrook	State IL	Zip Code 60062-2328
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Hokin Stemberg Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 108 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Sheri Hokin		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 333D Dundee Road Suite C-3		Transaction ID: SA11A1.20824
City Northbrook	State IL	Zip Code 60062-2328
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Hokin Stemberg Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. Gloria Danisa Hopper		Date of Receipt M / D / Y 07 / 01 / 2003
Mailing Address 6400 Fairview Road		Transaction ID: SA11A1.20977
City Charlotte	State NC	Zip Code 28210-3237
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.00
Name of Employer	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. Gloria Danisa Hopper		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 6400 Fairview Road		Transaction ID: SA11A1.19579
City Charlotte	State NC	Zip Code 28210-3237
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	110.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. Gloria Denise Hopper		Date of Receipt M / D / Y 08 / 16 / 2003
Mailing Address 8400 Fairview Road		Transaction ID: SA11A1.21204
City Charlotte	State NC	Zip Code 28210-3237
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) B. Gloria Denise Hopper		Date of Receipt M / D / Y 08 / 16 / 2003
Mailing Address 8400 Fairview Road		Transaction ID: SA11A1.21205
City Charlotte	State NC	Zip Code 28210-3237
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) C. Gloria Denise Hopper		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 8400 Fairview Road		Transaction ID: SA11A1.19810
City Charlotte	State NC	Zip Code 28210-3237
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 110 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. Gloria Denise Hopper		Date of Receipt M / D / Y 09 / 20 / 2003
Mailing Address 8400 Fairview Road		Transaction ID: SA11A1.20089
City Charlotte	State NC	Zip Code 28210-3237
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) B. Gloria Denise Hopper		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 8400 Fairview Road		Transaction ID: SA11A1.20321
City Charlotte	State NC	Zip Code 28210-3237
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

Full Name (Last, First, Middle Initial) C. Gloria Denise Hopper		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 8400 Fairview Road		Transaction ID: SA11A1.20578
City Charlotte	State NC	Zip Code 28210-3237
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 111 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Gloria Denise Hopper		Date of Receipt M / D / Y 12 / 30 / 2003	
Mailing Address 8400 Fairview Road		Transaction ID: SA11A1.20828	
City Charlotte	State NC	Zip Code 28210-3237	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00		

Full Name (Last, First, Middle Initial) B. S. David Jackson		Date of Receipt M / D / Y 09 / 28 / 2003	
Mailing Address 1139 South Orem Blvd.		Transaction ID: SA11A1.20071	
City Orem	State UT	Zip Code 84058-6976	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer First West Benefit Solutions	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) C. S. David Jackson		Date of Receipt M / D / Y 10 / 30 / 2003	
Mailing Address 1139 South Orem Blvd.		Transaction ID: SA11A1.20323	
City Orem	State UT	Zip Code 84058-6976	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer First West Benefit Solutions	Occupation Health Insurance Agent		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 112 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. S. David Jackson		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 1139 South Orem Blvd.		Transaction ID: SA11A1.20580
City Orem	State UT	Zip Code 84058-6876
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer First West Benefit Solutions	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. S. David Jackson		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 1139 South Orem Blvd.		Transaction ID: SA11A1.20830
City Orem	State UT	Zip Code 84058-6876
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer First West Benefit Solutions	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. Lisa Jacobs		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 12315 Huston Street		Transaction ID: SA11A1.19220
City Valley Village	State CA	Zip Code 91607-3618
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer The United States Life Insur. Company	Occupation Senior Sales Executive	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 113 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Lisa Jacobs		Date of Receipt M / D / Y 12 / 03 / 2003
Mailing Address 12315 Huston Street		Transaction ID: SA11A1.19402
City Valley Village	State CA	Zip Code 91607-3618
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer The United States Life Insurance Company	Occupation Senior Sales Executive	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Art Jetter		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 11305 Chicago Circle		Transaction ID: SA11A1.21616
City Omaha	State NE	Zip Code 68154-2676
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Art Jetter & Company	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. David S. Johnson		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 3346 Gwinnett Plantation Way		Transaction ID: SA11A1.19583
City Duluth	State GA	Zip Code 30098-4847
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Lloyd-Bennett & Company Insurance	Occupation Account Executive	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	▶	2540.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 114 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. David S. Johnson		Date of Receipt M / D / Y 08 / 16 / 2003
Mailing Address 3346 Gwinnett Plantation Way		Transaction ID: SA11A1.21228
City Duluth	State GA	Zip Code 30066-4647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Lloyd-Bennett & Company Insurance	Occupation Account Executive	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	

Full Name (Last, First, Middle Initial) B. David S. Johnson		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 3346 Gwinnett Plantation Way		Transaction ID: SA11A1.19813
City Duluth	State GA	Zip Code 30066-4647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Lloyd-Bennett & Company Insurance	Occupation Account Executive	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) C. David S. Johnson		Date of Receipt M / D / Y 08 / 29 / 2003
Mailing Address 3346 Gwinnett Plantation Way		Transaction ID: SA11A1.20073
City Duluth	State GA	Zip Code 30066-4647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Lloyd-Bennett & Company Insurance	Occupation Account Executive	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 470.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 115 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. David S. Johnson		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 3346 Gwinnett Plantation Way		Transaction ID: SA11A1.20326
City Duluth	State GA	Zip Code 30066-4647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Lloyd-Bennett & Company Insurance	Occupation Account Executive	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. David S. Johnson		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 3346 Gwinnett Plantation Way		Transaction ID: SA11A1.20326
City Duluth	State GA	Zip Code 30066-4647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Lloyd-Bennett & Company Insurance	Occupation Account Executive	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 530.00	

Full Name (Last, First, Middle Initial) C. David S. Johnson		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 3346 Gwinnett Plantation Way		Transaction ID: SA11A1.20832
City Duluth	State GA	Zip Code 30066-4647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Lloyd-Bennett & Company Insurance	Occupation Account Executive	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 116 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Jill Johnson		Date of Receipt M / D / Y 10 / 09 / 2003
Mailing Address 5851 South 59th Street suite C		Transaction ID: SA11A1.21341
City Lincoln	State NE	Zip Code 68516-2388
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer First Concord Benefits Group, LLC	Occupation Managing Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Suzy Johnson		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 6235 Morrison Boulevard Suite 302		Transaction ID: SA11A1.19584
City Charlotte	State NC	Zip Code 28211-3508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Strategic Employee Benefit Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Suzy Johnson		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 6235 Morrison Boulevard Suite 302		Transaction ID: SA11A1.19815
City Charlotte	State NC	Zip Code 28211-3508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Strategic Employee Benefit Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 117 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Suzy Johnson		Date of Receipt M / D / Y 09 / 20 / 2003
Mailing Address 8235 Morrison Boulevard Suite 302		Transaction ID: SA11A1.20075
City Charlotte	State NC	Zip Code 28211-3508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Strategic Employee Benefit Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Suzy Johnson		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 8235 Morrison Boulevard Suite 302		Transaction ID: SA11A1.20328
City Charlotte	State NC	Zip Code 28211-3508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Strategic Employee Benefit Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Suzy Johnson		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 8235 Morrison Boulevard Suite 302		Transaction ID: SA11A1.20584
City Charlotte	State NC	Zip Code 28211-3508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Strategic Employee Benefit Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 118 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Suzy Johnson		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 8235 Morrison Boulevard Suite 302		Transaction ID: SA11A1.20834
City	State Zip Code	
Charlotte	NC 28211-3508	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		30.00
Name of Employer Strategic Employee Benefit Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. Karan D. Jones		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 5225 South Loop 289 Suite 111		Transaction ID: SA11A1.19224
City	State Zip Code	
Lubbock	TX 79424-1319	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		20.00
Name of Employer Blue Cross Blue Shield of IL	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Karan D. Jones		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 5225 South Loop 289 Suite 111		Transaction ID: SA11A1.19408
City	State Zip Code	
Lubbock	TX 79424-1319	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		20.00
Name of Employer Blue Cross Blue Shield of IL	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 118 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Lawrence Kaczmarek		Date of Receipt M / D / Y 07 / 01 / 2003
Mailing Address 2833 State Route 58, Suite B		Transaction ID: SA11A1.21485
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 050.00	

Full Name (Last, First, Middle Initial) B. Lawrence Kaczmarek		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address 2833 State Route 58, Suite B		Transaction ID: SA11A1.18512
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) C. Lawrence Kaczmarek		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address 2833 State Route 58, Suite B		Transaction ID: SA11A1.18878
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 120 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Lawrence Kaczmarek		Date of Receipt M / D / Y 08 / 15 / 2008
Mailing Address 2833 State Route 59, Suite B		Transaction ID: SA11A1.21539
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 110.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1260.00	

Full Name (Last, First, Middle Initial) B. Lawrence Kaczmarek		Date of Receipt M / D / Y 09 / 02 / 2008
Mailing Address 2833 State Route 59, Suite B		Transaction ID: SA11A1.18866
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1360.00	

Full Name (Last, First, Middle Initial) C. Lawrence Kaczmarek		Date of Receipt M / D / Y 10 / 02 / 2008
Mailing Address 2833 State Route 59, Suite B		Transaction ID: SA11A1.19043
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1460.00	

SUBTOTAL of Receipts This Page (optional)	▶	310.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 121 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Lawrence Kaczmarek		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 2833 State Route 58, Suite B		Transaction ID: SA11A1.19227
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1560.00	

Full Name (Last, First, Middle Initial) B. Lawrence Kaczmarek		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 2833 State Route 58, Suite B		Transaction ID: SA11A1.19417
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1680.00	

Full Name (Last, First, Middle Initial) C. Thelma Kaczmarek		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address 2833 State Rta. 58 Ste. B		Transaction ID: SA11A1.18513
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

SUBTOTAL of Receipts This Page (optional)	▶	280.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 122 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Thelma Kaczmarek		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address 2833 State Rte. 59 Ste. B		Transaction ID: SA11A1.18877
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

Full Name (Last, First, Middle Initial) B. Thelma Kaczmarek		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address 2833 State Rte. 59 Ste. B		Transaction ID: SA11A1.18867
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) C. Thelma Kaczmarek		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 2833 State Rte. 59 Ste. B		Transaction ID: SA11A1.19044
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional)	240.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 123 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Thelma Kaczmarek		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 2833 State Rte. 59 Ste. B		Transaction ID: SA11A1.19228
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	

Full Name (Last, First, Middle Initial) B. Thelma Kaczmarek		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 2833 State Rte. 59 Ste. B		Transaction ID: SA11A1.19418
City Ravenna	State OH	Zip Code 44266-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Kaczmarek Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	

Full Name (Last, First, Middle Initial) C. Jack Kekoy		Date of Receipt M / D / Y 09 / 13 / 2003
Mailing Address 3501 State Highway 66		Transaction ID: SA11A1.21575
City Neptune	State NJ	Zip Code 07754
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer Health Net of the Northeast, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	400.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 124 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Alan Katz, JD		Date of Receipt M / D / Y 07 / 03 / 2003
Mailing Address 2000 Corporate Center Drive		Transaction ID: SA11A1.21498
City Newbury Park	State CA	Zip Code 91320
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Blue Cross of California	Occupation Senior Vice President, Sales	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Thomas Kaufman		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 1875 Willow Street		Transaction ID: SA11A1.19591
City San Jose	State CA	Zip Code 95125
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer BCI Insurance Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00	

Full Name (Last, First, Middle Initial) C. Thomas Kaufman		Date of Receipt M / D / Y 08 / 15 / 2003
Mailing Address 1875 Willow Street		Transaction ID: SA11A1.21540
City San Jose	State CA	Zip Code 95125
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer BCI Insurance Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 645.00	

SUBTOTAL of Receipts This Page (optional)	▶	385.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 125 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Thomas Kaufman		Date of Receipt M / D / Y 08 / 28 / 2008
Mailing Address 1875 Willow Street		Transaction ID: SA11A1.19822
City San Jose	State CA	Zip Code 95125
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer BCI Insurance Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 730.00	

Full Name (Last, First, Middle Initial) B. Thomas Kaufman		Date of Receipt M / D / Y 09 / 28 / 2008
Mailing Address 1875 Willow Street		Transaction ID: SA11A1.20081
City San Jose	State CA	Zip Code 95125
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer BCI Insurance Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 815.00	

Full Name (Last, First, Middle Initial) C. Thomas Kaufman		Date of Receipt M / D / Y 10 / 15 / 2008
Mailing Address 1875 Willow Street		Transaction ID: SA11A1.21399
City San Jose	State CA	Zip Code 95125
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer BCI Insurance Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 820.00	

SUBTOTAL of Receipts This Page (optional)	▶	175.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 126 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Thomas Kaufman		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 1675 Willow Street		Transaction ID: SA11A1.20334
City San Jose	State CA	Zip Code 95125
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer BCI Insurance Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 805.00	

Full Name (Last, First, Middle Initial) B. Thomas Kaufman		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 1675 Willow Street		Transaction ID: SA11A1.20588
City San Jose	State CA	Zip Code 95125
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer BCI Insurance Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 890.00	

Full Name (Last, First, Middle Initial) C. Joseph Kellher		Date of Receipt M / D / Y 09 / 14 / 2003
Mailing Address P.O. Box 1657		Transaction ID: SA11A1.21310
City Salem	State VA	Zip Code 24153
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer BGI Brokerage	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional)	▶	270.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 127 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Mark D. Kennedy		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 1173 Brittnoare Road		Transaction ID: SA11A1.19594
City Houston	State TX	Zip Code 77043-5003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Benefit Concepts Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Mark D. Kennedy		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 1173 Brittnoare Road		Transaction ID: SA11A1.19825
City Houston	State TX	Zip Code 77043-5003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Benefit Concepts Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. Mark D. Kennedy		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 1173 Brittnoare Road		Transaction ID: SA11A1.20084
City Houston	State TX	Zip Code 77043-5003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Benefit Concepts Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	240.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 128 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Mark D. Kennedy		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 1173 Brittnoare Road		Transaction ID: SA11A1.20337
City Houston	State TX	Zip Code 77043-5003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Benefit Concepts Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) B. Mark D. Kennedy		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 1173 Brittnoare Road		Transaction ID: SA11A1.20332
City Houston	State TX	Zip Code 77043-5003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Benefit Concepts Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

Full Name (Last, First, Middle Initial) C. Mark D. Kennedy		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 1173 Brittnoare Road		Transaction ID: SA11A1.20341
City Houston	State TX	Zip Code 77043-5003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Benefit Concepts Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

SUBTOTAL of Receipts This Page (optional)	▶	240.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 129 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Michael Kielan		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address P.O. Box 45279		Transaction ID: SA11A1.18514
City Omaha	State NE	Zip Code 68145-0279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Harry Koch Insurance Co.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Michael Kielan		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address P.O. Box 45279		Transaction ID: SA11A1.18678
City Omaha	State NE	Zip Code 68145-0279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Harry Koch Insurance Co.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) C. Michael Kielan		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address P.O. Box 45279		Transaction ID: SA11A1.18868
City Omaha	State NE	Zip Code 68145-0279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Harry Koch Insurance Co.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 130 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Michael Kielan		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address P.O. Box 45279		Transaction ID: SA11A1.19045
City Omaha	State NE	Zip Code 68145-0279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Harry Koch Insurance Co.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Michael Kielan		Date of Receipt M / D / Y 10 / 08 / 2003
Mailing Address P.O. Box 45279		Transaction ID: SA11A1.21592
City Omaha	State NE	Zip Code 68145-0279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 65.00
Name of Employer Harry Koch Insurance Co.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 335.00	

Full Name (Last, First, Middle Initial) C. Michael Kielan		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address P.O. Box 45279		Transaction ID: SA11A1.19229
City Omaha	State NE	Zip Code 68145-0279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Harry Koch Insurance Co.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 355.00	

SUBTOTAL of Receipts This Page (optional)	105.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 131 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Michael Kielan		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address P.O. Box 4527B		Transaction ID: SA11A1.19419
City Omaha	State NE	Zip Code 68145-0279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Harry Koch Insurance Co.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) B. Laurie Kohls		Date of Receipt M / D / Y 10 / 09 / 2003
Mailing Address 1150 Springhurst Drive #140		Transaction ID: SA11A1.21370
City Green Bay	State WI	Zip Code 54304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 65.00
Name of Employer United Healthcare/Midwest Security	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) C. Laurie Kohls		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 1150 Springhurst Drive #140		Transaction ID: SA11A1.20340
City Green Bay	State WI	Zip Code 54304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer United Healthcare/Midwest Security	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

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: (check only one)		PAGE 132 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Laurie Kohls		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 115D Springhurst Drive #140		Transaction ID: SA11A1.20595
City Green Bay	State WI	Zip Code 54304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer United Healthcare/Midwest Security	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) B. Laurie Kohls		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 115D Springhurst Drive #140		Transaction ID: SA11A1.20844
City Green Bay	State WI	Zip Code 54304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer United Healthcare/Midwest Security	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

Full Name (Last, First, Middle Initial) C. Mary B. Kramer		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address 11508 Miracle Hills Drive, #102		Transaction ID: SA11A1.18517
City Omaha	State NE	Zip Code 68154-4447
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Silverstone Group, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 133 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Mary B. Kramer		Date of Receipt M / D / Y 08 / 04 / 2008
Mailing Address 11508 Miracle Hills Drive, #102		Transaction ID: SA11A1.18681
City Omaha	State NE	Zip Code 68154-4447
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Silverstone Group, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) B. Mary B. Kramer		Date of Receipt M / D / Y 09 / 02 / 2008
Mailing Address 11508 Miracle Hills Drive, #102		Transaction ID: SA11A1.18681
City Omaha	State NE	Zip Code 68154-4447
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Silverstone Group, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) C. Mary B. Kramer		Date of Receipt M / D / Y 10 / 02 / 2008
Mailing Address 11508 Miracle Hills Drive, #102		Transaction ID: SA11A1.19048
City Omaha	State NE	Zip Code 68154-4447
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Silverstone Group, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 134 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Mary B. Kramer		Date of Receipt M / D / Y 10 / 09 / 2003
Mailing Address 11508 Miracle Hills Drive, #102		Transaction ID: SA11A1.21964
City Omaha	State NE	Zip Code 68154-4447
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Silverstone Group, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00	

Full Name (Last, First, Middle Initial) B. Mary B. Kramer		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 11508 Miracle Hills Drive, #102		Transaction ID: SA11A1.19232
City Omaha	State NE	Zip Code 68154-4447
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Silverstone Group, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00	

Full Name (Last, First, Middle Initial) C. Mary B. Kramer		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 11508 Miracle Hills Drive, #102		Transaction ID: SA11A1.19422
City Omaha	State NE	Zip Code 68154-4447
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Silverstone Group, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 535.00	

SUBTOTAL of Receipts This Page (optional)	▶	165.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 135 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

A. Full Name (Last, First, Middle Initial) Kenneth Kuhn Mailing Address 40 North 100 East City State Zip Code Provo UT 84606-3100		Date of Receipt M / D / Y 08 / 02 / 2003 Transaction ID: SA11A1.21186 Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer First West Brokerage Services Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 430.00	

B. Full Name (Last, First, Middle Initial) Drew Lamb Mailing Address 5925 Carnegie Blvd. Suite 400 City State Zip Code Charlotte NC 28209-4659		Date of Receipt M / D / Y 11 / 27 / 2003 Transaction ID: SA11A1.21426 Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer BB&T Insurance Services, Inc. Receipt For: Primary General Other (specify) ▼	Occupation AVP - Employee Benefits Aggregate Year-to-Date ▼ 220.00	

C. Full Name (Last, First, Middle Initial) Kirk Lawless Mailing Address 317 RR 620 South Suite 3D1 City State Zip Code Austin TX 78734-4700		Date of Receipt M / D / Y 11 / 28 / 2003 Transaction ID: SA11A1.20598 Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Delta Dental Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	270.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 136 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Kirk Lavalée		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 317 RR 620 South Suite 301		Transaction ID: SA11A1.20847
City Austin	State TX	Zip Code 78734-4700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Delta Dental Insurance Company	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Robert Lay		Date of Receipt M / D / Y 07 / 01 / 2003
Mailing Address 3112 Forest Avenue		Transaction ID: SA11A1.21468
City Fort Worth	State TX	Zip Code 76112-7002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Lay & Williams Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Robert Lay		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 3112 Forest Avenue		Transaction ID: SA11A1.19800
City Fort Worth	State TX	Zip Code 76112-7002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Lay & Williams Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional)	▶	245.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 137 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Robert Lay		Date of Receipt M / D / Y 08 / 28 / 2008
Mailing Address 3112 Forest Avenue		Transaction ID: SA11A1.19715
City State Zip Code Fort Worth TX 76112-7002	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00
Name of Employer Lay & Williams Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Robert Lay		Date of Receipt M / D / Y 09 / 28 / 2008
Mailing Address 3112 Forest Avenue		Transaction ID: SA11A1.20089
City State Zip Code Fort Worth TX 76112-7002	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00
Name of Employer Lay & Williams Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) C. Robert Lay		Date of Receipt M / D / Y 10 / 30 / 2008
Mailing Address 3112 Forest Avenue		Transaction ID: SA11A1.20348
City State Zip Code Fort Worth TX 76112-7002	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00
Name of Employer Lay & Williams Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional)	▶	75.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 138 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Robert Lay		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 3112 Forest Avenue		Transaction ID: SA11A1.20800
City Fort Worth	State TX	Zip Code 76112-7002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Lay & Williams Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) B. Robert Lay		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 3112 Forest Avenue		Transaction ID: SA11A1.20849
City Fort Worth	State TX	Zip Code 76112-7002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Lay & Williams Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Lance Ledbetter		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 5881 Glenridge Drive, NE Suite 250		Transaction ID: SA11A1.20802
City Atlanta	State GA	Zip Code 30328-6189
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Allstate Financial	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 130 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. Lance Ledbetter		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 5881 Glenridge Drive, NE Suite 250		Transaction ID: SA11A1.20851
City Atlanta	State GA	Zip Code 30328-6169
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Allstate Financial	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Ronald Levine		Date of Receipt M / D / Y 07 / 01 / 2003
Mailing Address 2480 Peach Tree Road, NW Suite 1514		Transaction ID: SA11A1.21469
City Atlanta	State GA	Zip Code 30305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Complink	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) C. Ronald Levine		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 2480 Peach Tree Road, NW Suite 1514		Transaction ID: SA11A1.19803
City Atlanta	State GA	Zip Code 30305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Complink	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 140 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Ronald Levine		Date of Receipt M / D / Y 08 / 28 / 2008
Mailing Address 2480 Peach Tree Road, NW Suite 1514		Transaction ID: SA11A1.19834
City Atlanta	State GA	Zip Code 30305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer CompLink	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) B. Ronald Levine		Date of Receipt M / D / Y 09 / 28 / 2008
Mailing Address 2480 Peach Tree Road, NW Suite 1514		Transaction ID: SA11A1.20093
City Atlanta	State GA	Zip Code 30305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer CompLink	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	

Full Name (Last, First, Middle Initial) C. Ronald Levine		Date of Receipt M / D / Y 10 / 30 / 2008
Mailing Address 2480 Peach Tree Road, NW Suite 1514		Transaction ID: SA11A1.20350
City Atlanta	State GA	Zip Code 30305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer CompLink	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 141 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. Ronald Levine		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 248D Peach Tree Road, NW Suite 1514		Transaction ID: SA11A1.20804
City Atlanta	State GA	Zip Code 30305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer CompLink	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 470.00	

Full Name (Last, First, Middle Initial) B. Ronald Levine		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 248D Peach Tree Road, NW Suite 1514		Transaction ID: SA11A1.20853
City Atlanta	State GA	Zip Code 30305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer CompLink	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Brian Leichty		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address 120 E Washington Street		Transaction ID: SA11A1.18518
City Plymouth	State IN	Zip Code 46563-1744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer KL Benefits	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

SUBTOTAL of Receipts This Page (optional)	140.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 142 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Brian Liechty		Date of Receipt M / D / Y 08 / 04 / 2008
Mailing Address 120 E Washington Street		Transaction ID: SA11A1.18682
City Plymouth	State IN	Zip Code 46563-1744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer KL Benefits	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

Full Name (Last, First, Middle Initial) B. Brian Liechty		Date of Receipt M / D / Y 09 / 02 / 2008
Mailing Address 120 E Washington Street		Transaction ID: SA11A1.18682
City Plymouth	State IN	Zip Code 46563-1744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer KL Benefits	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) C. Brian Liechty		Date of Receipt M / D / Y 10 / 02 / 2008
Mailing Address 120 E Washington Street		Transaction ID: SA11A1.19049
City Plymouth	State IN	Zip Code 46563-1744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer KL Benefits	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional)	▶	240.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 143 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Brian Liechty		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 120 E Washington Street		Transaction ID: SA11A1.19233
City Plymouth	State IN	Zip Code 46563-1744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer KL Benefits	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	

Full Name (Last, First, Middle Initial) B. Brian Liechty		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 120 E Washington Street		Transaction ID: SA11A1.19423
City Plymouth	State IN	Zip Code 46563-1744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer KL Benefits	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	

Full Name (Last, First, Middle Initial) C. Clark Loewe		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address 12200 Northwest Fwy. Suite 662		Transaction ID: SA11A1.18874
City Houston	State TX	Zip Code 77062-4527
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Northwest General Insurance	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	185.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 144 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Clark Loewe		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 12200 Northwest Fwy. Suite 662		Transaction ID: SA11A1.19051
City Houston	State TX	
Zip Code 77062-4827		
FEC ID number of contributing federal political committee. C		
Name of Employer Northwest General Insurance	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Clark Loewe		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 12200 Northwest Fwy. Suite 662		Transaction ID: SA11A1.19235
City Houston	State TX	
Zip Code 77062-4827		
FEC ID number of contributing federal political committee. C		
Name of Employer Northwest General Insurance	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. Clark Loewe		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 12200 Northwest Fwy. Suite 662		Transaction ID: SA11A1.19425
City Houston	State TX	
Zip Code 77062-4827		
FEC ID number of contributing federal political committee. C		
Name of Employer Northwest General Insurance	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 145 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Sandra Longacre		Date of Receipt M / D / Y 08 / 22 / 2008
Mailing Address 500 North Akard Street Suite 1800		Transaction ID: SA11A1.21278
City Dallas	State TX	Zip Code 75201-6671
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 480.00
Name of Employer Morris Temple Financial Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

Full Name (Last, First, Middle Initial) B. Dale Maloney		Date of Receipt M / D / Y 07 / 30 / 2008
Mailing Address 1434 West Fairbanks Avenue		Transaction ID: SA11A1.19610
City Winter Park	State FL	Zip Code 32789-4806
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Resource Group of Winter Park, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

Full Name (Last, First, Middle Initial) C. Dale Maloney		Date of Receipt M / D / Y 08 / 28 / 2008
Mailing Address 1434 West Fairbanks Avenue		Transaction ID: SA11A1.19842
City Winter Park	State FL	Zip Code 32789-4806
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Resource Group of Winter Park, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

SUBTOTAL of Receipts This Page (optional)	640.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 146 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Dale Maloney		Date of Receipt M / D / Y 09 / 20 / 2003
Mailing Address 1434 West Fairbanks Avenue		Transaction ID: SA11A1.20099
City State Zip Code Winter Park FL 32789-4806	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 80.00
Name of Employer Resource Group of Winter Park, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) B. Dale Maloney		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 1434 West Fairbanks Avenue		Transaction ID: SA11A1.20358
City State Zip Code Winter Park FL 32789-4806	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 80.00
Name of Employer Resource Group of Winter Park, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) C. Dale Maloney		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 1434 West Fairbanks Avenue		Transaction ID: SA11A1.20811
City State Zip Code Winter Park FL 32789-4806	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 80.00
Name of Employer Resource Group of Winter Park, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

SUBTOTAL of Receipts This Page (optional)	240.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 147 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Dale Maloney		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 1434 West Fairbanks Avenue		Transaction ID: SA11A1.20360
City State Zip Code Winter Park FL 32789-4806	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 80.00
Name of Employer Resource Group of Winter Park, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 060.00	

Full Name (Last, First, Middle Initial) B. Jennifer Manceer		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 3700 Colonnade Parkway		Transaction ID: SA11A1.19237
City State Zip Code Birmingham AL 35243-3216	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00
Name of Employer United Healthcare	Occupation Account Executive	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Jennifer Manceer		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 3700 Colonnade Parkway		Transaction ID: SA11A1.19427
City State Zip Code Birmingham AL 35243-3216	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00
Name of Employer United Healthcare	Occupation Account Executive	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 148 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Kimberly Martin		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address 180 Charlotte Highway		Transaction ID: SA11A1.18523
City Asheville	State NC	Zip Code 28803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefits Unlimited, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Kimberly Martin		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address 180 Charlotte Highway		Transaction ID: SA11A1.18687
City Asheville	State NC	Zip Code 28803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefits Unlimited, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. Kimberly Martin		Date of Receipt M / D / Y 08 / 16 / 2003
Mailing Address 180 Charlotte Highway		Transaction ID: SA11A1.21214
City Asheville	State NC	Zip Code 28803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefits Unlimited, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 149 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. Kimberly Martin		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address 180 Charlotte Highway		Transaction ID: SA11A1.18877
City Asheville	State NC	Zip Code 28803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefits Unlimited, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Kimberly Martin		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 180 Charlotte Highway		Transaction ID: SA11A1.19054
City Asheville	State NC	Zip Code 28803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefits Unlimited, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. Kimberly Martin		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 180 Charlotte Highway		Transaction ID: SA11A1.19238
City Asheville	State NC	Zip Code 28803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefits Unlimited, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 150 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Kimberly Martin		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 180 Charlotte Highway		Transaction ID: SA11A1.19428
City Asheville	State NC	Zip Code 28803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Benefits Unlimited, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. Donald Mathem		Date of Receipt M / D / Y 08 / 03 / 2003
Mailing Address 7850 Cherrywood Drive		Transaction ID: SA11A1.21188
City Boise	State ID	Zip Code 83704-3541
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Insurance Specialists	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) C. Donald Mathem		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 7850 Cherrywood Drive		Transaction ID: SA11A1.19843
City Boise	State ID	Zip Code 83704-3541
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Insurance Specialists	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 151 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Donald Mathern		Date of Receipt M / D / Y 09 / 20 / 2003
Mailing Address 7850 Cherrywood Drive		Transaction ID: SA11A1.20100
City Boise	State ID	Zip Code 83704-3541
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Insurance Specialists	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Donald Mathern		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 7850 Cherrywood Drive		Transaction ID: SA11A1.20359
City Boise	State ID	Zip Code 83704-3541
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Insurance Specialists	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. Donald Mathern		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 7850 Cherrywood Drive		Transaction ID: SA11A1.20812
City Boise	State ID	Zip Code 83704-3541
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Insurance Specialists	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

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: (check only one)		PAGE 152 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Donald Mathern		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 785D Cherrywood Drive		Transaction ID: SA11A1.20361
City Boise	State ID	Zip Code 83704-3541
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Insurance Specialists	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. Carol Malzniek		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address P.O. Box 38905		Transaction ID: SA11A1.19056
City Greensboro	State NC	Zip Code 27438-8905
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer North Carolina AHU	Occupation Executive Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Carol Malzniek		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address P.O. Box 38905		Transaction ID: SA11A1.19240
City Greensboro	State NC	Zip Code 27438-8905
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer North Carolina AHU	Occupation Executive Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 153 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Carol Matznick		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address P.O. Box 38905		Transaction ID: SA11A1.19430
City Greensboro	State NC	Zip Code 27438-8905
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer North Carolina AHU	Occupation Executive Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Michael Matznick		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address P.O. Box 3824B		Transaction ID: SA11A1.19612
City Greensboro	State NC	Zip Code 27438-8248
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Med/Flex Benefits Center, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 735.00	

Full Name (Last, First, Middle Initial) C. Michael Matznick		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address P.O. Box 3824B		Transaction ID: SA11A1.19844
City Greensboro	State NC	Zip Code 27438-8248
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Med/Flex Benefits Center, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 820.00	

SUBTOTAL of Receipts This Page (optional)	▶	210.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 154 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Michael Meterick		Date of Receipt M / D / Y 09 / 20 / 2003
Mailing Address P.O. Box 3824B		Transaction ID: SA11A1.20101
City Greensboro	State NC	Zip Code 27438-8248
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Med/Flex Benefits Center, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 805.00	

Full Name (Last, First, Middle Initial) B. Michael Meterick		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address P.O. Box 3824B		Transaction ID: SA11A1.20360
City Greensboro	State NC	Zip Code 27438-8248
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Med/Flex Benefits Center, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 890.00	

Full Name (Last, First, Middle Initial) C. Michael Meterick		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address P.O. Box 3824B		Transaction ID: SA11A1.20813
City Greensboro	State NC	Zip Code 27438-8248
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Med/Flex Benefits Center, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1075.00	

SUBTOTAL of Receipts This Page (optional)	▶	255.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 155 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. John May		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 705 Lakeview Plaza Blvd #B		Transaction ID: SA11A1.19813
City Worthington	State OH	Zip Code 43085-4779
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer May Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. John May		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 705 Lakeview Plaza Blvd #B		Transaction ID: SA11A1.19845
City Worthington	State OH	Zip Code 43085-4779
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer May Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. John May		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 705 Lakeview Plaza Blvd #B		Transaction ID: SA11A1.20102
City Worthington	State OH	Zip Code 43085-4779
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer May Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	240.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 156 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. John May		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 705 Lakeview Plaza Blvd #B		Transaction ID: SA11A1.20961
City Worthington	State OH	Zip Code 43085-4779
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer May Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) B. John May		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 705 Lakeview Plaza Blvd #B		Transaction ID: SA11A1.209614
City Worthington	State OH	Zip Code 43085-4779
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer May Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

Full Name (Last, First, Middle Initial) C. John May		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 705 Lakeview Plaza Blvd #B		Transaction ID: SA11A1.20862
City Worthington	State OH	Zip Code 43085-4779
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer May Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

SUBTOTAL of Receipts This Page (optional)	▶	240.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 157 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Donna S. McCright		Date of Receipt M / D / Y 09 / 04 / 2003
Mailing Address 4055 Valley View Lane Suite 360		Transaction ID: SA11A1.21567
City Dallas	State TX	Zip Code 75244-5083
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer CBIZ Benefits & Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Mark McWright		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 575 South Charles Street Suite 300		Transaction ID: SA11A1.19620
City Baltimore	State MD	Zip Code 21201-2428
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Strategic Employee Benefit Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) C. Mark McWright		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 575 South Charles Street Suite 300		Transaction ID: SA11A1.19853
City Baltimore	State MD	Zip Code 21201-2428
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Strategic Employee Benefit Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional)	440.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 158 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Mark McWright		Date of Receipt M / D / Y 09 / 20 / 2003
Mailing Address 575 South Charles Street Suite 300		Transaction ID: SA11A1.20109
City Baltimore	State MD	Zip Code 21201-2428
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Strategic Employee Benefit Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Mark McWright		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 575 South Charles Street Suite 300		Transaction ID: SA11A1.20368
City Baltimore	State MD	Zip Code 21201-2428
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Strategic Employee Benefit Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Mark McWright		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 575 South Charles Street Suite 300		Transaction ID: SA11A1.20821
City Baltimore	State MD	Zip Code 21201-2428
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Strategic Employee Benefit Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 150 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Mark McWright		Date of Receipt M / D / Y 12 / 30 / 2003	
Mailing Address 575 South Charles Street Suite 300		Transaction ID: SA11A1.20369	
City Baltimore	State MD	Zip Code 21201-2428	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Strategic Employee Benefit Services		Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) B. David Alex Mercer		Date of Receipt M / D / Y 10 / 08 / 2003	
Mailing Address P.O. Box 2369		Transaction ID: SA11A1.21358	
City Mattheys	State NC	Zip Code 28106-2369	Amount of Each Receipt this Period 260.00
FEC ID number of contributing federal political committee. C			
Name of Employer Mercer Insurance Group		Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. Jeffrey R. Miles		Date of Receipt M / D / Y 07 / 03 / 2003	
Mailing Address 520 Washington Boulevard Suite 8D1		Transaction ID: SA11A1.21500	
City Marina del Rey	State CA	Zip Code 90252-5442	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer The Miles Organization, Inc.		Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	460.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 160 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Jeffrey R. Miles		Date of Receipt M / D / Y 08 / 09 / 2003
Mailing Address 520 Washington Boulevard Suite 801		Transaction ID: SA11A1.21170
City Marina del Rey	State CA	Zip Code 90292-5442
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer The Miles Organization, Inc.	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 655.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. David R. Moore		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address P.O. Box 1006		Transaction ID: SA11A1.18692
City Burlington	State NC	Zip Code 27216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer David R. Moore, CLU & Associates	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 210.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. David R. Moore		Date of Receipt M / D / Y 08 / 16 / 2003
Mailing Address P.O. Box 1006		Transaction ID: SA11A1.21219
City Burlington	State NC	Zip Code 27216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer David R. Moore, CLU & Associates	Occupation Health Insurance Agent	Aggregate Year-to-Date ▼ 230.00
Receipt For: Primary General Other (specify) ▼		

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: (check only one)		PAGE 161 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. David R. Moore		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address P.O. Box 1006		Transaction ID: SA11A1.18886
City Burlington	State NC	Zip Code 27216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer David R. Moore, CLU & Associates	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. David R. Moore		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address P.O. Box 1006		Transaction ID: SA11A1.19063
City Burlington	State NC	Zip Code 27216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer David R. Moore, CLU & Associates	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) C. David R. Moore		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address P.O. Box 1006		Transaction ID: SA11A1.19248
City Burlington	State NC	Zip Code 27216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer David R. Moore, CLU & Associates	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 162 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. David R. Moore		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address P.O. Box 1006		Transaction ID: SA11A1.19436
City Burlington	State NC	Zip Code 27216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer David R. Moore, CLU & Associates	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

Full Name (Last, First, Middle Initial) B. Wesley Moore		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address P.O. Box 604		Transaction ID: SA11A1.18528
City Darlington	State SC	Zip Code 29540-0604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer W.P. Moore, III Agency, Inc.	Occupation Owner, Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. Wesley Moore		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address P.O. Box 604		Transaction ID: SA11A1.18893
City Darlington	State SC	Zip Code 29540-0604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer W.P. Moore, III Agency, Inc.	Occupation Owner, Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 163 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Wesley Moore		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address P.O. Box 604		Transaction ID: SA11A1.18687
City Darlington	State SC	Zip Code 29540-0604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer W.P. Moore, III Agency, Inc.	Occupation Owner, Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) B. Wesley Moore		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address P.O. Box 604		Transaction ID: SA11A1.19064
City Darlington	State SC	Zip Code 29540-0604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer W.P. Moore, III Agency, Inc.	Occupation Owner, Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) C. Wesley Moore		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address P.O. Box 604		Transaction ID: SA11A1.19247
City Darlington	State SC	Zip Code 29540-0604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer W.P. Moore, III Agency, Inc.	Occupation Owner, Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 164 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Wesley Moore		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address P.O. Box 604		Transaction ID: SA11A1.19437
City Darlington	State SC	Zip Code 29540-0604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer W.P. Moore, III Agency, Inc.	Occupation Owner, Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) B. Dave Mardo		Date of Receipt M / D / Y 09 / 13 / 2003
Mailing Address 718 River Road		Transaction ID: SA11A1.21308
City Fair Haven	State NJ	Zip Code 07704-3359
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Walsh Benefits	Occupation Brokers Rep.	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dave Mardo		Date of Receipt M / D / Y 09 / 13 / 2003
Mailing Address 718 River Road		Transaction ID: SA11A1.21309
City Fair Haven	State NJ	Zip Code 07704-3359
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Walsh Benefits	Occupation Brokers Rep.	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

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: (check only one)		PAGE 165 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. Carolynne E. Muldoon		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 457 Main Street		Transaction ID: SA11A1.20873
City Longmont	State CO	Zip Code 80501-5534
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Colorado Employee Benefit Group, Inc.	Occupation Owner	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Josh Naca		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 936 North 34th Street Suite 208		Transaction ID: SA11A1.19067
City Seattle	State WA	Zip Code 98103-8869
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Dental Health Services	Occupation Vice President Sales & Service	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) C. Josh Naca		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 936 North 34th Street Suite 208		Transaction ID: SA11A1.19250
City Seattle	State WA	Zip Code 98103-8869
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Dental Health Services	Occupation Vice President Sales & Service	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 166 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Josh Nace		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 936 North 34th Street Suite 208		Transaction ID: SA11A1.19440
City Seattle	State WA	Zip Code 98103-8869
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Denial Health Services	Occupation Vice President Sales & Service	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) B. Linda New		Date of Receipt M / D / Y 09 / 28 / 2003
Mailing Address PO Box 82326		Transaction ID: SA11A1.20117
City Austin	State TX	Zip Code 78731
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Capital Financial Resources	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Linda New		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address PO Box 82326		Transaction ID: SA11A1.20378
City Austin	State TX	Zip Code 78731
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Capital Financial Resources	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 167 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Mark Newbold		Date of Receipt M / D / Y 08 / 10 / 2003
Mailing Address 1208 North Lincoln, Suite 200		Transaction ID: SA11A1.21174
City Spokane	State WA	Zip Code 99201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Conkery & Jones Benefits, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Ron J. Neek		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address P.O. Box 62307		Transaction ID: SA11A1.20878
City Lafayette	State LA	Zip Code 70506-2307
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Global Financial Resources, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Kirby Nielsen		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 2041 Willow Glen Lane		Transaction ID: SA11A1.19827
City Columbus	State OH	Zip Code 43229-1550
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Nielsen Insurance Agency, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	540.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 168 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Kirby Nielsen		Date of Receipt M / D / Y 08 / 28 / 2008
Mailing Address 2041 Willow Glen Lane		Transaction ID: SA11A1.19887
City Columbus	State OH	Zip Code 43229-1550
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Nielsen Insurance Agency, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Kirby Nielsen		Date of Receipt M / D / Y 09 / 28 / 2008
Mailing Address 2041 Willow Glen Lane		Transaction ID: SA11A1.20120
City Columbus	State OH	Zip Code 43229-1550
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Nielsen Insurance Agency, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) C. Kirby Nielsen		Date of Receipt M / D / Y 10 / 30 / 2008
Mailing Address 2041 Willow Glen Lane		Transaction ID: SA11A1.20379
City Columbus	State OH	Zip Code 43229-1550
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Nielsen Insurance Agency, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 169 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Kirby Nielsen		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 2041 Willow Glen Lane		Transaction ID: SA11A1.20831
City Columbus	State OH	Zip Code 43229-1550
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Nielsen Insurance Agency, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) B. Kirby Nielsen		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 2041 Willow Glen Lane		Transaction ID: SA11A1.20879
City Columbus	State OH	Zip Code 43229-1550
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Nielsen Insurance Agency, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Patricia Norbet		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address P.O. Box 220748		Transaction ID: SA11A1.20883
City Charlotte	State NC	Zip Code 28222-0748
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Cameron M. Harris & Co.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 170 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Frank Novy		Date of Receipt M / D / Y 07 / 01 / 2003
Mailing Address 21238 Woodview Circle		Transaction ID: SA11A1.21474
City Strongsville	State OH	Zip Code 44149-9261
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Qualified Administrative Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) B. Frank Novy		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 21238 Woodview Circle		Transaction ID: SA11A1.19630
City Strongsville	State OH	Zip Code 44149-9261
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Qualified Administrative Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Frank Novy		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 21238 Woodview Circle		Transaction ID: SA11A1.19870
City Strongsville	State OH	Zip Code 44149-9261
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Qualified Administrative Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 171 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Frank Novy		Date of Receipt M / D / Y 09 / 20 / 2003
Mailing Address 21238 Woodview Circle		Transaction ID: SA11A1.20123
City Strongsville	State OH	Zip Code 44149-9261
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Qualified Administrative Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Frank Novy		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 21238 Woodview Circle		Transaction ID: SA11A1.20382
City Strongsville	State OH	Zip Code 44149-9261
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Qualified Administrative Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) C. Frank Novy		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 21238 Woodview Circle		Transaction ID: SA11A1.20834
City Strongsville	State OH	Zip Code 44149-9261
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Qualified Administrative Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

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: (check only one)		PAGE 172 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Frank Novy		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 21238 Woodview Circle		Transaction ID: SA11A1.20384
City Strongsville	State OH	Zip Code 44149-0261
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Qualified Administrative Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) B. Ken Dalameier		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 245 South B4th Street Suite W100		Transaction ID: SA11A1.19256
City Lincoln	State NE	Zip Code 68510-2697
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFLAC	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Ken Dalameier		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 245 South B4th Street Suite W100		Transaction ID: SA11A1.19448
City Lincoln	State NE	Zip Code 68510-2697
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFLAC	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	50.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 173 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. John Parker		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 47 Laurel Hill Drive		Transaction ID: SA11A1.19836
City Niantic	State CT	Zip Code 06357
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Parker Health Plan Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. John Parker		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 47 Laurel Hill Drive		Transaction ID: SA11A1.19879
City Niantic	State CT	Zip Code 06357
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Parker Health Plan Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. John Parker		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 47 Laurel Hill Drive		Transaction ID: SA11A1.20131
City Niantic	State CT	Zip Code 06357
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Parker Health Plan Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 174 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. John Parker		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 47 Laurel Hill Drive		Transaction ID: SA11A1.20392
City Niantic	State CT	Zip Code 06357
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Parker Health Plan Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) B. John Parker		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 47 Laurel Hill Drive		Transaction ID: SA11A1.20643
City Niantic	State CT	Zip Code 06357
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Parker Health Plan Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) C. John Parker		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 47 Laurel Hill Drive		Transaction ID: SA11A1.20893
City Niantic	State CT	Zip Code 06357
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Parker Health Plan Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 175 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Bobbie Payne		Date of Receipt M / D / Y 07 / 03 / 2003
Mailing Address 1118 Kingspark Drive		Transaction ID: SA11A1.21005
City Tyler	State TX	Zip Code 75703-3839
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Payne Insurance Sales	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Paige Phillips		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address P.O. Box 43350		Transaction ID: SA11A1.18542
City Birmingham	State AL	Zip Code 35243-0350
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer The Wheeler Companies, In- c.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Paige Phillips		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address P.O. Box 43350		Transaction ID: SA11A1.18708
City Birmingham	State AL	Zip Code 35243-0350
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer The Wheeler Companies, In- c.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	310.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 176 / 300					
	<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

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 - HUPAC

Full Name (Last, First, Middle Initial) A. Paige Phillips		Date of Receipt M / D / Y 09 / 02 / 2003	
Mailing Address P.O. Box 43350		Transaction ID: SA11A1.18900	
City Birmingham	State AL	Zip Code 35243-0350	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer The Wheeler Companies, Inc.		Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Paige Phillips		Date of Receipt M / D / Y 10 / 02 / 2003	
Mailing Address P.O. Box 43350		Transaction ID: SA11A1.19077	
City Birmingham	State AL	Zip Code 35243-0350	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer The Wheeler Companies, Inc.		Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Paige Phillips		Date of Receipt M / D / Y 11 / 03 / 2003	
Mailing Address P.O. Box 43350		Transaction ID: SA11A1.19280	
City Birmingham	State AL	Zip Code 35243-0350	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer The Wheeler Companies, Inc.		Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 330.00	

SUBTOTAL of Receipts This Page (optional)	90.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 177 / 300	
	<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

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 - HUPAC

Full Name (Last, First, Middle Initial) A. Paige Phillips		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address P.O. Box 43350		Transaction ID: SA11A1.19450
City Birmingham	State AL	Zip Code 35243-0350
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer The Wheeler Companies, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. Diana Popson		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 305 Douglas Avenue		Transaction ID: SA11A1.20729
City Altamonte Springs	State FL	Zip Code 32714-3332
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Fringe Benefit Plans, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Diana Popson		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 305 Douglas Avenue		Transaction ID: SA11A1.20900
City Altamonte Springs	State FL	Zip Code 32714-3332
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Fringe Benefit Plans, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 178 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. David B. Prewit		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 428 Harwood Road		Transaction ID: SA11A1.20852
City Bedford	State TX	Zip Code 76021-4150
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. David B. Prewit		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 428 Harwood Road		Transaction ID: SA11A1.20903
City Bedford	State TX	Zip Code 76021-4150
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Alberta Priest		Date of Receipt M / D / Y 08 / 02 / 2003
Mailing Address P.O. Box 3753		Transaction ID: SA11A1.21187
City Albuquerque	State NM	Zip Code 87150-3753
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer AMP Consultants, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	140.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 179 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Susan Rash		Date of Receipt M / D / Y 07 / 01 / 2003
Mailing Address 8014 Midlothian Turnpike, #200		Transaction ID: SA11A1.21478
City Richmond	State VA	Zip Code 23235-5291
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Benefit Consultants of VA, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Susan Rash		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 8014 Midlothian Turnpike, #200		Transaction ID: SA11A1.19647
City Richmond	State VA	Zip Code 23235-5291
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Benefit Consultants of VA, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) C. Susan Rash		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 8014 Midlothian Turnpike, #200		Transaction ID: SA11A1.19889
City Richmond	State VA	Zip Code 23235-5291
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Benefit Consultants of VA, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 180 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Susan Rash		Date of Receipt M / D / Y 09 / 20 / 2003
Mailing Address 8014 Midlothian Turnpike, #200		Transaction ID: SA11A1.20146
City Richmond	State VA	Zip Code 23235-5291
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Benefit Consultants of VA, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

Full Name (Last, First, Middle Initial) B. Susan Rash		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 8014 Midlothian Turnpike, #200		Transaction ID: SA11A1.20406
City Richmond	State VA	Zip Code 23235-5291
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Benefit Consultants of VA, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) C. Susan Rash		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 8014 Midlothian Turnpike, #200		Transaction ID: SA11A1.20854
City Richmond	State VA	Zip Code 23235-5291
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Benefit Consultants of VA, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 181 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Susan Rash		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 8014 Midlothian Turnpike, #200		Transaction ID: SA11A1.20905
City Richmond	State VA	Zip Code 23235-5291
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Benefit Consultants of VA, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) B. Kenneth Ray		Date of Receipt M / D / Y 07 / 01 / 2003
Mailing Address P.O. box 14207		Transaction ID: SA11A1.21479
City Jackson	State MS	Zip Code 39235-4207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer Bancorp South Insurance Services	Occupation Director of Marketing	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Danna J. Recker		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address 971 North Perry Street		Transaction ID: SA11A1.18709
City Ottawa	State OH	Zip Code 45875-1218
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Fawcett, Lemmon, Recker & Associates	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	▶	190.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 182 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Dennis J. Recker		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address 971 North Perry Street		Transaction ID: SA11A1.18905
City Ottawa	State OH	Zip Code 45875-1218
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Fawcett, Lammón, Recker & Associates	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Dennis J. Recker		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 971 North Perry Street		Transaction ID: SA11A1.19081
City Ottawa	State OH	Zip Code 45875-1218
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Fawcett, Lammón, Recker & Associates	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. Dennis J. Recker		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 971 North Perry Street		Transaction ID: SA11A1.19284
City Ottawa	State OH	Zip Code 45875-1218
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Fawcett, Lammón, Recker & Associates	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 183 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Dennis J. Recker		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 971 North Perry Street		Transaction ID: SA11A1.19454
City Ottawa	State OH	Zip Code 45875-1218
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Fawcett, Lammion, Recker & Associates	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Glen Rienscha		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address 415 5th. Street P.O. Box 664		Transaction ID: SA11A1.18713
City Fairbury	State NE	Zip Code 68352-2501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Advanced Financial Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Glen Rienscha		Date of Receipt M / D / Y 08 / 02 / 2003
Mailing Address 415 5th. Street P.O. Box 664		Transaction ID: SA11A1.18908
City Fairbury	State NE	Zip Code 68352-2501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Advanced Financial Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 184 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Glen Riensche		Date of Receipt M / D / Y 10 / 02 / 2003	
Mailing Address 415 5th. Street P.O. Box 664		Transaction ID: SA11A1.19084	
City Fairbury	State NE	Zip Code 68352-2501	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Advanced Financial Services, Inc.		Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Glen Riensche		Date of Receipt M / D / Y 10 / 08 / 2003	
Mailing Address 415 5th. Street P.O. Box 664		Transaction ID: SA11A1.21347	
City Fairbury	State NE	Zip Code 68352-2501	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer Advanced Financial Services, Inc.		Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. Glen Riensche		Date of Receipt M / D / Y 11 / 03 / 2003	
Mailing Address 415 5th. Street P.O. Box 664		Transaction ID: SA11A1.19287	
City Fairbury	State NE	Zip Code 68352-2501	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Advanced Financial Services, Inc.		Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	50.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 185 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Glen Riensche		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 415 5th. Street P.O. Box 664		Transaction ID: SA11A1.19457
City Fairbury	State NE	Zip Code 68352-2501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Advanced Financial Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Mark Riley		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address P.O. Box 290305		Transaction ID: SA11A1.20661
City Columbia	State SC	Zip Code 29229-0006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer The Landmark Group, LLC	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Mark Riley		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address P.O. Box 290305		Transaction ID: SA11A1.20912
City Columbia	State SC	Zip Code 29229-0006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer The Landmark Group, LLC	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 186 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Michael Rivera		Date of Receipt M / D / Y 09 / 04 / 2003
Mailing Address 12200 Northwest Freeway #882		Transaction ID: SA11A1.21555
City Houston	State TX	Zip Code 77062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Northwest General Insurance	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Joseph K. Roberts		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address 7431 'O' Street		Transaction ID: SA11A1.18911
City Lincoln	State NE	Zip Code 68510
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Midlands Financial Benefits	Occupation Registered Representative	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) C. Joseph K. Roberts		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 7431 'O' Street		Transaction ID: SA11A1.19087
City Lincoln	State NE	Zip Code 68510
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Midlands Financial Benefits	Occupation Registered Representative	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 187 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Joseph K. Roberts		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 7431 'O' Street		Transaction ID: SA11A1.19270
City Lincoln	State NE	Zip Code 68510
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Midlands Financial Benefits	Occupation Registered Representative	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) B. Joseph K. Roberts		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 7431 'O' Street		Transaction ID: SA11A1.19460
City Lincoln	State NE	Zip Code 68510
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Midlands Financial Benefits	Occupation Registered Representative	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. Bill Robinson		Date of Receipt M / D / Y 07 / 08 / 2003
Mailing Address 739 East Jackson Street		Transaction ID: SA11A1.21130
City Martinsville	State IN	Zip Code 46151-2033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer American Community Mutual Insurance	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	▶	65.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 188 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Bill Robinson		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 739 East Jackson Street		Transaction ID: SA11A1.19858
City Martinsville	State IN	Zip Code 46151-2033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer American Community Mutual Insurance	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

Full Name (Last, First, Middle Initial) B. Bill Robinson		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 739 East Jackson Street		Transaction ID: SA11A1.19902
City Martinsville	State IN	Zip Code 46151-2033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer American Community Mutual Insurance	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

Full Name (Last, First, Middle Initial) C. Bill Robinson		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 739 East Jackson Street		Transaction ID: SA11A1.20157
City Martinsville	State IN	Zip Code 46151-2033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer American Community Mutual Insurance	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

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: (check only one)		PAGE 189 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Bill Robinson		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 739 East Jackson Street		Transaction ID: SA11A1.20417
City Martinsville	State IN	Zip Code 46151-2033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer American Community Mutual Insurance	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00	

Full Name (Last, First, Middle Initial) B. Bill Robinson		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 739 East Jackson Street		Transaction ID: SA11A1.20664
City Martinsville	State IN	Zip Code 46151-2033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer American Community Mutual Insurance	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. Bill Robinson		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 739 East Jackson Street		Transaction ID: SA11A1.20915
City Martinsville	State IN	Zip Code 46151-2033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer American Community Mutual Insurance	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

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: (check only one)		PAGE 180 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. William T. Robinson		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 100 South Sunrise Way PMB 364		Transaction ID: SA11A1.19089
City Palm Springs	State CA	Zip Code 92262-6737
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Palm Canyon Insurance Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. William T. Robinson		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 100 South Sunrise Way PMB 364		Transaction ID: SA11A1.19274
City Palm Springs	State CA	Zip Code 92262-6737
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Palm Canyon Insurance Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) C. William T. Robinson		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 100 South Sunrise Way PMB 364		Transaction ID: SA11A1.19483
City Palm Springs	State CA	Zip Code 92262-6737
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Palm Canyon Insurance Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 101 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Ernest G. Robison		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 430 Eraste Landry Road		Transaction ID: SA11A1.19857
City Lafayette	State LA	Zip Code 70506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Brokers-Givens Insurance, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. Ernest G. Robison		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 430 Eraste Landry Road		Transaction ID: SA11A1.19901
City Lafayette	State LA	Zip Code 70506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Brokers-Givens Insurance, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Ernest G. Robison		Date of Receipt M / D / Y 09 / 04 / 2003
Mailing Address 430 Eraste Landry Road		Transaction ID: SA11A1.21580
City Lafayette	State LA	Zip Code 70506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 185.00
Name of Employer Brokers-Givens Insurance, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 685.00	

SUBTOTAL of Receipts This Page (optional)	▶	285.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 102 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Ernest G. Robison		Date of Receipt M / D / Y 09 / 20 / 2003
Mailing Address 430 Eraste Landry Road		Transaction ID: SA11A1.20156
City Lafayette	State LA	Zip Code 70506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Brokers-Givens Insurance, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 715.00	

Full Name (Last, First, Middle Initial) B. Ernest G. Robison		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 430 Eraste Landry Road		Transaction ID: SA11A1.20416
City Lafayette	State LA	Zip Code 70506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Brokers-Givens Insurance, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 785.00	

Full Name (Last, First, Middle Initial) C. Ernest G. Robison		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 430 Eraste Landry Road		Transaction ID: SA11A1.20863
City Lafayette	State LA	Zip Code 70506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Brokers-Givens Insurance, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 815.00	

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 183 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Ernest G. Robison		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 430 Eraste Landry Road		Transaction ID: SA11A1.20914
City Lafayette	State LA	Zip Code 70506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Brokers-Givens Insurance, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 865.00	

Full Name (Last, First, Middle Initial) B. Sharon Ross		Date of Receipt M / D / Y 08 / 18 / 2003
Mailing Address 6230 Fairview Road Suite 315		Transaction ID: SA11A1.21521
City Charlotte	State NC	Zip Code 28210-3253
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer United HealthCare	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Sharon Ross		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 6230 Fairview Road Suite 315		Transaction ID: SA11A1.19908
City Charlotte	State NC	Zip Code 28210-3253
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer United HealthCare	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	175.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 184 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. Sharon Ross		Date of Receipt M / D / Y 09 / 20 / 2003
Mailing Address 823D Fairview Road Suite 315		Transaction ID: SA11A1.20161
City Charlotte	State NC	Zip Code 28210-3253
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer United HealthCare	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Sharon Ross		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 823D Fairview Road Suite 315		Transaction ID: SA11A1.20421
City Charlotte	State NC	Zip Code 28210-3253
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer United HealthCare	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) C. Sharon Ross		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 823D Fairview Road Suite 315		Transaction ID: SA11A1.20668
City Charlotte	State NC	Zip Code 28210-3253
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer United HealthCare	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 185 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. Sharon Ross		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 823D Fairview Road Suite 315		Transaction ID: SA11A1.20919
City Charlotte	State NC	Zip Code 28210-3253
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer United HealthCare	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) B. Eugene Rowe		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address 18000 Vanutra Blvd, #1103		Transaction ID: SA11A1.18557
City Encino	State CA	Zip Code 91436-2767
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer The Rowe Group	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Eugene Rowe		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address 18000 Vanutra Blvd, #1103		Transaction ID: SA11A1.18729
City Encino	State CA	Zip Code 91436-2767
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer The Rowe Group	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	85.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 186 / 300	
	<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

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 - HUPAC

Full Name (Last, First, Middle Initial) A. Eugene Rowe		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address 18000 Vanutra Blvd, #1103		Transaction ID: SA11A1.18915
City State Zip Code Encino CA 91436-2767	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00
Name of Employer The Rowe Group	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Eugene Rowe		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 18000 Vanutra Blvd, #1103		Transaction ID: SA11A1.19091
City State Zip Code Encino CA 91436-2767	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00
Name of Employer The Rowe Group	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Eugene Rowe		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 18000 Vanutra Blvd, #1103		Transaction ID: SA11A1.19275
City State Zip Code Encino CA 91436-2767	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00
Name of Employer The Rowe Group	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 187 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Eugene Rowe		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 18000 Venutra Blvd, #1103		Transaction ID: SA11A1.19464
City Encino	State CA	Zip Code 91436-2767
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer The Rowe Group	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. Stephen Salaman		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address P.O. Box 4252		Transaction ID: SA11A1.18559
City Timonium	State MD	Zip Code 21064-4252
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Heritage Financial Consultants, LLC	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2350.00	

Full Name (Last, First, Middle Initial) C. Stephen Salaman		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address P.O. Box 4252		Transaction ID: SA11A1.18731
City Timonium	State MD	Zip Code 21064-4252
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Heritage Financial Consultants, LLC	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2380.00	

SUBTOTAL of Receipts This Page (optional)	▶	50.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 188 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Stephen Salamon		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address P.O. Box 4252		Transaction ID: SA11A1.18917
City Timonium	State MD	Zip Code 21084-4252
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Heritage Financial Consultants, LLC	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2370.00	

Full Name (Last, First, Middle Initial) B. Stephen Salamon		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address P.O. Box 4252		Transaction ID: SA11A1.19093
City Timonium	State MD	Zip Code 21084-4252
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Heritage Financial Consultants, LLC	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2380.00	

Full Name (Last, First, Middle Initial) C. Stephen Salamon		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address P.O. Box 4252		Transaction ID: SA11A1.19277
City Timonium	State MD	Zip Code 21084-4252
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Heritage Financial Consultants, LLC	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2390.00	

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: (check only one)		PAGE 100 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. Stephen Salamon		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address P.O. Box 4252		Transaction ID: SA11A1.19466
City Timonium	State MD	Zip Code 21084-4252
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Heritage Financial Consultants, LLC	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	

Full Name (Last, First, Middle Initial) B. Raymar Sale		Date of Receipt M / D / Y 07 / 01 / 2003
Mailing Address 510 Briscoe Blvd. #200		Transaction ID: SA11A1.21482
City Lawrenceville	State GA	Zip Code 30045-6700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Multiple Benefits Corp.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) C. Raymar Sale		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 510 Briscoe Blvd. #200		Transaction ID: SA11A1.19885
City Lawrenceville	State GA	Zip Code 30045-6700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Multiple Benefits Corp.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	

SUBTOTAL of Receipts This Page (optional)	140.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 200 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Raymer Sale		Date of Receipt M / D / Y 08 / 28 / 2008
Mailing Address 510 Briscoe Blvd. #200		Transaction ID: SA11A1.19909
City Lawrenceville	State GA	Zip Code 30045-6700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Multiple Benefits Corp.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) B. Raymer Sale		Date of Receipt M / D / Y 09 / 28 / 2008
Mailing Address 510 Briscoe Blvd. #200		Transaction ID: SA11A1.20165
City Lawrenceville	State GA	Zip Code 30045-6700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Multiple Benefits Corp.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 470.00	

Full Name (Last, First, Middle Initial) C. Raymer Sale		Date of Receipt M / D / Y 10 / 30 / 2008
Mailing Address 510 Briscoe Blvd. #200		Transaction ID: SA11A1.20425
City Lawrenceville	State GA	Zip Code 30045-6700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Multiple Benefits Corp.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	90.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 201 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. Raymer Sale		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 510 Briscoe Blvd. #200		Transaction ID: SA11A1.20672
City Lawrenceville	State GA	Zip Code 30045-6700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Multiple Benefits Corp.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 530.00	

Full Name (Last, First, Middle Initial) B. Raymer Sale		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 510 Briscoe Blvd. #200		Transaction ID: SA11A1.20923
City Lawrenceville	State GA	Zip Code 30045-6700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Multiple Benefits Corp.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

Full Name (Last, First, Middle Initial) C. Tom Schilling		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 1205 Sherwood Forest		Transaction ID: SA11A1.19278
City Houston	State TX	Zip Code 77043
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Core Benefits	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	90.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 202 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. Tom Schilling		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 1205 Sherwood Forest		Transaction ID: SA11A1.19467
City State Zip Code Houston TX 77043	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00
Name of Employer Core Benefits	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Mark Schlange		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address 810 Tara Plaza		Transaction ID: SA11A1.18561
City State Zip Code Papillion NE 68046	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00
Name of Employer The Benefit Consultant Group, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Mark Schlange		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address 810 Tara Plaza		Transaction ID: SA11A1.18733
City State Zip Code Papillion NE 68046	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00
Name of Employer The Benefit Consultant Group, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	90.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 203 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Mark Schlang		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address 810 Tara Plaza		Transaction ID: SA11A1.18919
City	State	Zip Code
Papillion	NE	68046
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer The Benefit Consultant Group, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Mel Schlesinger		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address P.O. Box 4088		Transaction ID: SA11A1.19668
City	State	Zip Code
Wilmington	NC	28408
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Dental Plans, Plus	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. Mel Schlesinger		Date of Receipt M / D / Y 08 / 19 / 2003
Mailing Address P.O. Box 4088		Transaction ID: SA11A1.21522
City	State	Zip Code
Wilmington	NC	28408
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Dental Plans, Plus	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

SUBTOTAL of Receipts This Page (optional)	170.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 204 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Mel Schlesinger		Date of Receipt M / D / Y 08 / 28 / 2008
Mailing Address P.O. Box 4068		Transaction ID: SA11A1.19912
City Wilmington	State NC	Zip Code 28406
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Dental Plans, Plus	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) B. Mel Schlesinger		Date of Receipt M / D / Y 09 / 28 / 2008
Mailing Address P.O. Box 4068		Transaction ID: SA11A1.20167
City Wilmington	State NC	Zip Code 28406
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Dental Plans, Plus	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) C. Mel Schlesinger		Date of Receipt M / D / Y 10 / 30 / 2008
Mailing Address P.O. Box 4068		Transaction ID: SA11A1.20427
City Wilmington	State NC	Zip Code 28406
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Dental Plans, Plus	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 205 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Mel Schlesinger		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address P.O. Box 4068		Transaction ID: SA11A1.20674
City Wilmington	State NC	Zip Code 28406
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Dental Plans. Plus	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

Full Name (Last, First, Middle Initial) B. Mel Schlesinger		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address P.O. Box 4068		Transaction ID: SA11A1.20925
City Wilmington	State NC	Zip Code 28406
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Dental Plans. Plus	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

Full Name (Last, First, Middle Initial) C. Kenneth Gehring		Date of Receipt M / D / Y 09 / 04 / 2003
Mailing Address 200 North Broadway Suite 1400		Transaction ID: SA11A1.21563
City St. Louis	State MO	Zip Code 63102-2755
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 65.00
Name of Employer Marsh Advantage America	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00	

SUBTOTAL of Receipts This Page (optional)	▶	145.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 206 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Robert Schumacher		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 1804 North Shoreline Blvd #220		Transaction ID: SA11A1.19281
City State Zip Code Mountain View CA 94043-1350	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00
Name of Employer Schumacher Insurance Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Robert Schumacher		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 1804 North Shoreline Blvd #220		Transaction ID: SA11A1.19470
City State Zip Code Mountain View CA 94043-1350	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00
Name of Employer Schumacher Insurance Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Kevin Seeker		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 4843 East Thomas Road Suite 2		Transaction ID: SA11A1.19871
City State Zip Code Phoenix AZ 85018-7740	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 80.00
Name of Employer Summit Benefit Services	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 207 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Kevin Seeker		Date of Receipt M / D / Y 08 / 28 / 2008
Mailing Address 4643 East Thomas Road Suite 2		Transaction ID: SA11A1.19915
City Phoenix	State AZ	Zip Code 85018-7740
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Summit Benefit Services	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Greg Seiferl		Date of Receipt M / D / Y 09 / 28 / 2008
Mailing Address 916 Main St		Transaction ID: SA11A1.20169
City Vancouver	State WA	Zip Code 98666-0189
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Biggs Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Greg Seiferl		Date of Receipt M / D / Y 10 / 30 / 2008
Mailing Address 916 Main St		Transaction ID: SA11A1.20430
City Vancouver	State WA	Zip Code 98666-0189
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Biggs Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	130.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 208 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Greg Seifer		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 918 Main St		Transaction ID: SA11A1.20677
City Vancouver	State WA	Zip Code 98666-0189
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Biggs Insurance Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) B. Mark Sheffer		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address P.O. Box 355		Transaction ID: SA11A1.18564
City Apollo	State PA	Zip Code 15613-0355
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Executive Benefit Plans, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1480.00	

Full Name (Last, First, Middle Initial) C. Mark Sheffer		Date of Receipt M / D / Y 07 / 03 / 2003
Mailing Address P.O. Box 355		Transaction ID: SA11A1.21014
City Apollo	State PA	Zip Code 15613-0355
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Executive Benefit Plans, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1580.00	

SUBTOTAL of Receipts This Page (optional)	▶	325.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 200 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Mark Sheffer		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address P.O. Box 355		Transaction ID: SA11A1.18736
City Apollo	State PA	Zip Code 15613-0355
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Executive Benefit Plans, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1760.00	

Full Name (Last, First, Middle Initial) B. Mark Sheffer		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address P.O. Box 355		Transaction ID: SA11A1.18923
City Apollo	State PA	Zip Code 15613-0355
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Executive Benefit Plans, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1860.00	

Full Name (Last, First, Middle Initial) C. Mark Sheffer		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address P.O. Box 355		Transaction ID: SA11A1.19098
City Apollo	State PA	Zip Code 15613-0355
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Executive Benefit Plans, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2160.00	

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 210 / 300	
	<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

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 - HUPAC

Full Name (Last, First, Middle Initial) A. Mark Sheffer		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address P.O. Box 355		Transaction ID: SA11A1.19282
City Apollo	State PA	Zip Code 15613-0355
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Executive Benefit Plans, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2360.00	

Full Name (Last, First, Middle Initial) B. Mark Sheffer		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address P.O. Box 355		Transaction ID: SA11A1.19471
City Apollo	State PA	Zip Code 15613-0355
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Executive Benefit Plans, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2580.00	

Full Name (Last, First, Middle Initial) C. Scott Shelek		Date of Receipt M / D / Y 08 / 15 / 2003
Mailing Address P.O. Box 67		Transaction ID: SA11A1.21545
City Ringwood	State IL	Zip Code 60072-0067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer Shelek Financial Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2545.00	

SUBTOTAL of Receipts This Page (optional)	455.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 211 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Stuart Shapiro		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address P.O. Box 587		Transaction ID: SA11A1.19283
City Wheeling	State IL	Zip Code 60090-0587
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Shapiro Financial Group, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Stuart Shapiro		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address P.O. Box 587		Transaction ID: SA11A1.19472
City Wheeling	State IL	Zip Code 60090-0587
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Shapiro Financial Group, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. David Shemil		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 427 CenterPointe Circle Suite 1B41		Transaction ID: SA11A1.20171
City Altamonte Springs	State FL	Zip Code 32701-3448
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Shemil Insurance Brokerage, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	▶	50.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 212 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. David Sherril		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 427 CenterPointe Circle Suite 1B41		Transaction ID: SA11A1.20432
City Altamonte Springs	State FL	Zip Code 32701-3448
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Sherril Insurance Brokerage, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. David Sherril		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 427 CenterPointe Circle Suite 1B41		Transaction ID: SA11A1.20679
City Altamonte Springs	State FL	Zip Code 32701-3448
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Sherril Insurance Brokerage, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) C. David Sherril		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 427 CenterPointe Circle Suite 1B41		Transaction ID: SA11A1.20929
City Altamonte Springs	State FL	Zip Code 32701-3448
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Sherril Insurance Brokerage, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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: (check only one)		PAGE 213 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Bob G. Shupe		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address P.O. Box 2344		Transaction ID: SA11A1.19876
City Brentwood	State TN	Zip Code 37024-2344
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Employee Security Plannin- g, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Bob G. Shupe		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address P.O. Box 2344		Transaction ID: SA11A1.19920
City Brentwood	State TN	Zip Code 37024-2344
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Employee Security Plannin- g, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Bob G. Shupe		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address P.O. Box 2344		Transaction ID: SA11A1.20173
City Brentwood	State TN	Zip Code 37024-2344
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Employee Security Plannin- g, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 214 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Bob G. Shupe		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address P.O. Box 2344		Transaction ID: SA11A1.20434
City Brentwood	State TN	Zip Code 37024-2344
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Employee Security Plannin- g, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) B. Bob G. Shupe		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address P.O. Box 2344		Transaction ID: SA11A1.20681
City Brentwood	State TN	Zip Code 37024-2344
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Employee Security Plannin- g, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) C. Bob G. Shupe		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address P.O. Box 2344		Transaction ID: SA11A1.20931
City Brentwood	State TN	Zip Code 37024-2344
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Employee Security Plannin- g, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 215 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. DeWayne Simpson		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 11503 Rocky Valley Drive		Transaction ID: SA11A1.20682
City Little Rock	State AR	Zip Code 72212-3035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFLAC	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. DeWayne Simpson		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 11503 Rocky Valley Drive		Transaction ID: SA11A1.20932
City Little Rock	State AR	Zip Code 72212-3035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFLAC	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Roger Sidner		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address 5548 Shorewood Drive		Transaction ID: SA11A1.18925
City Indianapolis	State IN	Zip Code 46220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer GroupLink, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	▶	65.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 216 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. Roger Skinner		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 5548 Sharewood Drive		Transaction ID: SA11A1.19100
City Indianapolis	State IN	Zip Code 46220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer GroupLink, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Roger Skinner		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 5548 Sharewood Drive		Transaction ID: SA11A1.19284
City Indianapolis	State IN	Zip Code 46220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer GroupLink, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. Roger Skinner		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 5548 Sharewood Drive		Transaction ID: SA11A1.19473
City Indianapolis	State IN	Zip Code 46220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer GroupLink, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 217 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Jeffrey Slater		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 309B Highland Drive Suite 363		Transaction ID: SA11A1.20686
City Salt lake City	State UT	
Zip Code 84106-6000		
FEC ID number of contributing federal political committee. C		
Name of Employer Utah Benefits Insurance, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Jeffrey Slater		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 309B Highland Drive Suite 363		Transaction ID: SA11A1.20936
City Salt lake City	State UT	
Zip Code 84106-6000		
FEC ID number of contributing federal political committee. C		
Name of Employer Utah Benefits Insurance, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Gregory S. Smith		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 2201 Woodlawn Road		Transaction ID: SA11A1.20179
City Lincoln	State IL	
Zip Code 62658		
FEC ID number of contributing federal political committee. C		
Name of Employer Group Marketing Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	50.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 218 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Gregory S. Smith		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 2201 Woodlawn Road		Transaction ID: SA11A1.20440
City Lincoln	State IL	Zip Code 62656
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Group Marketing Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Gregory S. Smith		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 2201 Woodlawn Road		Transaction ID: SA11A1.20687
City Lincoln	State IL	Zip Code 62656
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Group Marketing Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) C. Gregory S. Smith		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 2201 Woodlawn Road		Transaction ID: SA11A1.20997
City Lincoln	State IL	Zip Code 62656
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Group Marketing Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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: (check only one)		PAGE 219 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. Nat Smith		Date of Receipt M / D / Y 10 / 08 / 2003
Mailing Address 5311 77 Center Drive #72		Transaction ID: SA11A1.21986
City	State	Zip Code
Charlotte	NC	28217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Rogers Benefit Group Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Patricia Smith		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 523 Kirkland Way		Transaction ID: SA11A1.19287
City	State	Zip Code
Kirkland	WA	98033-6219
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Smith Meacham Insurance	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Patricia Smith		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 523 Kirkland Way		Transaction ID: SA11A1.19478
City	State	Zip Code
Kirkland	WA	98033-6219
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Smith Meacham Insurance	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	140.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 220 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Jackie Spragins		Date of Receipt M / D / Y 08 / 04 / 2008
Mailing Address P.O. Box 2073		Transaction ID: SA11A1.18743
City Wichita Falls	State TX	Zip Code 76307-2037
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Spragins Insurance Agency	Occupation Owner/Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Jackie Spragins		Date of Receipt M / D / Y 09 / 02 / 2008
Mailing Address P.O. Box 2073		Transaction ID: SA11A1.18930
City Wichita Falls	State TX	Zip Code 76307-2037
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Spragins Insurance Agency	Occupation Owner/Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Jackie Spragins		Date of Receipt M / D / Y 10 / 02 / 2008
Mailing Address P.O. Box 2073		Transaction ID: SA11A1.19105
City Wichita Falls	State TX	Zip Code 76307-2037
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Spragins Insurance Agency	Occupation Owner/Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 221 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Jackie Spragins		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address P.O. Box 2073		Transaction ID: SA11A1.19289
City Wichita Falls	State TX	Zip Code 76307-2037
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Spragins Insurance Agency	Occupation Owner/Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. Jackie Spragins		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address P.O. Box 2073		Transaction ID: SA11A1.19478
City Wichita Falls	State TX	Zip Code 76307-2037
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Spragins Insurance Agency	Occupation Owner/Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. James Stanger		Date of Receipt M / D / Y 07 / 03 / 2003
Mailing Address 288 South Street		Transaction ID: SA11A1.21002
City Morristown	State NJ	Zip Code 07980-6019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer NAS Financial Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1450.00	

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 222 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. James Stenger		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 288 South Street		Transaction ID: SA11A1.19687
City	State	Zip Code
Morristown	NJ	07960-6019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer NAS Financial Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	

Full Name (Last, First, Middle Initial) B. James Stenger		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 288 South Street		Transaction ID: SA11A1.19931
City	State	Zip Code
Morristown	NJ	07960-6019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer NAS Financial Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1850.00	

Full Name (Last, First, Middle Initial) C. James Stenger		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 288 South Street		Transaction ID: SA11A1.20184
City	State	Zip Code
Morristown	NJ	07960-6019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer NAS Financial Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2050.00	

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 223 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. James Stenger		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 288 South Street		Transaction ID: SA11A1.20445
City Morristown	State NJ	Zip Code 07960-6019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer NAS Financial Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	

Full Name (Last, First, Middle Initial) B. James Stenger		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 288 South Street		Transaction ID: SA11A1.20692
City Morristown	State NJ	Zip Code 07960-6019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer NAS Financial Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2450.00	

Full Name (Last, First, Middle Initial) C. James Stenger		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 288 South Street		Transaction ID: SA11A1.20942
City Morristown	State NJ	Zip Code 07960-6019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer NAS Financial Services	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2650.00	

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 224 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Mike Stephens		Date of Receipt M / D / Y 12 / 23 / 2003
Mailing Address 7712 S. Yale Ave., #200		Transaction ID: SA11A1.21615
City Tulsa	State OK	Zip Code 74136-8226
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 190.00
Name of Employer American Medical Security	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Juliana Stevenson		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address P.O. Box 1476		Transaction ID: SA11A1.19688
City Fallon	State NV	Zip Code 89407-1476
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Western Nevada Insurance Services, Inc	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

Full Name (Last, First, Middle Initial) C. Juliana Stevenson		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address P.O. Box 1476		Transaction ID: SA11A1.19932
City Fallon	State NV	Zip Code 89407-1476
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Western Nevada Insurance Services, Inc	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

SUBTOTAL of Receipts This Page (optional)	350.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 225 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Juliana Stevenson		Date of Receipt M / D / Y 09 / 20 / 2003
Mailing Address P.O. Box 1476		Transaction ID: SA11A1.20185
City Fallon	State NV	Zip Code 89407-1476
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Western Nevada Insurance Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) B. Juliana Stevenson		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address P.O. Box 1476		Transaction ID: SA11A1.20446
City Fallon	State NV	Zip Code 89407-1476
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Western Nevada Insurance Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) C. Juliana Stevenson		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address P.O. Box 1476		Transaction ID: SA11A1.20893
City Fallon	State NV	Zip Code 89407-1476
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Western Nevada Insurance Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

SUBTOTAL of Receipts This Page (optional)	▶	240.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 226 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Juliana Stevenson		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address P.O. Box 1476		Transaction ID: SA11A1.20943
City Fallon	State NV	Zip Code 89407-1476
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Western Nevada Insurance Services, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Burley Strader		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address P.O. Box 7803D		Transaction ID: SA11A1.21436
City Greensboro	State NC	Zip Code 27427-8030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer The Piedmont Administrators	Occupation Sales Consultant	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) C. Don Thompson		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 9720 Bunsen Parkway		Transaction ID: SA11A1.19893
City Louisville	State KY	Zip Code 40259-1802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Thompson Associates, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	▶	170.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 227 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. Dan Thompson		Date of Receipt M / D / Y 08 / 28 / 2008
Mailing Address 9720 Bunsen Parkway		Transaction ID: SA11A1.19941
City Louisville	State KY	Zip Code 40299-1802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Thompson Associates, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Dan Thompson		Date of Receipt M / D / Y 09 / 28 / 2008
Mailing Address 9720 Bunsen Parkway		Transaction ID: SA11A1.20193
City Louisville	State KY	Zip Code 40299-1802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Thompson Associates, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Dan Thompson		Date of Receipt M / D / Y 10 / 30 / 2008
Mailing Address 9720 Bunsen Parkway		Transaction ID: SA11A1.20452
City Louisville	State KY	Zip Code 40299-1802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Thompson Associates, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 228 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. Dan Thompson		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 9720 Bunsen Parkway		Transaction ID: SA11A1.20700
City Louisville	State KY	Zip Code 40299-1802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Thompson Associates, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) B. Dan Thompson		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 9720 Bunsen Parkway		Transaction ID: SA11A1.20950
City Louisville	State KY	Zip Code 40299-1802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Thompson Associates, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Ryan Thom		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address 10342 South Springcrest Lane		Transaction ID: SA11A1.18577
City South Jordan	State UT	Zip Code 84065-4538
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Ryan P. Thom Insurance Planning, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 395.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 229 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Ryan Thom		Date of Receipt M / D / Y 08 / 04 / 2008
Mailing Address 10342 South Springcrest Lane		Transaction ID: SA11A1.18752
City South Jordan	State UT	Zip Code 84095-4538
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Ryan P. Thom Insurance Planning, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 415.00	

Full Name (Last, First, Middle Initial) B. Ryan Thom		Date of Receipt M / D / Y 09 / 02 / 2008
Mailing Address 10342 South Springcrest Lane		Transaction ID: SA11A1.18937
City South Jordan	State UT	Zip Code 84095-4538
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Ryan P. Thom Insurance Planning, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 435.00	

Full Name (Last, First, Middle Initial) C. Ryan Thom		Date of Receipt M / D / Y 09 / 25 / 2008
Mailing Address 10342 South Springcrest Lane		Transaction ID: SA11A1.21318
City South Jordan	State UT	Zip Code 84095-4538
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer Ryan P. Thom Insurance Planning, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00	

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: (check only one)		PAGE 230 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. Ryan Thom		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 10342 South Springcrest Lane		Transaction ID: SA11A1.19112
City	State	Zip Code
South Jordan	UT	84095-4538
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Ryan P. Thom Insurance Planning, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

Full Name (Last, First, Middle Initial) B. Ryan Thom		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 10342 South Springcrest Lane		Transaction ID: SA11A1.19296
City	State	Zip Code
South Jordan	UT	84095-4538
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Ryan P. Thom Insurance Planning, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 530.00	

Full Name (Last, First, Middle Initial) C. Ryan Thom		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 10342 South Springcrest Lane		Transaction ID: SA11A1.19485
City	State	Zip Code
South Jordan	UT	84095-4538
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Ryan P. Thom Insurance Planning, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 231 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. Danny Tompkins		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address P.O. Box 1810		Transaction ID: SA11A1.20702
City Roswell	State GA	Zip Code 30077
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Heath Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Danny Tompkins		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address P.O. Box 1810		Transaction ID: SA11A1.20952
City Roswell	State GA	Zip Code 30077
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Heath Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) C. Daniel R. Tompkins III		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address P.O. Box 1810		Transaction ID: SA11A1.18578
City Roswell	State GA	Zip Code 30077
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 232 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Daniel R. Tompkins III		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address P.O. Box 1810		Transaction ID: SA11A1.19696
City Roswell	State GA	Zip Code 30077
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Daniel R. Tompkins III		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address P.O. Box 1810		Transaction ID: SA11A1.18753
City Roswell	State GA	Zip Code 30077
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. Daniel R. Tompkins III		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address P.O. Box 1810		Transaction ID: SA11A1.19944
City Roswell	State GA	Zip Code 30077
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 233 / 300	
	<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

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 - HUPAC

Full Name (Last, First, Middle Initial) A. Daniel R. Tompkins III		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address P.O. Box 1810		Transaction ID: SA11A1.18938
City Roswell	State GA	Zip Code 30077
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Daniel R. Tompkins III		Date of Receipt M / D / Y 09 / 28 / 2003
Mailing Address P.O. Box 1810		Transaction ID: SA11A1.20196
City Roswell	State GA	Zip Code 30077
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. Daniel R. Tompkins III		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address P.O. Box 1810		Transaction ID: SA11A1.19113
City Roswell	State GA	Zip Code 30077
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 234 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Daniel R. Tompkins III		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address P.O. Box 1810		Transaction ID: SA11A1.20455
City Roswell	State GA	Zip Code 30077
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. Daniel R. Tompkins III		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address P.O. Box 1810		Transaction ID: SA11A1.19297
City Roswell	State GA	Zip Code 30077
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) C. Daniel R. Tompkins III		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address P.O. Box 1810		Transaction ID: SA11A1.20703
City Roswell	State GA	Zip Code 30077
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 235 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Daniel R. Tompkins III		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address P.O. Box 1810		Transaction ID: SA11A1.19486
City Roswell	State GA	Zip Code 30077
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) B. Daniel R. Tompkins III		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address P.O. Box 1810		Transaction ID: SA11A1.20953
City Roswell	State GA	Zip Code 30077
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Admin America	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) C. Jennifer Toups		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address P.O. Box 113113		Transaction ID: SA11A1.19298
City Metairie	State LA	Zip Code 70011-3113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Business Insurance Group	Occupation Director of Marketing	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 236 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Jennifer Toups		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address P.O. Box 113113		Transaction ID: SA11A1.19487
City Metairie	State LA	Zip Code 70011-3113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Business Insurance Group	Occupation Director of Marketing	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Robert Tretter		Date of Receipt M / D / Y 07 / 08 / 2003
Mailing Address 520 Indiana Avenue		Transaction ID: SA11A1.21157
City Indianapolis	State IN	Zip Code 46202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer Gregory & Appel Insurance	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

Full Name (Last, First, Middle Initial) C. Robert Tretter		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 520 Indiana Avenue		Transaction ID: SA11A1.19897
City Indianapolis	State IN	Zip Code 46202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Gregory & Appel Insurance	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

SUBTOTAL of Receipts This Page (optional)	▶	45.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 237 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. Robert Tretter		Date of Receipt M / D / Y 08 / 28 / 2008
Mailing Address 520 Indiana Avenue		Transaction ID: SA11A1.19945
City Indianapolis	State IN	Zip Code 46202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Gregory & Appel Insurance	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) B. Robert Tretter		Date of Receipt M / D / Y 09 / 28 / 2008
Mailing Address 520 Indiana Avenue		Transaction ID: SA11A1.20197
City Indianapolis	State IN	Zip Code 46202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Gregory & Appel Insurance	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. Robert Tretter		Date of Receipt M / D / Y 10 / 30 / 2008
Mailing Address 520 Indiana Avenue		Transaction ID: SA11A1.20458
City Indianapolis	State IN	Zip Code 46202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Gregory & Appel Insurance	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 238 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Robert Tretter		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 520 Indiana Avenue		Transaction ID: SA11A1.20704
City Indianapolis	State IN	Zip Code 46202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Gregory & Appel Insurance	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) B. Robert Tretter		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 520 Indiana Avenue		Transaction ID: SA11A1.20954
City Indianapolis	State IN	Zip Code 46202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Gregory & Appel Insurance	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 335.00	

Full Name (Last, First, Middle Initial) C. Bynum Tuttle		Date of Receipt M / D / Y 08 / 19 / 2003
Mailing Address P.O. Box 1110		Transaction ID: SA11A1.21525
City Denton	State NC	Zip Code 27239
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Employee Benefit Designs Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

SUBTOTAL of Receipts This Page (optional)	140.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 230 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Marilyn Van Sant		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 485 Route 1 South Building C, 3rd Floor		Transaction ID: SA11A1.19117
City Iselin	State NJ	Zip Code 08830-3009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer AmeriHealth	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Marilyn Van Sant		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 485 Route 1 South Building C, 3rd Floor		Transaction ID: SA11A1.19301
City Iselin	State NJ	Zip Code 08830-3009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer AmeriHealth	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) C. Marilyn Van Sant		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 485 Route 1 South Building C, 3rd Floor		Transaction ID: SA11A1.19490
City Iselin	State NJ	Zip Code 08830-3009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer AmeriHealth	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	240.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 240 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Thomas J. Verich		Date of Receipt M / D / Y 08 / 20 / 2003
Mailing Address 1412 Royal Palm Square Boulevard Unit 101		Transaction ID: SA11A1.21279
City Fort Myers	State FL	Zip Code 33919-1075
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Verich Insurance Agency, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. E. Hector Villareal		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 7272 Wurzbach Road Suite 104		Transaction ID: SA11A1.20458
City San Antonio	State TX	Zip Code 78240-4802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Associated Benefit Consultants, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. E. Hector Villareal		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 7272 Wurzbach Road Suite 104		Transaction ID: SA11A1.20708
City San Antonio	State TX	Zip Code 78240-4802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Associated Benefit Consultants, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	▶	170.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 241 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Charles G. Wagner		Date of Receipt M / D / Y 09 / 02 / 2009
Mailing Address P.O. Box 9		Transaction ID: SA11A1.18943
City Burnwell	State NE	Zip Code 68823-0009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Town and Country Insurance Agency, Inc.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Charles G. Wagner		Date of Receipt M / D / Y 10 / 02 / 2009
Mailing Address P.O. Box 9		Transaction ID: SA11A1.19118
City Burnwell	State NE	Zip Code 68823-0009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Town and Country Insurance Agency, Inc.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Charles G. Wagner		Date of Receipt M / D / Y 11 / 03 / 2009
Mailing Address P.O. Box 9		Transaction ID: SA11A1.19303
City Burnwell	State NE	Zip Code 68823-0009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Town and Country Insurance Agency, Inc.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 242 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Charles G. Wagner		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address P.O. Box 9		Transaction ID: SA11A1.19492
City Burnwell	State NE	Zip Code 68823-0009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Town and Country Insurance Agency, Inc.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Michael Wardrip		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address P.O. Box 638		Transaction ID: SA11A1.19306
City Lilbum	State GA	Zip Code 30047-0638
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Family Protection Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Michael Wardrip		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address P.O. Box 638		Transaction ID: SA11A1.19495
City Lilbum	State GA	Zip Code 30047-0638
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Family Protection Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	90.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 243 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Amy Webb		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 810 South Saratoga Drive		Transaction ID: SA11A1.20958
City Moorestown	State NJ	Zip Code 08057-3831
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Saratoga Benefit Services, LLC	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Jessica L. Wenner		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 7406 Christie Chapel Road		Transaction ID: SA11A1.20714
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer IBSI	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Jessica L. Wenner		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 7406 Christie Chapel Road		Transaction ID: SA11A1.20961
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer IBSI	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 244 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Charles Westmoreland		Date of Receipt M / D / Y 07 / 02 / 2003
Mailing Address P.O. Box 925		Transaction ID: SA11A1.18588
City Jackson	State MS	Zip Code 39205-0823
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer American Public Life Insurance Co.	Occupation Director of Agency Development	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Charles Westmoreland		Date of Receipt M / D / Y 08 / 04 / 2003
Mailing Address P.O. Box 925		Transaction ID: SA11A1.18763
City Jackson	State MS	Zip Code 39205-0823
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer American Public Life Insurance Co.	Occupation Director of Agency Development	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Charles Westmoreland		Date of Receipt M / D / Y 08 / 19 / 2003
Mailing Address P.O. Box 925		Transaction ID: SA11A1.21528
City Jackson	State MS	Zip Code 39205-0823
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 110.00
Name of Employer American Public Life Insurance Co.	Occupation Director of Agency Development	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

SUBTOTAL of Receipts This Page (optional)	210.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 245 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Charles Westmoreland		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address P.O. Box 925		Transaction ID: SA11A1.18947
City Jackson	State MS	Zip Code 39205-0823
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer American Public Life Insurance Co.	Occupation Director of Agency Development	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

Full Name (Last, First, Middle Initial) B. Charles Westmoreland		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address P.O. Box 925		Transaction ID: SA11A1.19122
City Jackson	State MS	Zip Code 39205-0823
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer American Public Life Insurance Co.	Occupation Director of Agency Development	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 610.00	

Full Name (Last, First, Middle Initial) C. Charles Westmoreland		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address P.O. Box 925		Transaction ID: SA11A1.19307
City Jackson	State MS	Zip Code 39205-0823
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer American Public Life Insurance Co.	Occupation Director of Agency Development	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 246 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Charles Westmoreland		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address P.O. Box 925		Transaction ID: SA11A1.19496
City Jackson	State MS	Zip Code 39205-0823
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer American Public Life Insurance Co.	Occupation Director of Agency Development	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 710.00	

Full Name (Last, First, Middle Initial) B. Richard Wheeler		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 617 Highway 71 Building 2-B		Transaction ID: SA11A1.19955
City Brielle	State NJ	Zip Code 08730-1838
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Wheeler Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Richard Wheeler		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 617 Highway 71 Building 2-B		Transaction ID: SA11A1.20208
City Brielle	State NJ	Zip Code 08730-1838
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Wheeler Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 247 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Richard Wheeler		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 817 Highway 71 Building 2-6		Transaction ID: SA11A1.20465
City Brielle	State NJ	Zip Code 08730-1838
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Wheeler Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Richard Wheeler		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 817 Highway 71 Building 2-6		Transaction ID: SA11A1.20715
City Brielle	State NJ	Zip Code 08730-1838
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Wheeler Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. Richard Wheeler		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 817 Highway 71 Building 2-6		Transaction ID: SA11A1.20962
City Brielle	State NJ	Zip Code 08730-1838
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Wheeler Agency	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 248 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. David B. Wills		Date of Receipt M / D / Y 09 / 20 / 2003
Mailing Address 902 Brynwood Drive		Transaction ID: SA11A1.20210
City Chattanooga	State TN	Zip Code 37415-3306
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer D.B. Wills & Co.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. David B. Wills		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 902 Brynwood Drive		Transaction ID: SA11A1.20469
City Chattanooga	State TN	Zip Code 37415-3306
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer D.B. Wills & Co.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. David B. Wills		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 902 Brynwood Drive		Transaction ID: SA11A1.20719
City Chattanooga	State TN	Zip Code 37415-3306
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer D.B. Wills & Co.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts TN's Page (optional)	60.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 249 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. David B. Wills		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 902 Brynwood Drive		Transaction ID: SA11A1.20966
City Chattanooga	State TN	Zip Code 37415-3306
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer D.B. Wills & Co.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. Steven L. Wilson		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 1151 Red Mile Road		Transaction ID: SA11A1.20967
City Lexington	State KY	Zip Code 40504-2645
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Benefit Insurance Market- ing	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Sue Wilson		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address 3555 NW 58th Street, Suite 310		Transaction ID: SA11A1.18952
City Oklahoma City	State OK	Zip Code 73112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Sue Wilson Brokerage, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts TN's 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: (check only one)		PAGE 250 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. Sue Wilson		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 3555 NW 58th Street, Suite 310		Transaction ID: SA11A1.19127
City	State	Zip Code
Oklahoma City	OK	73112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Sue Wilson Brokerage, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Sue Wilson		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 3555 NW 58th Street, Suite 310		Transaction ID: SA11A1.19312
City	State	Zip Code
Oklahoma City	OK	73112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Sue Wilson Brokerage, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. Sue Wilson		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 3555 NW 58th Street, Suite 310		Transaction ID: SA11A1.19501
City	State	Zip Code
Oklahoma City	OK	73112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Sue Wilson Brokerage, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	75.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 251 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Barbara Wong		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address 411 W. 4th Avenue, #200		Transaction ID: SA11A1.18812
City Anchorage	State AK	Zip Code 99501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Capital Management Benefits	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Barbara Wong		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 411 W. 4th Avenue, #200		Transaction ID: SA11A1.19131
City Anchorage	State AK	Zip Code 99501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Capital Management Benefits	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Barbara Wong		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 411 W. 4th Avenue, #200		Transaction ID: SA11A1.19318
City Anchorage	State AK	Zip Code 99501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Capital Management Benefits	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	▶	75.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 252 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Barbara Wong		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address 411 W. 4th Avenue, #200		Transaction ID: SA11A1.19410
City Anchorage	State AK	Zip Code 99501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Capital Management Benefits	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Stephen J. Woolston		Date of Receipt M / D / Y 07 / 01 / 2003
Mailing Address P.O. Box 30093		Transaction ID: SA11A1.20985
City Salt Lake City	State UT	Zip Code 84130-0093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer First Health	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) C. Stephen J. Woolston		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address P.O. Box 30093		Transaction ID: SA11A1.19989
City Salt Lake City	State UT	Zip Code 84130-0093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer First Health	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

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: (check only one)		PAGE 253 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. Stephen J. Woolston		Date of Receipt M / D / Y 09 / 20 / 2003
Mailing Address P.O. Box 30093		Transaction ID: SA11A1.20217
City Salt Lake City	State UT	Zip Code 84130-0093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer First Health	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

Full Name (Last, First, Middle Initial) B. Stephen J. Woolston		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address P.O. Box 30093		Transaction ID: SA11A1.20476
City Salt Lake City	State UT	Zip Code 84130-0093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer First Health	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) C. Stephen J. Woolston		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address P.O. Box 30093		Transaction ID: SA11A1.20728
City Salt Lake City	State UT	Zip Code 84130-0093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer First Health	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 254 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Stephen J. Woolston		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address P.O. Box 30093		Transaction ID: SA11A1.20972
City Salt Lake City	State UT	Zip Code 84130-0093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer First Health	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	

Full Name (Last, First, Middle Initial) B. Dennis Wright		Date of Receipt M / D / Y 08 / 15 / 2003
Mailing Address 111 East Ludwig Road Suite 108		Transaction ID: SA11A1.21550
City Fort Wayne	State IN	Zip Code 46825-4240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 110.00
Name of Employer D. Edward Wright, Inc.	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) C. Constance Zerkowski		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 2277 Townsgate Road Suite 212		Transaction ID: SA11A1.19711
City Westlake Village	State CA	Zip Code 91361-2421
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Easy Insurance Marketing, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00	

SUBTOTAL of Receipts This Page (optional)	▶	215.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 255 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Constance Zarkowski		Date of Receipt M / D / Y 08 / 28 / 2008
Mailing Address 2277 Townsgate Road Suite 212		Transaction ID: SA11A1.19971
City State Zip Code Westlake Village CA 91361-2421	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 85.00
Name of Employer Easy Insurance Marketing, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

Full Name (Last, First, Middle Initial) B. Constance Zarkowski		Date of Receipt M / D / Y 09 / 28 / 2008
Mailing Address 2277 Townsgate Road Suite 212		Transaction ID: SA11A1.20219
City State Zip Code Westlake Village CA 91361-2421	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 85.00
Name of Employer Easy Insurance Marketing, Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 785.00	

Full Name (Last, First, Middle Initial) C. Robert Ziff		Date of Receipt M / D / Y 07 / 03 / 2008
Mailing Address 17 North Delmor Avenue		Transaction ID: SA11A1.21001
City State Zip Code Morrisville PA 19067-6278	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00
Name of Employer Aventi Insurance & Financial Serv. Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 256 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Robert Ziff		Date of Receipt M / D / Y 07 / 30 / 2003
Mailing Address 17 North Delmorr Avenue		Transaction ID: SA11A1.19712
City Morrisville	State PA	Zip Code 19067-6278
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Avari Insurance & Financial Serv. Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) B. Robert Ziff		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 17 North Delmorr Avenue		Transaction ID: SA11A1.19972
City Morrisville	State PA	Zip Code 19067-6278
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Avari Insurance & Financial Serv. Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 740.00	

Full Name (Last, First, Middle Initial) C. Robert Ziff		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 17 North Delmorr Avenue		Transaction ID: SA11A1.20220
City Morrisville	State PA	Zip Code 19067-6278
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Avari Insurance & Financial Serv. Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 820.00	

SUBTOTAL of Receipts This Page (optional)	▶	240.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 257 / 300	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Robert Ziff		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 17 North Delmorr Avenue		Transaction ID: SA11A1.20478
City Morrisville	State PA	Zip Code 19067-6278
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Avari Insurance & Financial Serv. Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. Robert Ziff		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 17 North Delmorr Avenue		Transaction ID: SA11A1.20728
City Morrisville	State PA	Zip Code 19067-6278
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Avari Insurance & Financial Serv. Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	

Full Name (Last, First, Middle Initial) C. Robert Ziff		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 17 North Delmorr Avenue		Transaction ID: SA11A1.20974
City Morrisville	State PA	Zip Code 19067-6278
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Avari Insurance & Financial Serv. Inc.	Occupation Health Insurance Agent	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1080.00	

SUBTOTAL of Receipts This Page (optional)	▶	240.00
TOTAL This Period (last page this line number only)	▶	43900.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 258 / 300	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. BROWN-WAITE FOR CONGRESS		Date of Receipt M / D / Y 11 / 14 / 2003
Mailing Address 249B CURBREATH RD		Transaction ID: SA16.21824
City	State	Zip Code
BROOKSVILLE	FL	34602
FEC ID number of contributing federal political committee. C C00367680		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Check Returned to HUPAC
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. CASTLE CAMPAIGN FUND		Date of Receipt M / D / Y 08 / 18 / 2003
Mailing Address P.O Box 133		Transaction ID: SA16.21903
City	State	Zip Code
Wilmington	DE	19860
FEC ID number of contributing federal political committee. C CD0254838		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Check Returned to HUPAC
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. CHOCOLA FOR CONGRESS INC		Date of Receipt M / D / Y 10 / 16 / 2003
Mailing Address PO BOX 6728		Transaction ID: SA16.21904
City	State	Zip Code
SOUTH BEND	IN	46860
FEC ID number of contributing federal political committee. C CD0384958		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Check Returned to HUPAC
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 250 / 300	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. DUTCH RUPPERSBERGER FOR CONGRESS		Date of Receipt M / D / Y 11 / 14 / 2003
Mailing Address 22 West Padonia Road Suite A307		Transaction ID: SA16.21892
City Timonium	State MD	Zip Code 21083
FEC ID number of contributing federal political committee. C C00376673		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Check Returned to HUPAC
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. HOFFEL FOR CONGRESS COMMITTEE		Date of Receipt M / D / Y 12 / 28 / 2003
Mailing Address 14 WEST MARSHALL STREET		Transaction ID: SA16.21868
City NORRISTOWN	State PA	Zip Code 19401
FEC ID number of contributing federal political committee. C CD0314120		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Check Returned to HUPAC
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. JOHN BREAUX COMMITTEE		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address POST OFFICE BOX 4042		Transaction ID: SA16.21888
City BATON ROUGE	State LA	Zip Code 70821
FEC ID number of contributing federal political committee. C CD0215830		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Check Returned to HUPAC
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 260 / 300	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. MARY BONO COMMITTEE		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address PD BOX 3370		Transaction ID: SA16.21867
City	State	Zip Code
PALM SPRINGS	CA	92263
FEC ID number of contributing federal political committee. C C00332890		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Check Returned to HUPAC
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. NORTHUP FOR CONGRESS		Date of Receipt M / D / Y 11 / 14 / 2003
Mailing Address PD BOX 7313		Transaction ID: SA16.21825
City	State	Zip Code
LOUISVILLE	KY	40207
FEC ID number of contributing federal political committee. C C00364448		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Check Returned to HUPAC
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. PORTMAN FOR CONGRESS COMMITTEE		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address P.O. Box 2385		Transaction ID: SA16.21870
City	State	Zip Code
Cincinnati	OH	45202
FEC ID number of contributing federal political committee. C C00279299		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Check Returned to HUPAC
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 261 / 300	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. RE-ELECT NANCY JOHNSON TO CONG. COMM.		Date of Receipt M / D / Y 12 / 02 / 2003
Mailing Address P.O. BOX 1986		Transaction ID: SA16.21863
City NEW BRITAIN	State CT	Zip Code 06050
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Check Returned to HUPAC
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. SNOWE FOR SENATE		Date of Receipt M / D / Y 11 / 14 / 2003
Mailing Address P.O. BOX 2000		Transaction ID: SA16.21820
City PORTLAND	State ME	Zip Code 04104
FEC ID number of contributing federal political committee. C CD0291855		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Check Returned to HUPAC
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	7500.00

**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)						PAGE 262 / 300
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input 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 - HUPAC

Full Name (Last, First, Middle Initial) A. AMEX		Transaction ID: SB21B.21618 Date of Disbursement 07 / 21 / 2003	
Mailing Address P.O. Box 53852			
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 102.08
Purpose of Disbursement Monthly Credit Card Settlement Fee		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. AMEX		Transaction ID: SB21B.21620 Date of Disbursement 08 / 21 / 2003	
Mailing Address P.O. Box 53852			
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 34.22
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. AMEX		Transaction ID: SB21B.21624 Date of Disbursement 09 / 22 / 2003	
Mailing Address P.O. Box 53852			
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 58.13
Purpose of Disbursement Monthly Credit Card Settlement Fee		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	194.43
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 263 / 300
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. AMEX		Transaction ID: SB21B.21627 Date of Disbursement 10 / 21 / 2003	
Mailing Address P.O. Box 53852			
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 59.17
Purpose of Disbursement Monthly Credit Card Settlement Fee		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. AMEX		Transaction ID: SB21B.21630 Date of Disbursement 11 / 21 / 2003	
Mailing Address P.O. Box 53852			
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 42.32
Purpose of Disbursement Monthly Credit Card Settlement Fee		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. AMEX		Transaction ID: SB21B.21633 Date of Disbursement 12 / 22 / 2003	
Mailing Address P.O. Box 53852			
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 40.81
Purpose of Disbursement Monthly Credit Card Settlement Fee		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	136.10
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 264 / 300
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input 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 - HUPAC

Full Name (Last, First, Middle Initial) A. Thomas Bruderle		Transaction ID: SB21B.21637 Date of Disbursement 07 / 17 / 2003	
Mailing Address 2000 North 14th Street, Suite 450		Amount of Each Disbursement this Period 395.00	
City Arlington	State VA	Zip Code 22201	Category/ Type
Purpose of Disbursement FEC Conference Registration		Candidate Name	
Office Sought: House Senate President State: District			
Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. G. Scott Condos		Transaction ID: SB21B.21645 Date of Disbursement 08 / 14 / 2003	
Mailing Address P.O. Box 80987		Amount of Each Disbursement this Period 608.93	
City Las Vegas	State NV	Zip Code 89180-0987	Category/ Type
Purpose of Disbursement Region 8 Meeting Expenses		Candidate Name	
Office Sought: House Senate President State: District			
Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. G. Scott Condos		Transaction ID: SB21B.21659 Date of Disbursement 10 / 14 / 2003	
Mailing Address P.O. Box 80987		Amount of Each Disbursement this Period 214.50	
City Las Vegas	State NV	Zip Code 89180-0987	Category/ Type
Purpose of Disbursement Portland AHU Airfare Reimbursement		Candidate Name	
Office Sought: House Senate President State: District			
Disbursement For: Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)	▶	1218.43
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 265 / 300
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input 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 - HUPAC

Full Name (Last, First, Middle Initial) A. Illinois State AHU		Transaction ID: SB21B.21688 Date of Disbursement 10 / 06 / 2003		
Mailing Address P.O. Box 9135		Amount of Each Disbursement this Period 1234.43		
City Maperville	State IL			Zip Code 60567-9135
Purpose of Disbursement Stu Shapiro's Travel Reimbursement				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. National Association of Health Underwriters		Transaction ID: SB21B.21642 Date of Disbursement 07 / 17 / 2003		
Mailing Address 2000 N. 14th Street, Suite 450		Amount of Each Disbursement this Period 276.45		
City Arlington	State VA			Zip Code 22201
Purpose of Disbursement June 2003 HUPAC Operating Expenses				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. National Association of Health Underwriters		Transaction ID: SB21B.21643 Date of Disbursement 08 / 08 / 2003		
Mailing Address 2000 N. 14th Street, Suite 450		Amount of Each Disbursement this Period 232.77		
City Arlington	State VA			Zip Code 22201
Purpose of Disbursement July 2003 HUPAC Operating Expenses				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)	▶	1745.65
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 266 / 300
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input 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 - HUPAC

Full Name (Last, First, Middle Initial) A. National Association of Health Underwriters		Transaction ID: SB21B.21650 Date of Disbursement 09 / 15 / 2003	
Mailing Address 2000 N. 14th Street, Suite 450		Amount of Each Disbursement this Period 486.26	
City Arlington	State VA		Zip Code 22201
Purpose of Disbursement August 2003 HUPAC Operating Expenses			Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. National Association of Health Underwriters		Transaction ID: SB21B.21658 Date of Disbursement 10 / 10 / 2003	
Mailing Address 2000 N. 14th Street, Suite 450		Amount of Each Disbursement this Period 135.11	
City Arlington	State VA		Zip Code 22201
Purpose of Disbursement September 2003 HUPAC Operating Expenses			Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. National Association of Health Underwriters		Transaction ID: SB21B.21664 Date of Disbursement 11 / 14 / 2003	
Mailing Address 2000 N. 14th Street, Suite 450		Amount of Each Disbursement this Period 705.88	
City Arlington	State VA		Zip Code 22201
Purpose of Disbursement October 2003 HUPAC Operating Expenses			Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	1327.26
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 267 / 300
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input 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 - HUPAC

Full Name (Last, First, Middle Initial) A. National Association of Health Underwriters		Transaction ID: SB21B.21685 Date of Disbursement 12 / 03 / 2003	
Mailing Address 2000 N. 14th Street, Suite 450		Amount of Each Disbursement this Period 6250.00	
City Arlington	State VA		Zip Code 22201
Purpose of Disbursement Reimbursement for Aristotle Software			Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. NOVA Information System		Transaction ID: SB21B.21619 Date of Disbursement 07 / 02 / 2003	
Mailing Address 4020 University Avenue		Amount of Each Disbursement this Period 183.08	
City Fairfax	State VA		Zip Code 22030
Purpose of Disbursement Monthly Credit Card Settlement Fee			Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. NOVA Information System		Transaction ID: SB21B.21622 Date of Disbursement 08 / 04 / 2003	
Mailing Address 4020 University Avenue		Amount of Each Disbursement this Period 470.21	
City Fairfax	State VA		Zip Code 22030
Purpose of Disbursement Monthly Credit Card Settlement Fee			Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	6903.29
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 268 / 300
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input 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 - HUPAC

Full Name (Last, First, Middle Initial) A. NOVA Information System		Transaction ID: SB21B.21628 Date of Disbursement 09 / 03 / 2003	
Mailing Address 4020 University Avenue			
City Fairfax	State VA	Zip Code 22030	Amount of Each Disbursement this Period 331.44
Purpose of Disbursement Monthly Credit Card Settlement Fee		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. NOVA Information System		Transaction ID: SB21B.21629 Date of Disbursement 10 / 02 / 2003	
Mailing Address 4020 University Avenue			
City Fairfax	State VA	Zip Code 22030	Amount of Each Disbursement this Period 250.28
Purpose of Disbursement Monthly Credit Card Settlement Fee		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. NOVA Information System		Transaction ID: SB21B.21632 Date of Disbursement 11 / 04 / 2003	
Mailing Address 4020 University Avenue			
City Fairfax	State VA	Zip Code 22030	Amount of Each Disbursement this Period 250.53
Purpose of Disbursement Monthly Credit Card Settlement Fee		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	841.25
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 269 / 300
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input 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 - HUPAC

Full Name (Last, First, Middle Initial) A. NOVA Information System		Transaction ID: SB21B.21635 Date of Disbursement 12 / 02 / 2003		
Mailing Address 4020 University Avenue		Amount of Each Disbursement this Period 197.66		
City Fairfax	State VA			Zip Code 22030
Purpose of Disbursement Monthly Credit Card Settlement Fee				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. White House Gear		Transaction ID: SB21B.21644 Date of Disbursement 08 / 08 / 2003		
Mailing Address 6905 West Clifton Street		Amount of Each Disbursement this Period 840.25		
City Tampa	State FL			Zip Code 33634
Purpose of Disbursement Air Force One Shirts for Fundraiser				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. White House Gear		Transaction ID: SB21B.21654 Date of Disbursement 10 / 03 / 2003		
Mailing Address 6905 West Clifton Street		Amount of Each Disbursement this Period 4554.77		
City Tampa	State FL			Zip Code 33634
Purpose of Disbursement Air Force One Shirts for Fundraiser				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)	▶	5592.68
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 270 / 300
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. White House Gear		Transaction ID: SB21B.21663 Date of Disbursement 10 / 14 / 2003	
Mailing Address 6905 West Clifton Street		Amount of Each Disbursement this Period 390.64	
City Tampa	State FL	Zip Code 33634	Category/ Type
Purpose of Disbursement Air Force One Shirts for Fundraiser		Candidate Name	
Office Sought: House Senate President State: District			

Full Name (Last, First, Middle Initial) B. White House Gear		Transaction ID: SB21B.21663 Date of Disbursement 12 / 05 / 2003	
Mailing Address 6905 West Clifton Street		Amount of Each Disbursement this Period 784.25	
City Tampa	State FL	Zip Code 33634	Category/ Type
Purpose of Disbursement Air Force One Shirts for Fundraiser		Candidate Name	
Office Sought: House Senate President State: District			

Full Name (Last, First, Middle Initial) C. White House Gear		Transaction ID: SB21B.21667 Date of Disbursement 12 / 15 / 2003	
Mailing Address 6905 West Clifton Street		Amount of Each Disbursement this Period 1411.00	
City Tampa	State FL	Zip Code 33634	Category/ Type
Purpose of Disbursement Air Force One Shirts for Fundraiser		Candidate Name	
Office Sought: House Senate President State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	2585.89
TOTAL This Period (last page this line number only)	▶	20544.98

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 271 / 300			
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. AMERICA'S FOUNDATION FKA FIGHT - PAC			Transaction ID: SB23.21882 Date of Disbursement 12 / 11 / 2003		
Mailing Address 1155 21st Street NW Suite 300			Amount of Each Disbursement this Period 1500.00		
City Washington	State DC	Zip Code 20036			
Purpose of Disbursement Political Contribution		Category/ Type			
Candidate Name RICHARD J SANTORUM					
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				
State: PA District: D0					

Full Name (Last, First, Middle Initial) B. ANDREWS FOR CONGRESS COMMITTEE			Transaction ID: SB23.21727 Date of Disbursement 08 / 20 / 2003		
Mailing Address 215 FOURTH AVENUE SUITE 200			Amount of Each Disbursement this Period 1000.00		
City HADDON HEIGHTS	State NJ	Zip Code 08035			
Purpose of Disbursement Political Contribution		Category/ Type			
Candidate Name ROBERT E ANDREWS					
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				
State: NJ District: D1					

Full Name (Last, First, Middle Initial) C. ANNE NORTHUP FOR CONGRESS			Transaction ID: SB23.21840 Date of Disbursement 11 / 14 / 2003		
Mailing Address PO BOX 7313			Amount of Each Disbursement this Period 1000.00		
City LOUISVILLE	State KY	Zip Code 40257			
Purpose of Disbursement Political Contribution		Category/ Type			
Candidate Name ANNE NORTHUP					
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				
State: KY District: D3					

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 272 / 300			
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. BEN CARDIN FOR CONGRESS		Transaction ID: SB23.2175D Date of Disbursement 09 / 16 / 2003
Mailing Address 100 EAST PRATT STREET 27TH FLOOR		Amount of Each Disbursement this Period 500.00
City BALTIMORE	State MD Zip Code 21202	
Purpose of Disbursement Political Contribution		
Candidate Name BENJAMIN L CARDIN		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: MD District: D3		

Full Name (Last, First, Middle Initial) B. BERKLEY FOR CONGRESS		Transaction ID: SB23.21726 Date of Disbursement 08 / 20 / 2003
Mailing Address 3069 CONQUISTA COURT		Amount of Each Disbursement this Period 500.00
City LAS VEGAS	State NV Zip Code 89121	
Purpose of Disbursement Political Contribution		
Candidate Name SHELLEY BERKLEY		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: NV District: D1		

Full Name (Last, First, Middle Initial) C. BOEHNER, JOHN A		Transaction ID: SB23.21679 Date of Disbursement 08 / 11 / 2003
Mailing Address 7908-I CINCINNATI DAYTON RD		Amount of Each Disbursement this Period 250.00
City WEST CHESTER	State OH Zip Code 45069	
Purpose of Disbursement Political Contribution		
Candidate Name FRIENDS OF JOHN BOEHNER		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: OH District: D8		

SUBTOTAL of Disbursements This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 273 / 300			
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. BROWN-WAITE, VIRGINIA 'GINNY'		Transaction ID: SB23.21844 Date of Disbursement 11 / 14 / 2003	
Mailing Address 2499 CULBREATH RD			
City BROOKSVILLE	State FL	Zip Code 34602	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name BROWN-WAITE FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: FL District: D5	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. BUNNING, JIM		Transaction ID: SB23.21795 Date of Disbursement 10 / 17 / 2003	
Mailing Address 1717 DIXIE HWY			
City FORT WRIGHT	State KY	Zip Code 41011	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name CITIZENS FOR BUNNING			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate President State: KY District: D0	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. CARTER, JOHN RICE		Transaction ID: SB23.21711 Date of Disbursement 08 / 20 / 2003	
Mailing Address 1144 RED BUD LANE			
City ROUND ROCK	State TX	Zip Code 78664	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name JOHN RICE CARTER			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: TX District: 31	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 274 / 300			
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. CASTLE CAMPAIGN FUND		Transaction ID: SB23.21702 Date of Disbursement 08 / 19 / 2003	
Mailing Address P.O Box 133			
City Wilmington	State DE	Zip Code 19899	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name MICHAEL N CASTLE			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: DE District: D0	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. CITIZENS FOR TOM PETRI		Transaction ID: SB23.21799 Date of Disbursement 10 / 17 / 2003	
Mailing Address PO BOX 270			
City FOND DU LAC	State WI	Zip Code 54635	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name THOMAS E PETRI			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: WI District: D6	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. COLE FOR CONGRESS		Transaction ID: SB23.21835 Date of Disbursement 11 / 03 / 2003	
Mailing Address P.O. Box 722258			
City Norman	State OK	Zip Code 73070	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name TOM COLE			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: OK District: D4	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 275 / 300			
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. CONGRESSIONAL MAJORITY COMMITTEE (FKA) 96TH CLUB CAMPAIGN COMMITTEE		Transaction ID: SB23.21861 Date of Disbursement 11 / 16 / 2003	
Mailing Address 3 WEST LENOX ST			
City CHEVY CHASE	State MD	Zip Code 20815	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name WILLIAM MARSHALL THOMAS			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CA	District: 22		

Full Name (Last, First, Middle Initial) B. CONGRESSMAN JOE BARTON COMMITTEE		Transaction ID: SB23.21800 Date of Disbursement 10 / 17 / 2003	
Mailing Address PO BOX 1444			
City ENNIS	State TX	Zip Code 75120	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name JOE LINUS BARTON			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: TX	District: 06		

Full Name (Last, First, Middle Initial) C. CONGRESSMAN JOE BARTON COMMITTEE		Transaction ID: SB23.21837 Date of Disbursement 11 / 03 / 2003	
Mailing Address PO BOX 1444			
City ENNIS	State TX	Zip Code 75120	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name JOE LINUS BARTON			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: TX	District: 06		

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 276 / 300			
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. CULBERSON FOR CONGRESS		Transaction ID: SB23.21734 Date of Disbursement 08 / 20 / 2003	
Mailing Address 2232 SUNSET BLVD			
City HOUSTON	State TX	Zip Code 77005	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name JOHN A CULBERSON			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: TX District: D7	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. THOMAS DALE DELAY		Transaction ID: SB23.21871 Date of Disbursement 07 / 08 / 2003	
Mailing Address 10707 Corporate Drive Suite 130			
City Stafford	State TX	Zip Code 77477	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name AMERICANS FOR A REPUB. MAJ. (ARMPAC)			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: TX District: 22	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. DEMINT FOR SENATE COMMITTEE INC		Transaction ID: SB23.21786 Date of Disbursement 10 / 14 / 2003	
Mailing Address POST OFFICE BOX 1D407			
City GREENVILLE	State SC	Zip Code 29603	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name JAMES W DEMINT			
Office Sought: House <input checked="" type="checkbox"/> Senate President State: SC District: 00	Disbursement For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 277 / 300			
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. DOYLE FOR CONGRESS COMMITTEE		Transaction ID: SB23.21675 Date of Disbursement 07 / 24 / 2003	
Mailing Address 2227 HAMPTON STREET			
City PITTSBURGH	State PA	Zip Code 15218	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name MIKE DOYLE			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: PA District 18			

Full Name (Last, First, Middle Initial) B. DREIER FOR CONGRESS COMMITTEE		Transaction ID: SB23.21785 Date of Disbursement 10 / 14 / 2003	
Mailing Address PO BOX 1110			
City COVINA	State CA	Zip Code 01722	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name DAVID DREIER			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CA District 26			

Full Name (Last, First, Middle Initial) C. DUTCH RUPPERSBERGER FOR CONGRESS		Transaction ID: SB23.21751 Date of Disbursement 09 / 16 / 2003	
Mailing Address 22 West Padonia Road Suite A307			
City Timonium	State MD	Zip Code 21093	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name C.A. DUTCH RUPPERSBERGER			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MD District 02			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 278 / 300			
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. FRIENDS OF BLANCHE LINCOLN		Transaction ID: SB23.21721 Date of Disbursement 08 / 20 / 2003	
Mailing Address PO BOX 3197			
City LITTLE ROCK	State AR	Zip Code 72203	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name BLANCHE LAMBERT LINCOLN			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: AR	District: D0		

Full Name (Last, First, Middle Initial) B. FRIENDS OF CHRIS DODD 2004		Transaction ID: SB23.21747 Date of Disbursement 09 / 16 / 2003	
Mailing Address PO BOX 270701			
City WEST HARTFORD	State CT	Zip Code 06127	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name CHRISTOPHER J DODD			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CT	District: D0		

Full Name (Last, First, Middle Initial) C. FRIENDS OF DUKE CUNNINGHAM		Transaction ID: SB23.21879 Date of Disbursement 12 / 11 / 2003	
Mailing Address 4710 FOURTH ST #100			
City LA MESA	State CA	Zip Code 91941	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name RANDY CUNNINGHAM			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CA	District: 50		

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)				PAGE 279 / 300			
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. FRIENDS OF JEB HENSARLING		Transaction ID: SB23.21682 Date of Disbursement 08 / 12 / 2003	
Mailing Address PO Box 820504			
City Dallas	State TX	Zip Code 75382	Amount of Each Disbursement this Period 750.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name THOMAS JEB HENSARLING			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: TX District 5	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. FRIENDS OF JOHN PETERSON		Transaction ID: SB23.21673 Date of Disbursement 07 / 24 / 2003	
Mailing Address 114 W STATE ST PO BOX 285			
City PLEASANTVILLE	State PA	Zip Code 16341	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name JOHN E PETERSON			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: PA District 05	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. FRIENDS OF MARK FOLEY		Transaction ID: SB23.21742 Date of Disbursement 09 / 04 / 2003	
Mailing Address 1316 LAKE VICTORIA DR			
City LAKE WORTH	State FL	Zip Code 33461	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name MARK FOLEY			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: FL District 16	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

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	FOR LINE NUMBER: (check only one)				PAGE 280 / 300			
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. FRIENDS OF SAM JOHNSON		Transaction ID: SB23.21839 Date of Disbursement 11 / 12 / 2003	
Mailing Address PO BOX 880096			
City PLANO	State TX	Zip Code 75086	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name SAMUEL ROBERT JOHNSON			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: TX District: D3	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. WILLIAM H FRIST		Transaction ID: SB23.21813 Date of Disbursement 10 / 28 / 2003	
Mailing Address 2000 GLEN ECHO ROAD SUITE 107			
City NASHVILLE	State TN	Zip Code 37216	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name VOLUNTEER PAC			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: TN District: D0	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. GIBBONS FOR CONGRESS		Transaction ID: SB23.21746 Date of Disbursement 09 / 04 / 2003	
Mailing Address 542 1/2 Plumas St			
City Reno	State NV	Zip Code 89509	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name JAMES A GIBBONS			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: NV District: D2	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

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)				PAGE 281 / 300			
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. HASTERT FOR CONGRESS COMMITTEE		Transaction ID: SB23.21707 Date of Disbursement 08 / 19 / 2003	
Mailing Address P. O. Box 625			
City Batavia	State IL	Zip Code 60510	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name J DENNIS HASTERT			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: IL	District: 14		

Full Name (Last, First, Middle Initial) B. HERGER, WALTER WILLIAM (WALLY) JR		Transaction ID: SB23.21809 Date of Disbursement 10 / 17 / 2003	
Mailing Address P.O. BOX 1500			
City CHICO	State CA	Zip Code 05026	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name WALLY HERGER FOR CONGRESS COMMITTEE			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CA	District: 02		

Full Name (Last, First, Middle Initial) C. HOFFEL FOR SENATE COMMITTEE		Transaction ID: SB23.21792 Date of Disbursement 10 / 17 / 2003	
Mailing Address 610 HARPER AVENUE			
City JENKINTOWN	State PA	Zip Code 19046	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name JOSEPH M HOFFEL			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: PA	District: 00		

SUBTOTAL of Disbursements This Page (optional)	6500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 282 / 300			
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. JOHN BREAUX COMMITTEE		Transaction ID: SB23.21699 Date of Disbursement 08 / 14 / 2003	
Mailing Address POST OFFICE BOX 4042			
City BATON ROUGE	State LA	Zip Code 70821	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name JOHN B BREAUX			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: LA	District: D0		

Full Name (Last, First, Middle Initial) B. JOHN SHADEGG FOR CONGRESS		Transaction ID: SB23.21775 Date of Disbursement 09 / 16 / 2003	
Mailing Address P O BOX 45444			
City PHOENIX	State AZ	Zip Code 85064	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name JOHN BARDEN SHADEGG			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: AZ	District: D4		

Full Name (Last, First, Middle Initial) C. KELLER FOR CONGRESS		Transaction ID: SB23.21812 Date of Disbursement 10 / 28 / 2003	
Mailing Address PO BOX 1453			
City ORLANDO	State FL	Zip Code 32802	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name RICHARD ANTHONY KELLER			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: FL	District: D8		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 283 / 300			
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. LAMUTT FOR CONGRESS		Transaction ID: SB23.21847 Date of Disbursement 11 / 16 / 2003
Mailing Address 4667 JEFFERSON TOWNSHIP PLACE		Amount of Each Disbursement this Period 500.00
City MARIETTA	State GA Zip Code 30066	
Purpose of Disbursement Political Contribution		
Candidate Name ROBERT BRUCE LAMUTT		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: GA District: D6		

Full Name (Last, First, Middle Initial) B. LATOURETTE FOR CONGRESS COMMITTEE		Transaction ID: SB23.21767 Date of Disbursement 09 / 16 / 2003
Mailing Address 320 Kenarden Dr.		Amount of Each Disbursement this Period 500.00
City Highland Hts.	State OH Zip Code 44143	
Purpose of Disbursement Political Contribution		
Candidate Name STEVEN C LATOURETTE		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: OH District: 14		

Full Name (Last, First, Middle Initial) C. LEWIS FOR CONGRESS COMMITTEE		Transaction ID: SB23.21834 Date of Disbursement 11 / 03 / 2003
Mailing Address PO BOX 247		Amount of Each Disbursement this Period 250.00
City REDLANDS	State CA Zip Code 92373	
Purpose of Disbursement Political Contribution		
Candidate Name JERRY LEWIS		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: CA District: 41		

SUBTOTAL of Disbursements This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 284 / 300			
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. MANZULLO, DONALD A		Transaction ID: SB23.21774 Date of Disbursement 09 / 16 / 2003	
Mailing Address 792 E LIGHTSVILLE ROAD		Amount of Each Disbursement this Period 1000.00	
City EGAN	State IL	Zip Code 61047	Category/ Type
Purpose of Disbursement Political Contribution		Disbursement For: 2004 X Primary General Other (specify) ▼	
Candidate Name DONALD A. MANZULLO FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House Senate President	State: IL District 16		

Full Name (Last, First, Middle Initial) B. MARSHA BLACKBURN FOR CONGRESS INC.		Transaction ID: SB23.21739 Date of Disbursement 09 / 04 / 2003	
Mailing Address PO Box 682185		Amount of Each Disbursement this Period 500.00	
City Franklin	State TN	Zip Code 37068	Category/ Type
Purpose of Disbursement Political Contribution		Disbursement For: 2004 X Primary General Other (specify) ▼	
Candidate Name MARSHA W BLACKBURN			
Office Sought: <input checked="" type="checkbox"/> House Senate President	State: TN District 07		

Full Name (Last, First, Middle Initial) C. MARY BONO COMMITTEE		Transaction ID: SB23.21817 Date of Disbursement 10 / 29 / 2003	
Mailing Address PO BOX 3370		Amount of Each Disbursement this Period 500.00	
City PALM SPRINGS	State CA	Zip Code 92263	Category/ Type
Purpose of Disbursement Political Contribution		Disbursement For: 2004 X Primary General Other (specify) ▼	
Candidate Name MARY BONO			
Office Sought: <input checked="" type="checkbox"/> House Senate President	State: CA District 45		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE 285 / 300
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. MARY BONO COMMITTEE		Transaction ID: SB23.21873 Date of Disbursement 12 / 02 / 2003	
Mailing Address PO BOX 3370			
City PALM SPRINGS	State CA	Zip Code 92263	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name MARY BONO			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: CA District: 45	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MATHESON FOR CONGRESS		Transaction ID: SB23.21877 Date of Disbursement 10 / 14 / 2003	
Mailing Address 677 SOUTH 200 WEST SUITE A			
City SALT LAKE CITY	State UT	Zip Code 84101	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name JAMES DAVID MATHESON			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: UT District: 02	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MCCONNELL, MITCH		Transaction ID: SB23.21841 Date of Disbursement 11 / 14 / 2003	
Mailing Address 2318 DUNDEE ROAD			
City LOUISVILLE	State KY	Zip Code 40205	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name BLUEGRASS COMMITTEE			
Office Sought: House <input checked="" type="checkbox"/> Senate President State: KY District: 00	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	3500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 286 / 300			
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. MIKE CRAPO FOR US SENATE			Transaction ID: SB23.21696 Date of Disbursement 08 / 14 / 2003		
Mailing Address PO BOX 1948			Amount of Each Disbursement this Period 1000.00		
City BOISE	State ID ID	Zip Code 83701			
Purpose of Disbursement Political Contribution		Category/ Type			
Candidate Name MICHAEL D CRAPO					
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				
State: ID	District: D0				

Full Name (Last, First, Middle Initial) B. MIKE HONDA FOR CONGRESS			Transaction ID: SB23.21857 Date of Disbursement 11 / 18 / 2003		
Mailing Address 50 W. San Fernando St. Ste. 350			Amount of Each Disbursement this Period 500.00		
City San Jose	State CA	Zip Code 05113			
Purpose of Disbursement Political Contribution		Category/ Type			
Candidate Name MIKE HONDA					
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				
State: CA	District: 15				

Full Name (Last, First, Middle Initial) C. MIKE ROSS FOR CONGRESS COMMITTEE			Transaction ID: SB23.21724 Date of Disbursement 08 / 20 / 2003		
Mailing Address PO BOX 360			Amount of Each Disbursement this Period 500.00		
City PRESCOTT	State AR	Zip Code 71857			
Purpose of Disbursement Political Contribution		Category/ Type			
Candidate Name ROSS, MICHAEL AVERY					
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				
State: AR	District: D4				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 287 / 300			
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. MOORE FOR CONGRESS		Transaction ID: SB23.21798 Date of Disbursement 10 / 17 / 2003	
Mailing Address PO BOX 14631			
City SHAWNEE MISSION	State KS	Zip Code 66285	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name DENNIS MOORE			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: KS District: D3	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MURTHA, JOHN P		Transaction ID: SB23.21877 Date of Disbursement 07 / 24 / 2003	
Mailing Address 109 COLGAGE AVENUE			
City JOHNSTOWN	State PA	Zip Code 15005	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name MURTHA FOR CONGRESS COMMITTEE			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: PA District: 12	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MUSGRAVE FOR CONGRESS		Transaction ID: SB23.21880 Date of Disbursement 08 / 11 / 2003	
Mailing Address 15484 RD 18 1/2			
City FORT MORGAN	State CO	Zip Code 80701	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name MARILYN N MUSGRAVE			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: CO District: 04	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

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)				PAGE 288 / 300			
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. NETHERCUTT FOR SENATE			Transaction ID: SB23.21704 Date of Disbursement 08 / 19 / 2003		
Mailing Address 601 W RIVERSIDE #1800					
City SPOKANE	State WA	Zip Code 99201	Amount of Each Disbursement this Period 1000.00		
Purpose of Disbursement Political Contribution		Candidate Name GEORGE R JR NETHERCUTT	Category/ Type		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				
State: WA District: D0					

Full Name (Last, First, Middle Initial) B. NETHERCUTT FOR SENATE			Transaction ID: SB23.21886 Date of Disbursement 12 / 11 / 2003		
Mailing Address 601 W RIVERSIDE #1800					
City SPOKANE	State WA	Zip Code 99201	Amount of Each Disbursement this Period 1000.00		
Purpose of Disbursement Political Contribution		Candidate Name GEORGE R JR NETHERCUTT	Category/ Type		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				
State: WA District: D0					

Full Name (Last, First, Middle Initial) C. NUSSLE FOR CONGRESS COMMITTEE			Transaction ID: SB23.21745 Date of Disbursement 09 / 04 / 2003		
Mailing Address P.O. Box 324					
City Manchester	State IA	Zip Code 52057	Amount of Each Disbursement this Period 1000.00		
Purpose of Disbursement Political Contribution		Candidate Name JAMES ALLEN NUSSLE	Category/ Type		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				
State: IA District: D1					

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)				PAGE 289 / 300			
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. OTTER FOR IDAHO		Transaction ID: SB23.2183B Date of Disbursement 11 / 03 / 2003
Mailing Address PO BOX 1456		Amount of Each Disbursement this Period 500.00
City BOISE	State ID ID	
Zip Code 83701	Category/ Type	
Purpose of Disbursement Political Contribution Candidate Name C L BUTCH OTTER	Office Sought: <input checked="" type="checkbox"/> House Senate President State: ID District D1	
Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. OXLEY FOR CONGRESS		Transaction ID: SB23.2173B Date of Disbursement 09 / 02 / 2003
Mailing Address P.O. BOX 2002		Amount of Each Disbursement this Period 1000.00
City FINDLAY	State OH	
Zip Code 45830	Category/ Type	
Purpose of Disbursement Political Contribution Candidate Name MICHAEL G OXLEY	Office Sought: <input checked="" type="checkbox"/> House Senate President State: OH District D4	
Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. PAT TOOMEY FOR SENATE COMMITTEE		Transaction ID: SB23.21876 Date of Disbursement 12 / 11 / 2003
Mailing Address 2720 JORDAN ROAD		Amount of Each Disbursement this Period 1000.00
City OREFIELD	State PA	
Zip Code 18069	Category/ Type	
Purpose of Disbursement Political Contribution Candidate Name PATRICK JOSEPH TOOMEY	Office Sought: <input checked="" type="checkbox"/> House Senate President State: PA District D0	
Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

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)				PAGE 290 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. PICKERING FOR CONGRESS		Transaction ID: SB23.2176B Date of Disbursement 09 / 16 / 2003		
Mailing Address P.O. Box 6440		Amount of Each Disbursement this Period 500.00		
City Laurel	State MS			Zip Code 39441
Purpose of Disbursement Political Contribution				Category/ Type
Candidate Name CHARLES W 'CHIP' JR PICKERING				
Office Sought: <input checked="" type="checkbox"/> House Senate President State: MS District: D3	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. POMEROY, EARL RALPH		Transaction ID: SB23.2177B Date of Disbursement 09 / 17 / 2003		
Mailing Address PO BOX 746		Amount of Each Disbursement this Period 1200.00		
City BISMARCK	State ND			Zip Code 58502
Purpose of Disbursement Political Contribution				Category/ Type
Candidate Name EARL POMEROY FOR CONGRESS				
Office Sought: <input checked="" type="checkbox"/> House Senate President State: ND District: D0	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. PORTER FOR CONGRESS		Transaction ID: SB23.21681 Date of Disbursement 08 / 12 / 2003		
Mailing Address 6905 Pony Cir		Amount of Each Disbursement this Period 500.00		
City Las Vegas	State NV			Zip Code 89145
Purpose of Disbursement Political Contribution				Category/ Type
Candidate Name JON SR PORTER				
Office Sought: <input checked="" type="checkbox"/> House Senate President State: NV District: D3	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)	2200.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 291 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. PORTMAN, ROBERT J		Transaction ID: SB23.21801 Date of Disbursement 10 / 17 / 2003	
Mailing Address PO BOX 2365			
City CINCINNATI	State OH	Zip Code 45202	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name PORTMAN FOR CONGRESS COMMITTEE			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: OH District: D2	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. PORTMAN, ROBERT J		Transaction ID: SB23.21874 Date of Disbursement 12 / 05 / 2003	
Mailing Address PO BOX 2365			
City CINCINNATI	State OH	Zip Code 45202	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name AMERICA'S MAJORITY TRUST			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: OH District: D2	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. PRYCE FOR CONGRESS		Transaction ID: SB23.21765 Date of Disbursement 09 / 16 / 2003	
Mailing Address 145 E. Rich Street			
City Columbus	State OH	Zip Code 43215	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name DEBORAH PRYCE			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: OH District: 15	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 292 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. RADANOVICH FOR CONGRESS		Transaction ID: SB23.21808 Date of Disbursement 10 / 17 / 2003		
Mailing Address 30151 TOMAS STREET		Amount of Each Disbursement this Period 500.00		
City RANCHO SANTA MARG	State CA			Zip Code 92688
Purpose of Disbursement Political Contribution				Category/ Type
Candidate Name GEORGE RADANOVICH				
Office Sought: <input checked="" type="checkbox"/> House Senate President State: CA District: 19	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. RE-ELECT NANCY JOHNSON TO CONG. COMM.		Transaction ID: SB23.21872 Date of Disbursement 12 / 02 / 2003		
Mailing Address P.O. BOX 1986		Amount of Each Disbursement this Period 1000.00		
City NEW BRITAIN	State CT			Zip Code 06050
Purpose of Disbursement Political Contribution - Reissue				Category/ Type
Candidate Name NANCY L JOHNSON				
Office Sought: <input checked="" type="checkbox"/> House Senate President State: CT District: 06	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. RELY ON YOUR BELIEFS POLITICAL ACTION COMMITTEE		Transaction ID: SB23.21855 Date of Disbursement 11 / 18 / 2003		
Mailing Address 209 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 1000.00		
City Washington	State DC			Zip Code 20003
Purpose of Disbursement Political Contribution				Category/ Type
Candidate Name ROY BLUNT				
Office Sought: <input checked="" type="checkbox"/> House Senate President State: MO District: 07	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			

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)				PAGE 293 / 300			
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. REPUBLICAN PARTY OF LOUISIANA		Transaction ID: SB23.2189D Date of Disbursement 11 / 03 / 2003	
Mailing Address 7918 Wrenwood Blvd. Suite E		Amount of Each Disbursement this Period 1000.00	
City Baton Rouge	State LA		Zip Code 70809
Purpose of Disbursement Political Contribution			Category/ Type
Candidate Name REPUBLICAN PARTY OF LOUISIANA			
Office Sought: House Senate President	Disbursement For: 2003 Primary General Other (specify) ▼		
State: District	Special-General		

Full Name (Last, First, Middle Initial) B. THOMAS M REYNOLDS		Transaction ID: SB23.21735 Date of Disbursement 09 / 02 / 2003	
Mailing Address 8261 OLD POST ROAD EAST		Amount of Each Disbursement this Period 1000.00	
City CLARENCE	State NY		Zip Code 14051
Purpose of Disbursement Political Contribution			Category/ Type
Candidate Name TOGETHER FOR OUR MAJORITY PAC (TOMPAC)			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NY District 26			

Full Name (Last, First, Middle Initial) C. RICHARD BURR COMMITTEE		Transaction ID: SB23.21845 Date of Disbursement 11 / 14 / 2003	
Mailing Address POST OFFICE BOX 5828		Amount of Each Disbursement this Period 1000.00	
City WINSTON-SALEM	State NC		Zip Code 27113
Purpose of Disbursement Political Contribution			Category/ Type
Candidate Name RICHARD BURR			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NC District 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)				PAGE 294 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. ROB BISHOP FOR CONGRESS		Transaction ID: SB23.2186D Date of Disbursement 11 / 16 / 2003	
Mailing Address PO BOX 2002		Amount of Each Disbursement this Period 500.00	
City BRIGHAM CITY	State UT		Zip Code 84302
Purpose of Disbursement Political Contribution			Category/ Type
Candidate Name ROBERT WILLIAM BISHOP			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: UT District: D1			

Full Name (Last, First, Middle Initial) B. RYAN, PAUL D		Transaction ID: SB23.21761 Date of Disbursement 09 / 16 / 2003	
Mailing Address PO BOX 1910		Amount of Each Disbursement this Period 500.00	
City JANESVILLE	State WI		Zip Code 53547
Purpose of Disbursement Political Contribution			Category/ Type
Candidate Name RYAN FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: WI District: D1			

Full Name (Last, First, Middle Initial) C. SESSIONS FOR CONGRESS		Transaction ID: SB23.21776 Date of Disbursement 09 / 16 / 2003	
Mailing Address PO BOX 710		Amount of Each Disbursement this Period 1000.00	
City ROANOKE	State TX		Zip Code 76262
Purpose of Disbursement Political Contribution			Category/ Type
Candidate Name PETE SESSIONS			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: TX District: 26			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 295 / 300	
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. SHELBY FOR U S SENATE		Transaction ID: SB23.2172B Date of Disbursement 08 / 20 / 2003		
Mailing Address POST OFFICE BOX 1091		Amount of Each Disbursement this Period 1000.00		
City TUSCALOOSA	State AL			Zip Code 35403
Purpose of Disbursement Political Contribution				Category/ Type
Candidate Name RICHARD C SHELBY				
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: AL District: D0		

Full Name (Last, First, Middle Initial) B. SNOWE FOR SENATE		Transaction ID: SB23.21731 Date of Disbursement 08 / 20 / 2003		
Mailing Address P.O. BOX 2000		Amount of Each Disbursement this Period 1000.00		
City PORTLAND	State ME			Zip Code 04104
Purpose of Disbursement Political Contribution				Category/ Type
Candidate Name OLYMPIA J SNOWE				
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: ME District: D0		

Full Name (Last, First, Middle Initial) C. SUE KELLY FOR CONGRESS		Transaction ID: SB23.21760 Date of Disbursement 08 / 16 / 2003		
Mailing Address 700 WHITE PLAINS ROAD SUITE 301		Amount of Each Disbursement this Period 500.00		
City SCARSDALE	State NY			Zip Code 10583
Purpose of Disbursement Political Contribution				Category/ Type
Candidate Name SUE N KELLY				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: NY District: 19		

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)				PAGE 296 / 300			
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. TAUSCHER, ELLEN O		Transaction ID: SB23.2178B Date of Disbursement 10 / 14 / 2003	
Mailing Address 75 CANDLESTON PLACE			
City ALAMO	State CA	Zip Code 94507	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name ELLEN TAUSCHER FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: CA District: 10	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. TAUZIN, W J BILLY		Transaction ID: SB23.2178B Date of Disbursement 09 / 16 / 2003	
Mailing Address 813 HIGHWAY 20			
City THIBODAUX	State LA	Zip Code 70301	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name BILLY TAUZIN CONGRESSIONAL COM			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: LA District: 03	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. THOMPSON FOR CONGRESS INC		Transaction ID: SB23.21846 Date of Disbursement 11 / 14 / 2003	
Mailing Address 5523 GRAND AVENUE			
City DES MOINES	State IA	Zip Code 50312	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name STANLEY J THOMPSON			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: IA District: 03	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

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)				PAGE 297 / 300			
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. TIBERI FOR CONGRESS		Transaction ID: SB23.21803 Date of Disbursement 10 / 17 / 2003
Mailing Address 2021 E DUBLIN GRANVILLE RD # 2000		Amount of Each Disbursement this Period 500.00
City COLUMBUS	State OH Zip Code 43229	
Purpose of Disbursement Political Contribution	Candidate Name PATRICK JOSEPH TIBERI Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House Senate President State: OH District 12		

Full Name (Last, First, Middle Initial) B. TIM MURPHY FOR CONGRESS		Transaction ID: SB23.21874 Date of Disbursement 07 / 24 / 2003
Mailing Address PO Box 11721		Amount of Each Disbursement this Period 500.00
City Pttsburgh	State PA Zip Code 15228	
Purpose of Disbursement Political Contribution	Candidate Name TIM MURPHY Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House Senate President State: PA District 18		

Full Name (Last, First, Middle Initial) C. UPTON, FREDERICK STEPHEN		Transaction ID: SB23.21876 Date of Disbursement 07 / 24 / 2003
Mailing Address 285 RIDGEWAY P O BOX 900		Amount of Each Disbursement this Period 1000.00
City ST JOSEPH	State MI Zip Code 49085	
Purpose of Disbursement Political Contribution	Candidate Name UPTON FOR ALL OF US Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House Senate President State: MI District 06		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 298 / 300			
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. NYDIA M VELAZQUEZ		Transaction ID: SB23.21783 Date of Disbursement 09 / 29 / 2003	
Mailing Address 32 Varet Street			
City Brooklyn	State NY	Zip Code 11206	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name CM TO RE-ELECT NYDIA VELAZQUEZ TO CONG			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NY	District: 12		

Full Name (Last, First, Middle Initial) B. VOLUNTEER PAC		Transaction ID: SB23.21875 Date of Disbursement 12 / 08 / 2003	
Mailing Address P.O. Box 158552			
City Nashville	State TN	Zip Code 37215	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name WILLIAM H FRIST			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: TN	District: 00		

Full Name (Last, First, Middle Initial) C. WALDEN FOR CONGRESS INC		Transaction ID: SB23.21762 Date of Disbursement 09 / 16 / 2003	
Mailing Address PO Box 10B1			
City Hood River	State OR	Zip Code 97031	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name GREGORY PAUL WALDEN			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: OR	District: 2		

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 299 / 300			
	<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 - HUPAC

Full Name (Last, First, Middle Initial) A. WELCH FOR WISCONSIN		Transaction ID: SB23.2178D Date of Disbursement 09 / 29 / 2003	
Mailing Address PO BOX 523			
City REDGRANITE	State WI	Zip Code 54970	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name ROBERT T WELCH			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: WI	District: D0		

Full Name (Last, First, Middle Initial) B. WELLER, GERALD C JERRY		Transaction ID: SB23.21805 Date of Disbursement 10 / 17 / 2003	
Mailing Address PO BOX 15283			
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name JERRY WELLER FOR CONGRESS INC			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: IL	District: 11		

Full Name (Last, First, Middle Initial) C. WYDEN FOR SENATE		Transaction ID: SB23.21789 Date of Disbursement 10 / 17 / 2003	
Mailing Address 123 NE 3RD SUITE 321			
City PORTLAND	State OR	Zip Code 97232	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution		Category/ Type	
Candidate Name RONALD LEE WYDEN			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: OR	District: D0		

SUBTOTAL of Disbursements This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	75450.00

**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)						PAGE 300 / 300
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input checked="" type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b	

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Full Name (Last, First, Middle Initial) A. Barbour for Governor		Transaction ID: SB29.21691 Date of Disbursement 08 / 12 / 2003	
Mailing Address P.O. Box 1499		Amount of Each Disbursement this Period 1000.00	
City Yazoo City	State MS	Zip Code 39194	Category/ Type
Purpose of Disbursement Contribution to Gubernatorial Candidate		Candidate Name Haley Barbour	
Office Sought: House Senate President State: MS District	Disbursement For: 2003 X Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Fletcher for Governor		Transaction ID: SB29.21758 Date of Disbursement 08 / 16 / 2003	
Mailing Address P.O. Box 910504		Amount of Each Disbursement this Period 1000.00	
City Lexington	State KY	Zip Code 40501-0504	Category/ Type
Purpose of Disbursement Contribution to Gubernatorial Candidate		Candidate Name Ernie Fletcher	
Office Sought: House Senate President State: KY District	Disbursement For: 2004 Primary X General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Friends of Bobby Jindal		Transaction ID: SB29.21693 Date of Disbursement 08 / 12 / 2003	
Mailing Address P.O. Box 44290		Amount of Each Disbursement this Period 1000.00	
City Baton Rouge	State LA	Zip Code 70804-4290	Category/ Type
Purpose of Disbursement Contribution to Gubernatorial Candidate		Candidate Name Bobby Jindal	
Office Sought: House Senate President State: LA District	Disbursement For: 2003 X Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	3000.00