

**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 14TH STREET SUITE 450  
 Check if different than previously reported. (ACC) ARLINGTON VA 22201

2. **FEC IDENTIFICATION NUMBER** C00283135  
 3. **IS THIS REPORT** X **NEW (N)** **OR** **AMENDED (A)**

4. **TYPE OF REPORT (Choose One)**  
 (a) Quarterly Reports:  
 April 15 Quarterly Report(Q1) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  
 July 15 Quarterly Report(Q2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)  
 October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)  
 X January 31 Quarterly Report(YE) Election on in the State of  
 July 31 Mid-Year Report(Non-election Year Only) (MY) (d) 30-Day Post -Election Report for the: General (30G) Runoff (30R) Special (30S)  
 Termination Report (TER) Election on in the State of

5. Covering Period 11 26 2002 through 12 31 2002

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

Type or Print Name of Treasurer Kevin Corcoran, CAE  
 Signature of Treasurer Electronically Filed by Kevin Corcoran, CAE Date 01 31 2002

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

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

Report Covering the Period: From: <sup>Month</sup> 11 <sup>Day</sup> 26 <sup>Year</sup> 2002 To: <sup>Month</sup> 12 <sup>Day</sup> 31 <sup>Year</sup> 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Year</sup> 2002		67640.00
(b) Cash on Hand at Beginning of Reporting Period .....	36439.40	
(c) Total Receipts (from Line 19) .....	12157.50	145492.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	48596.90	213132.50
7. Total Disbursements (from Line 30) .....	76.98	164612.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	48519.92	48519.92
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS - HUPAC

Report Covering the Period: From: <sup>MM</sup>11 <sup>DD</sup>26 <sup>YYYY</sup>2002 To: <sup>MM</sup>12 <sup>DD</sup>31 <sup>YYYY</sup>2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	6620.00	
(ii) Unitemized .....	5037.50	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	11657.50	142492.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) .....	11657.50	142492.50
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	500.00	3000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	12157.50	145492.50
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	12157.50	145492.50

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	76.98	33066.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	76.98	33066.58
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	131506.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	40.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	40.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	76.98	164612.58
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	76.98	164612.58
<hr/>		
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	11657.50	142492.50
33. Total Contribution Refunds (from Line 28(d)).....	0.00	40.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	11657.50	142452.50
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	76.98	33066.58
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	76.98	33066.58

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 / 62	
	<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

**A.** Full Name (Last, First, Middle Initial)  
William Anderson

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 20 / 2002

Mailing Address  
498 Palm Springs Drive Suite 210  
City State Zip Code  
Altamonte Springs FL 32701-7805

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Benefit Plan Occupation  
Health Insurance Agent

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

Transaction ID: SA11A1.15008

**B.** Full Name (Last, First, Middle Initial)  
William Anderson

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 02 / 2002

Mailing Address  
498 Palm Springs Drive Suite 210  
City State Zip Code  
Altamonte Springs FL 32701-7805

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Benefit Plan Occupation  
Health Insurance Agent

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

Transaction ID: SA11A1.14840

**C.** Full Name (Last, First, Middle Initial)  
William Anderson

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2002

Mailing Address  
498 Palm Springs Drive Suite 210  
City State Zip Code  
Altamonte Springs FL 32701-7805

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Benefit Plan Occupation  
Health Insurance Agent

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

Transaction ID: SA11A1.15009

**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: PAGE 6 / 62

(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. Elizabeth Ashmore**

Mailing Address  
7608 University Avenue #B

City State Zip Code  
Lubbock TX 79423-2128

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 02 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer  
Ashmore Agency

Occupation  
Health Insurance Agent

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

Transaction ID: SA11A1.14841

Full Name (Last, First, Middle Initial)  
**B. Ann Bell**

Mailing Address  
1861 Shoreline Drive Suite 100

City State Zip Code  
Boise ID 83702-6746

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 02 / 2002

Amount of Each Receipt this Period  
15.00

FEC ID number of contributing federal political committee.

Name of Employer  
Higgins & Rutledge Insurance, Inc.

Occupation  
Health Insurance Agent

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

Transaction ID: SA11A1.14847

Full Name (Last, First, Middle Initial)  
**C. Kris Blazek**

Mailing Address  
6075 Poplar Avenue Suite 221

City State Zip Code  
Memphis TN 38119-0113

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 02 / 2002

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer  
Humana

Occupation  
Health Insurance Agent

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

Transaction ID: SA11A1.14848

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **135.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Shawn Brashears** Date of Receipt  
Mailing Address  
110 Old Padonia Road Suite 201  
City State Zip Code  
Cockeysville MD 21030-4949  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 20.00  
Name of Employer Occupation  
Wye/Oak Insurance Health Insurance Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 240.00  
Transaction ID: SA11A1.15031

**B. Shawn Brashears** Date of Receipt  
Mailing Address  
110 Old Padonia Road Suite 201  
City State Zip Code  
Cockeysville MD 21030-4949  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 20.00  
Name of Employer Occupation  
Wye/Oak Insurance Health Insurance Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 260.00  
Transaction ID: SA11A1.15032

**C. Thomas Bryon** Date of Receipt  
Mailing Address  
8780 Mastin Street Suite F  
City State Zip Code  
Overland Park KS 66212-4789  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 20.00  
Name of Employer Occupation  
SS & G and Associates, Inc. President/Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00  
Transaction ID: SA11A1.15035

**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 8 / 62	
	<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. Thomas Bryon** Date of Receipt

Mailing Address N M / D E / Y Y Y Y  
 8780 Mastin Street Suite F 12 / 31 / 2002

City State Zip Code  
 Overland Park KS 66212-4789 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 20.00

Name of Employer SS & G and Associates, Inc.	Occupation President/Agent
---	-------------------------------

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

**Transaction ID: SA11A1.15036**

**B. Donna J. Buessing** Date of Receipt

Mailing Address N M / D E / Y Y Y Y  
 1465 Enea Circle 12 / 31 / 2002

City State Zip Code  
 Concord CA 94520-7914 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 50.00

Name of Employer Diversified Capital	Occupation Health Insurance Agent
---	--------------------------------------

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

**Transaction ID: SA11A1.15040**

**C. Jennifer Bundy-Cobb** Date of Receipt

Mailing Address N M / D E / Y Y Y Y  
 1600 A Street Suite 901 12 / 02 / 2002

City State Zip Code  
 Anchorage AK 99501-5148 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 20.00

Name of Employer The Wilson Agency, LLC	Occupation Health Insurance Agent
--	--------------------------------------

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

**Transaction ID: SA11A1.14852**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>90.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 62

(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. Thomas S. Byrd**

Mailing Address  
P.O. Box 100043  
City State Zip Code  
Duluth GA 30096-0043

Date of Receipt  
M / D / Y Y Y Y  
12 / 02 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Group Resources Incorporated Health Insurance Agent

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

Transaction ID: SA11A1.15371

Full Name (Last, First, Middle Initial)  
**B. Tim Byme**

Mailing Address  
3113 W. Belbine Highway  
City State Zip Code  
Madison WI 53713

Date of Receipt  
M / D / Y Y Y Y  
12 / 02 / 2002

Amount of Each Receipt this Period  
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Mortenson, Matzelle & Meldrum Health Insurance Agent

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

Transaction ID: SA11A1.14853

Full Name (Last, First, Middle Initial)  
**C. D. Bailey Calm**

Mailing Address  
445 E. 5th Avenue  
City State Zip Code  
Anchorage AK 99501

Date of Receipt  
M / D / Y Y Y Y  
12 / 02 / 2002

Amount of Each Receipt this Period  
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Calco, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 440.00

Transaction ID: SA11A1.14855

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **315.00**

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

**SCHEDULE A (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 / 62	
	<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. Jon Cameron**

Mailing Address  
P.O. Box 695  
City State Zip Code  
Collierville TN 38027-0695

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 20 / 2002

Amount of Each Receipt this Period  
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Cameron Benefits, LLC Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 440.00

Transaction ID: SA11A1.15041

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

Mailing Address  
P.O. Box 695  
City State Zip Code  
Collierville TN 38027-0695

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 31 / 2002

Amount of Each Receipt this Period  
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Cameron Benefits, LLC Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 460.00

Transaction ID: SA11A1.15042

Full Name (Last, First, Middle Initial)  
**C. Sarah Canez**

Mailing Address  
7700 Broadway Street Suite 201  
City State Zip Code  
San Antonio TX 78209-3220

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 29 / 2002

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Canez Gunter Insurance & Benefits President

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

Transaction ID: SA11A1.15045

**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: PAGE 11 / 62

(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. Sarah Canez**

Mailing Address  
7700 Broadway Street Suite 201  
City State Zip Code  
San Antonio TX 78209-3220

Date of Receipt  
M / D / Y  
12 / 31 / 2002

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Canez Gunter Insurance & Benefits President

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

Transaction ID: SA11A1.15046

Full Name (Last, First, Middle Initial)  
**B. Steve Clement**

Mailing Address  
3D1D Fenwood Triangle  
City State Zip Code  
Roswell GA 30075-4199

Date of Receipt  
M / D / Y  
12 / 02 / 2002

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
S.M.C. Consultants, Inc. President/Agent

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

Transaction ID: SA11A1.14862

Full Name (Last, First, Middle Initial)  
**C. Dorothy Coelu**

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

Date of Receipt  
M / D / Y  
11 / 29 / 2002

Amount of Each Receipt this Period  
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Advanced Benefit Consulting Health Insurance Agent

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

Transaction ID: SA11A1.15053

**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 12 / 62	
	<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)  
Dorothy Cociu

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2002

Mailing Address  
P.O. Box 6677

City State Zip Code  
Fullerton CA 92834-6677

Amount of Each Receipt this Period  
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Advanced Benefit Consulting Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 375.00

Transaction ID: SA11A1.15054

**B.** Full Name (Last, First, Middle Initial)  
Barbara Coggins

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 29 / 2002

Mailing Address  
400 East Hwy., Suite 208

City State Zip Code  
Casselberry FL 32707-4975

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 470.00

Transaction ID: SA11A1.15055

**C.** Full Name (Last, First, Middle Initial)  
Barbara Coggins

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2002

Mailing Address  
400 East Hwy., Suite 208

City State Zip Code  
Casselberry FL 32707-4975

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 490.00

Transaction ID: SA11A1.15056

**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 13 / 62	
	<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)  
Don Crook

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 20 / 2002

Mailing Address  
3118 Honey Tree Lane

City State Zip Code  
Austin TX 78746

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 460.00

Transaction ID: SA11A1.15061

**B.** Full Name (Last, First, Middle Initial)  
Don Crook

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2002

Mailing Address  
3118 Honey Tree Lane

City State Zip Code  
Austin TX 78746

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 470.00

Transaction ID: SA11A1.15062

**C.** Full Name (Last, First, Middle Initial)  
Teresa DeBruh

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 29 / 2002

Mailing Address  
400 Interstate N. Parkway #1700

City State Zip Code  
Atlanta GA 30339-5047

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Strategic Employee Services Health Insurance Agent

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

Transaction ID: SA11A1.15141

**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)

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

**A.** Full Name (Last, First, Middle Initial)  
Teresa DeBruin

Mailing Address  
400 Interstate N. Parkway #1700

City State Zip Code  
Atlanta GA 30339-5047

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Strategic Employee Services Health Insurance Agent

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

Amount of Each Receipt this Period  
20.00

Transaction ID: SA11A1.15142

**B.** Full Name (Last, First, Middle Initial)  
Lisa DaRycke

Mailing Address  
4833 South Sheridan Suite 407

City State Zip Code  
Tulsa OK 74145-5718

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 29 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Benefit Designs of Oklahoma Health Insurance Agent

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

Amount of Each Receipt this Period  
10.00

Transaction ID: SA11A1.15143

**C.** Full Name (Last, First, Middle Initial)  
Lisa DaRycke

Mailing Address  
4833 South Sheridan Suite 407

City State Zip Code  
Tulsa OK 74145-5718

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Benefit Designs of Oklahoma Health Insurance Agent

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

Amount of Each Receipt this Period  
10.00

Transaction ID: SA11A1.15144

**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 15 / 62	
	<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)  
Rush David Dixon

Mailing Address  
11821 Parklawn Drive, Suite 210

City State Zip Code  
Rockville MD 20852-2539

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 20 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Benefit/roll Occupation  
Health Insurance Agent

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

Transaction ID: SA11A1.15145

**B.** Full Name (Last, First, Middle Initial)  
Rush David Dixon

Mailing Address  
11821 Parklawn Drive, Suite 210

City State Zip Code  
Rockville MD 20852-2539

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 31 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Benefit/roll Occupation  
Health Insurance Agent

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

Transaction ID: SA11A1.15146

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

Mailing Address  
405 Gretna Blvd. #103 A

City State Zip Code  
Gretna LA 70053-4945

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 02 / 2002

Amount of Each Receipt this Period  
40.00

FEC ID number of contributing federal political committee.

Name of Employer Benefit/roll Occupation  
Ebersole & Associates, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.14871

**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 / 62	
	<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 M. Evans**

Mailing Address  
2717 North 118th Circle

City State Zip Code  
Omaha NE 68164-9672

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 02 / 2002

Amount of Each Receipt this Period  
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
United Healthcare Midlands Health Insurance Agent

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

Transaction ID: SA11A1.14875

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

Mailing Address  
11160 Sun Center Dr. #A

City State Zip Code  
Rancho Cordova CA 95670

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 02 / 2002

Amount of Each Receipt this Period  
65.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
CA Insurance Marketing Services Health Insurance Agent

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

Transaction ID: SA11A1.14877

Full Name (Last, First, Middle Initial)  
**C. Linda K. Friedrich**

Mailing Address  
4435 O Street

City State Zip Code  
Lincoln NE 68510-1842

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 02 / 2002

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
UNICO Financial Services, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.14880

**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

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(check only one)

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

**A.** Full Name (Last, First, Middle Initial)  
Charles Garten  
Date of Receipt  
Mailing Address  
1D10 Commons Way Bldg. G P.O. Box 1268  
11 / 20 / 2002  
City State Zip Code  
Toms River NJ 08754-1268  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 20.00  
Name of Employer Occupation  
BenefitPort, LLC Health Insurance Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 390.00  
Transaction ID: SA11A1.15163

**B.** Full Name (Last, First, Middle Initial)  
Charles Garten  
Date of Receipt  
Mailing Address  
1D10 Commons Way Bldg. G P.O. Box 1268  
12 / 31 / 2002  
City State Zip Code  
Toms River NJ 08754-1268  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 20.00  
Name of Employer Occupation  
BenefitPort, LLC Health Insurance Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 410.00  
Transaction ID: SA11A1.15164

**C.** Full Name (Last, First, Middle Initial)  
Patt Goldfarb  
Date of Receipt  
Mailing Address  
301 Madison Avenue  
12 / 02 / 2002  
City State Zip Code  
New York NY 10016  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 50.00  
Name of Employer Occupation  
Medical Link Health Insurance Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 690.00  
Transaction ID: SA11A1.14864

**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 18 / 62	
	<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)  
Carolyn L. Goodwin

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 20 / 2002

Mailing Address  
4055 Valley View Lane Suite 360  
City State Zip Code  
Dallas TX 75244-5083

Amount of Each Receipt this Period  
25.00

FEC ID number of contributing federal political committee.

Name of Employer  
CBIZ Benefits & Insurance Services

Occupation  
Health Insurance Agent

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

Transaction ID: SA11A1.15171

**B.** Full Name (Last, First, Middle Initial)  
Carolyn L. Goodwin

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2002

Mailing Address  
4055 Valley View Lane Suite 360  
City State Zip Code  
Dallas TX 75244-5083

Amount of Each Receipt this Period  
25.00

FEC ID number of contributing federal political committee.

Name of Employer  
CBIZ Benefits & Insurance Services

Occupation  
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 295.00

Transaction ID: SA11A1.15172

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

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 02 / 2002

Mailing Address  
7431 O Street  
City State Zip Code  
Lincoln NE 68510-2444

Amount of Each Receipt this Period  
80.00

FEC ID number of contributing federal political committee.

Name of Employer  
Midlands Financial Benefits

Occupation  
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1160.00

Transaction ID: SA11A1.14885

**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 19 / 62	
	<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. Katherine Greene**

Mailing Address  
802 N. Carancahua Suite 170D  
City State Zip Code  
Corpus Christi TX 78470-0182

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 02 / 2002

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer  
Humana

Occupation  
Health Insurance Agent

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

Transaction ID: SA11A1.14886

Full Name (Last, First, Middle Initial)  
**B. Jeffrey Grossnickle**

Mailing Address  
1405 North College Avenue  
City State Zip Code  
Bloomington IN 47404-2417

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 28 / 2002

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer  
First Insurance Group, Inc.

Occupation  
Health Insurance Agent

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

Transaction ID: SA11A1.15175

Full Name (Last, First, Middle Initial)  
**C. Jeffrey Grossnickle**

Mailing Address  
1405 North College Avenue  
City State Zip Code  
Bloomington IN 47404-2417

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2002

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer  
First Insurance Group, Inc.

Occupation  
Health Insurance Agent

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

Transaction ID: SA11A1.15176

**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 20 / 62	
	<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)  
Robert Grundman

Mailing Address  
7412 Karl Drive

City State Zip Code  
Lincoln NE 68516-4368

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 02 / 2002

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Senior Benefit Strategies Occupation Health Insurance Agent

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

Transaction ID: SA11A1.14887

**B.** Full Name (Last, First, Middle Initial)  
Anthony Halby

Mailing Address  
313 Railroad Avenue, #201

City State Zip Code  
Nevada City CA 95959

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 28 / 2002

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Halby Insurance Agency Occupation Health Insurance Agent

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

Transaction ID: SA11A1.15177

**C.** Full Name (Last, First, Middle Initial)  
Anthony Halby

Mailing Address  
313 Railroad Avenue, #201

City State Zip Code  
Nevada City CA 95959

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2002

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Halby Insurance Agency Occupation Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 440.00

Transaction ID: SA11A1.15178

**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)

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

**A. Water Hale**

Full Name (Last, First, Middle Initial) \_\_\_\_\_ Date of Receipt \_\_\_\_\_  
Mailing Address \_\_\_\_\_ N M / D E / Y Y Y Y  
211 East Church Street \_\_\_\_\_ 11 / 29 / 2002  
City State Zip Code \_\_\_\_\_  
Morrilton AR 72110-3419 \_\_\_\_\_  
FEC ID number of contributing federal political committee. \_\_\_\_\_ Amount of Each Receipt this Period 20.00

Name of Employer Occupation \_\_\_\_\_  
Hawkins Insurance Agency Health Insurance Agent

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

Transaction ID: SA11A1.15179

**B. Water Hale**

Full Name (Last, First, Middle Initial) \_\_\_\_\_ Date of Receipt \_\_\_\_\_  
Mailing Address \_\_\_\_\_ N M / D E / Y Y Y Y  
211 East Church Street \_\_\_\_\_ 12 / 31 / 2002  
City State Zip Code \_\_\_\_\_  
Morrilton AR 72110-3419 \_\_\_\_\_  
FEC ID number of contributing federal political committee. \_\_\_\_\_ Amount of Each Receipt this Period 20.00

Name of Employer Occupation \_\_\_\_\_  
Hawkins Insurance Agency Health Insurance Agent

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

Transaction ID: SA11A1.15180

**C. William J. Hartman**

Full Name (Last, First, Middle Initial) \_\_\_\_\_ Date of Receipt \_\_\_\_\_  
Mailing Address \_\_\_\_\_ N M / D E / Y Y Y Y  
P.O. Box 8270 \_\_\_\_\_ 11 / 29 / 2002  
City State Zip Code \_\_\_\_\_  
Fort Wayne IN 46896-8270 \_\_\_\_\_  
FEC ID number of contributing federal political committee. \_\_\_\_\_ Amount of Each Receipt this Period 50.00

Name of Employer Occupation \_\_\_\_\_  
American Republic Insurance Company Health Insurance Agent

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

Transaction ID: SA11A1.15186

**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: PAGE 22 / 62

(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial) William J. Hartman Date of Receipt  
Mailing Address P.O. Box 8270 N M / D E / Y Y Y Y  
Fort Wayne IN 46898-8270 12 / 31 / 2002  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 50.00  
Name of Employer American Republic Insurance Company Occupation Health Insurance Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 400.00  
Transaction ID: SA11A1.15187

**B.** Full Name (Last, First, Middle Initial) Leesa Hayes Date of Receipt  
Mailing Address 8720 Bunsen Parkway N M / D E / Y Y Y Y  
Louisville KY 40299-1802 12 / 02 / 2002  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 20.00  
Name of Employer Thompson Associates, Inc. Occupation Health Insurance Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 290.00  
Transaction ID: SA11A1.14888

**C.** Full Name (Last, First, Middle Initial) James Heidebrand Date of Receipt  
Mailing Address 6140 S. 104th East Avenue Suite 200 N M / D E / Y Y Y Y  
Tulsa OK 74133-1588 12 / 02 / 2002  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 20.00  
Name of Employer Heidebrand & Associates Occupation Health Insurance Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 240.00  
Transaction ID: SA11A1.14891

**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 23 / 62	
	<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**

Mailing Address  
3480 Presbon Ridge Road Suite 100  
City State Zip Code  
Alpharetta GA 30005-2054

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 02 / 2002

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Love, Douglas & Pope Inc. Health Insurance Agent

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

Transaction ID: SA11A1.14892

Full Name (Last, First, Middle Initial)  
**B. Timothy Hendicks**

Mailing Address  
4200 East Skally Drive #251  
City State Zip Code  
Tulsa OK 74135-3206

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 02 / 2002

Amount of Each Receipt this Period  
60.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Business Planning Group of OK Health Insurance Agent

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

Transaction ID: SA11A1.14894

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

Mailing Address  
PO Box 724  
City State Zip Code  
Snelville GA 30076

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 02 / 2002

Amount of Each Receipt this Period  
75.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
DDH Associates Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 973.00

Transaction ID: SA11A1.14898

**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 24 / 62	
	<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)  
Richard Hill

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 02 / 2002

Mailing Address  
4435 O Street

City State Zip Code  
Lincoln NE 68510-1842

Amount of Each Receipt this Period  
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
UNICO Financial Services Health Insurance Agent

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

Transaction ID: SA11A1.14890

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

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 02 / 2002

Mailing Address  
2D19 Industrial Drive

City State Zip Code  
Bethlehem PA 18017

Amount of Each Receipt this Period  
60.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 650.00

Transaction ID: SA11A1.14820

**C.** Full Name (Last, First, Middle Initial)  
Sheri Holden

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2002

Mailing Address  
3930 Dundee Road Suite C-3

City State Zip Code  
Northbrook IL 60062-2328

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Hokin Stenberg Insurance Services Health Insurance Agent

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

Transaction ID: SA11A1.15203

**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 25 / 62	
	<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)  
Lisa Jacobs

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 02 / 2002

Mailing Address  
12315 Huston Street

City State Zip Code  
Valley Village CA 91607-3618

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
The United States Life Insur. Company Senior Sales Executive

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

Transaction ID: SA11A1.14909

**B.** Full Name (Last, First, Middle Initial)  
David S. Johnson

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2002

Mailing Address  
3346 Gwinnett Plantation Way

City State Zip Code  
Duluth GA 30096-4647

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Lloyd-Bennett & Company Insurance Account Executive

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

Transaction ID: SA11A1.1521D

**C.** Full Name (Last, First, Middle Initial)  
Guy Johnson

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 29 / 2002

Mailing Address  
6235 Morrison Boulevard Suite 302

City State Zip Code  
Charlotte NC 28211-3508

Amount of Each Receipt this Period  
30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Strategic Employee Benefit Services Health Insurance Agent

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

Transaction ID: SA11A1.15211

**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 26 / 62	
	<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 M / D D / Y Y Y Y  
12 / 31 / 2002

Mailing Address  
6235 Morrison Boulevard Suite 302  
City State Zip Code  
Charlotte NC 28211-3508

Amount of Each Receipt this Period  
30.00

FEC ID number of contributing federal political committee.

Name of Employer Strategic Employee Benefit Services Occupation Health Insurance Agent

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

Transaction ID: SA11A1.15212

Full Name (Last, First, Middle Initial)  
**B. Kwan D. Jones**

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 02 / 2002

Mailing Address  
5225 South Loop 289 Suite 111  
City State Zip Code  
Lubbock TX 79424-1319

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Blue Cross Blue Shield of IL Occupation Health Insurance Agent

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

Transaction ID: SA11A1.14912

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

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 02 / 2002

Mailing Address  
2633 State Route 59, Suite B  
City State Zip Code  
Ravenna OH 44266-1884

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Kaczmarek Insurance Services Occupation Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 2450.00

Transaction ID: SA11A1.14914

**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 27 / 62	
	<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**

Mailing Address  
2633 State Rte. 69 Ste. B

City State Zip Code  
Ravenna OH 44266-1684

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 02 / 2002

Amount of Each Receipt this Period  
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Kaczmarek Insurance Services Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 850.00

Transaction ID: SA11A1.14915

Full Name (Last, First, Middle Initial)  
**B. Thomas Kaufman**

Mailing Address  
1675 Willow Street

City State Zip Code  
San Jose CA 95125

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 28 / 2002

Amount of Each Receipt this Period  
85.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
BCI Insurance Services, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 965.00

Transaction ID: SA11A1.15223

Full Name (Last, First, Middle Initial)  
**C. Thomas Kaufman**

Mailing Address  
1675 Willow Street

City State Zip Code  
San Jose CA 95125

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2002

Amount of Each Receipt this Period  
85.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
BCI Insurance Services, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1070.00

Transaction ID: SA11A1.15224

**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 28 / 62	
	<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**

Mailing Address  
1173 Brittmoores Road

City State Zip Code  
Houston TX 77043-5003

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 20 / 2002

Amount of Each Receipt this Period  
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Benefit Concepts Inc. Health Insurance Agent

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

Transaction ID: SA11A1.15227

Full Name (Last, First, Middle Initial)  
**B. Mark D. Kennedy**

Mailing Address  
1173 Brittmoores Road

City State Zip Code  
Houston TX 77043-5003

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2002

Amount of Each Receipt this Period  
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Benefit Concepts Inc. Health Insurance Agent

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

Transaction ID: SA11A1.15228

Full Name (Last, First, Middle Initial)  
**C. Mary B. Kramer**

Mailing Address  
11508 Miracle Hills Drive, #102

City State Zip Code  
Omaha NE 68154-4447

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 02 / 2002

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 380.00

Transaction ID: SA11A1.14919

**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 29 / 62	
	<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. Kirk Lavalée** Date of Receipt

Mailing Address N M / D E / Y Y Y Y  
317 RR 620 South Suite 301 12 / 31 / 2002

City State Zip Code  
Austin TX 78734-4700

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period  
20.00

Name of Employer Delta Dental Insurance Company	Occupation Health Insurance Agent
--	--------------------------------------

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

**Transaction ID: SA11A1.15231**

**B. Robert Lay** Date of Receipt

Mailing Address N M / D E / Y Y Y Y  
3112 Forest Avenue 12 / 31 / 2002

City State Zip Code  
Fort Worth TX 76112-7002

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period  
25.00

Name of Employer Lay & Williams Insurance Services	Occupation Health Insurance Agent
---	--------------------------------------

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

**Transaction ID: SA11A1.15233**

**C. Lance Ledbetter** Date of Receipt

Mailing Address N M / D E / Y Y Y Y  
5881 Glenridge Drive, NE Suite 250 11 / 29 / 2002

City State Zip Code  
Atlanta GA 30328-6169

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period  
20.00

Name of Employer Allstate Financial	Occupation Health Insurance Agent
--	--------------------------------------

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

**Transaction ID: SA11A1.15236**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>65.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 / 62	
	<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. Lance Ledbetter**

Mailing Address  
5881 Glenridge Drive, NE Suite 250  
City Atlanta State GA Zip Code 30328-6169

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2002

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Allstate Financial Occupation Health Insurance Agent

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

Transaction ID: SA11A1.15237

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

Mailing Address  
1210 Cole Mill Road  
City Durham State NC Zip Code 27705-2908

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 29 / 2002

Amount of Each Receipt this Period  
30.00

FEC ID number of contributing federal political committee.

Name of Employer RL Forrester II Insurance Agency Occupation Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 520.00

Transaction ID: SA11A1.15238

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

Mailing Address  
1210 Cole Mill Road  
City Durham State NC Zip Code 27705-2908

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2002

Amount of Each Receipt this Period  
30.00

FEC ID number of contributing federal political committee.

Name of Employer RL Forrester II Insurance Agency Occupation Health Insurance Agent

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

Transaction ID: SA11A1.15239

**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 31 / 62	
	<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)  
Ronald Levine

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 20 / 2002

Mailing Address  
2460 Peach Tree Road, NW Suite 1514

City State Zip Code  
Atlanta GA 30305

Amount of Each Receipt this Period  
80.00

FEC ID number of contributing federal political committee.

Name of Employer  
Complink

Occupation  
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 896.00

Transaction ID: SA11A1.15240

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

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2002

Mailing Address  
2460 Peach Tree Road, NW Suite 1514

City State Zip Code  
Atlanta GA 30305

Amount of Each Receipt this Period  
80.00

FEC ID number of contributing federal political committee.

Name of Employer  
Complink

Occupation  
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 976.00

Transaction ID: SA11A1.15241

**C.** Full Name (Last, First, Middle Initial)  
Brien Leichty

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 02 / 2002

Mailing Address  
120 E Washington Street

City State Zip Code  
Plymouth IN 46503-1744

Amount of Each Receipt this Period  
80.00

FEC ID number of contributing federal political committee.

Name of Employer  
KL Benefits

Occupation  
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1060.00

Transaction ID: SA11A1.14920

**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: PAGE 32 / 62

(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Date Maloney  
Mailing Address  
1434 West Fairbanks Avenue  
City State Zip Code  
Winter Park FL 32789-4806  
Date of Receipt  
N M / D E / Y Y Y Y  
11 / 20 / 2002  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 80.00  
Name of Employer Occupation  
Resource Group of Winter Park, Inc. Health Insurance Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 400.00  
Transaction ID: SA11A1.15248

**B.** Full Name (Last, First, Middle Initial)  
Date Maloney  
Mailing Address  
1434 West Fairbanks Avenue  
City State Zip Code  
Winter Park FL 32789-4806  
Date of Receipt  
N M / D E / Y Y Y Y  
12 / 31 / 2002  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 80.00  
Name of Employer Occupation  
Resource Group of Winter Park, Inc. Health Insurance Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 480.00  
Transaction ID: SA11A1.15248

**C.** Full Name (Last, First, Middle Initial)  
Kimberly Martin  
Mailing Address  
180 Charlotte Highway  
City State Zip Code  
Asheville NC 28805  
Date of Receipt  
N M / D E / Y Y Y Y  
12 / 02 / 2002  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 20.00  
Name of Employer Occupation  
Benefits Unlimited, Inc. Health Insurance Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 310.00  
Transaction ID: SA11A1.14924

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>180.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 / 62	
	<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)  
Michael Meterick

Mailing Address  
P.O. Box 38248  
City Greensboro State NC Zip Code 27438-8248

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 29 / 2002

Amount of Each Receipt this Period  
85.00

FEC ID number of contributing federal political committee.

Name of Employer Med/Flex Benefits Center, Inc. Occupation Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 1400.00

Transaction ID: SA11A1.15252

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

Mailing Address  
P.O. Box 38248  
City Greensboro State NC Zip Code 27438-8248

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 31 / 2002

Amount of Each Receipt this Period  
85.00

FEC ID number of contributing federal political committee.

Name of Employer Med/Flex Benefits Center, Inc. Occupation Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 1485.00

Transaction ID: SA11A1.15253

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

Mailing Address  
575 South Charles Street Suite 900  
City Baltimore State MD Zip Code 21201-2428

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 29 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Strategic Employee Benefit Services Occupation Health Insurance Agent

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

Transaction ID: SA11A1.15258

**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 34 / 62

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

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

**A. Mark McWright** Date of Receipt  
Mailing Address: 575 South Charles Street Suite 300  
City: Baltimore State: MD Zip Code: 21201-2428  
Amount of Each Receipt this Period: 100.00  
FEC ID number of contributing federal political committee: \_\_\_\_\_  
Name of Employer: Strategic Employee Benefit Services Occupation: Health Insurance Agent  
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00  
Transaction ID: SA11A1.15250

**B. James Mihay** Date of Receipt  
Mailing Address: 21914 Harper Ave.  
City: Saint Clair Shores State: MI Zip Code: 48080-2218  
Amount of Each Receipt this Period: 20.00  
FEC ID number of contributing federal political committee: \_\_\_\_\_  
Name of Employer: Professional Benefit Planners Occupation: Health Insurance Agent  
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00  
Transaction ID: SA11A1.15262

**C. James Mihay** Date of Receipt  
Mailing Address: 21914 Harper Ave.  
City: Saint Clair Shores State: MI Zip Code: 48080-2218  
Amount of Each Receipt this Period: 20.00  
FEC ID number of contributing federal political committee: \_\_\_\_\_  
Name of Employer: Professional Benefit Planners Occupation: Health Insurance Agent  
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00  
Transaction ID: SA11A1.15263

**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 35 / 62	
	<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)  
Julia Moore

Mailing Address  
9208 C Anderson Drive, NW

City State Zip Code  
Albuquerque NM 87114-5317

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 20 / 2002

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
J. Moore Insurance Health Insurance Agent

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

Transaction ID: SA11A1.15264

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

Mailing Address  
9208 C Anderson Drive, NW

City State Zip Code  
Albuquerque NM 87114-5317

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2002

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
J. Moore Insurance Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 330.00

Transaction ID: SA11A1.15265

**C.** Full Name (Last, First, Middle Initial)  
Wesley Moore

Mailing Address  
P.O. Box 604

City State Zip Code  
Darlington SC 29540-0604

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 02 / 2002

Amount of Each Receipt this Period  
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
W.P. Moore, III Agency, Inc. Owner, Health Insurance Agent

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

Transaction ID: SA11A1.14929

**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 36 / 62	
	<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. Jim Mozingo**

Mailing Address  
 2D1 S. McPherson Church Road Suite 103  
 City State Zip Code  
 Fayetteville NC 28303

Date of Receipt  
 N M / D E / Y Y Y Y  
 11 20 / 2002

Amount of Each Receipt this Period  
 200.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 1560.00

Transaction ID: SA11A1.15267

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

Mailing Address  
 2D1 S. McPherson Church Road Suite 103  
 City State Zip Code  
 Fayetteville NC 28303

Date of Receipt  
 N M / D E / Y Y Y Y  
 12 31 / 2002

Amount of Each Receipt this Period  
 200.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 1760.00

Transaction ID: SA11A1.15268

Full Name (Last, First, Middle Initial)  
**C. Josh Nasa**

Mailing Address  
 936 North 34th Street Suite 206  
 City State Zip Code  
 Seattle WA 98103-8869

Date of Receipt  
 N M / D E / Y Y Y Y  
 12 02 / 2002

Amount of Each Receipt this Period  
 20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
 Dental Health Services Vice President Sales & Service

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

Transaction ID: SA11A1.14932

**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 37 / 62

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

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

**A. Wes Needham** Date of Receipt  
Mailing Address  
P.O. Box 4000  
City State Zip Code  
Clinton TN 37717-4000  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 10.00  
Name of Employer Occupation  
Insurance Service Group Health Insurance Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 240.00  
Transaction ID: SA11A1.14935

**B. Patricia Norlet** Date of Receipt  
Mailing Address  
P.O. Box 220748  
City State Zip Code  
Charlotte NC 28222-0748  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 20.00  
Name of Employer Occupation  
Cameron M. Harris & Co. Health Insurance Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 270.00  
Transaction ID: SA11A1.15277

**C. Patricia Norlet** Date of Receipt  
Mailing Address  
P.O. Box 220748  
City State Zip Code  
Charlotte NC 28222-0748  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 20.00  
Name of Employer Occupation  
Cameron M. Harris & Co. Health Insurance Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 290.00  
Transaction ID: SA11A1.15278

**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: PAGE 38 / 62

(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Ken Ostermeier

Mailing Address  
245 South 84th Street Suite W100

City State Zip Code  
Lincoln NE 68510-2697

Date of Receipt  
M / D / Y  
12 / 02 / 2002

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
AFLAC Health Insurance Agent

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

Transaction ID: SA11A1.14938

**B.** Full Name (Last, First, Middle Initial)  
John Parker

Mailing Address  
47 Laurel Hill Drive

City State Zip Code  
Niantic CT 06357

Date of Receipt  
M / D / Y  
11 / 28 / 2002

Amount of Each Receipt this Period  
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Parker Health Plan Agency Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 305.00

Transaction ID: SA11A1.15346

**C.** Full Name (Last, First, Middle Initial)  
John Parker

Mailing Address  
47 Laurel Hill Drive

City State Zip Code  
Niantic CT 06357

Date of Receipt  
M / D / Y  
12 / 31 / 2002

Amount of Each Receipt this Period  
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Parker Health Plan Agency Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 330.00

Transaction ID: SA11A1.15347

**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 39 / 62	
	<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)  
John Peteruti

Mailing Address  
15 East 4th Street

City State Zip Code  
Dayton OH 45401-1814

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 20 / 2002

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Baldwin & Whitney Insurance Agency Health Insurance Agency

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

Transaction ID: SA11A1.15341

**B.** Full Name (Last, First, Middle Initial)  
John Peteruti

Mailing Address  
15 East 4th Street

City State Zip Code  
Dayton OH 45401-1814

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 31 / 2002

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Baldwin & Whitney Insurance Agency Health Insurance Agency

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

Transaction ID: SA11A1.15342

**C.** Full Name (Last, First, Middle Initial)  
Paige Phillips

Mailing Address  
P.O. Box 43350

City State Zip Code  
Birmingham AL 35243-0350

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 02 / 2002

Amount of Each Receipt this Period  
30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
The Wheeler Companies, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.14943

**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: PAGE 40 / 62

(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Robert W. Pitman

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 0 2

Mailing Address  
6D17 E. McKellips Road, #104-46

City State Zip Code  
Mesa AZ 85215-2800

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
PIT VII, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.14946

**B.** Full Name (Last, First, Middle Initial)  
Diana Popson

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 0 / 2 0 0 2

Mailing Address  
305 Douglas Avenue

City State Zip Code  
Altamonte Springs FL 32714-3332

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.1533B

**C.** Full Name (Last, First, Middle Initial)  
Diana Popson

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 2

Mailing Address  
305 Douglas Avenue

City State Zip Code  
Altamonte Springs FL 32714-3332

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.1534D

**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: PAGE 41 / 62

(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. David B. Prewitt** Date of Receipt  
Mailing Address  
428 Harwood Road  
City State Zip Code  
Bedford TX 76021-4150  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 20.00  
Name of Employer Occupation  
Health Insurance Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 220.00  
Transaction ID: SA11A1.15336

Full Name (Last, First, Middle Initial)  
**B. Susan Rash** Date of Receipt  
Mailing Address  
8D14 Midlothian Turnpike, #200  
City State Zip Code  
Richmond VA 23235-5291  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 50.00  
Name of Employer Occupation  
Benefit Consultants of VA, Inc. Health Insurance Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 750.00  
Transaction ID: SA11A1.15331

Full Name (Last, First, Middle Initial)  
**C. Susan Rash** Date of Receipt  
Mailing Address  
8D14 Midlothian Turnpike, #200  
City State Zip Code  
Richmond VA 23235-5291  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 50.00  
Name of Employer Occupation  
Benefit Consultants of VA, Inc. Health Insurance Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 800.00  
Transaction ID: SA11A1.15332

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>120.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 / 62	
	<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)  
Dennis J. Recker

Mailing Address  
971 North Perry Street

City State Zip Code  
Ottawa OH 45875-1218

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 02 / 2002

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Fawcett, Lammon, Recker & Associates Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 440.00

Transaction ID: SA11A1.14950

**B.** Full Name (Last, First, Middle Initial)  
Pamela A. Reidy

Mailing Address  
P.O. Box 2260

City State Zip Code  
Manomet MA 02345-2260

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 28 / 2002

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Health Insurance Agent

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

Transaction ID: SA11A1.15321

**C.** Full Name (Last, First, Middle Initial)  
Pamela A. Reidy

Mailing Address  
P.O. Box 2260

City State Zip Code  
Manomet MA 02345-2260

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2002

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Health Insurance Agent

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

Transaction ID: SA11A1.15322

**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 43 / 62	
	<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)  
Glen Riensche

Mailing Address  
415 5th. Street P.O. Box 664

City State Zip Code  
Fairbury NE 68352-2501

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 02 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Advanced Financial Services, Inc. Health Insurance Agent

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

Amount of Each Receipt this Period  
240.00

Transaction ID: SA11A1.14953

**B.** Full Name (Last, First, Middle Initial)  
Joseph K. Roberts

Mailing Address  
7431 'O' Street

City State Zip Code  
Lincoln NE 68510

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 02 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Midlands Financial Benefits Registered Representative

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

Amount of Each Receipt this Period  
350.00

Transaction ID: SA11A1.14955

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

Mailing Address  
100 South Sunrise Way PMB 964

City State Zip Code  
Palm Springs CA 92262-6737

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 02 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Palm Canyon Insurance Agency Health Insurance Agent

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

Amount of Each Receipt this Period  
390.00

Transaction ID: SA11A1.14956

**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: PAGE 44 / 62

(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Ernest G. Robison

Mailing Address  
430 Eraste Landry Road

City State Zip Code  
Lafayette LA 70506

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 29 / 2002

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Brokers-Givens Insurance, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 430.00

Transaction ID: SA11A1.15313

**B.** Full Name (Last, First, Middle Initial)  
Ernest G. Robison

Mailing Address  
430 Eraste Landry Road

City State Zip Code  
Lafayette LA 70506

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2002

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Brokers-Givens Insurance, Inc. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 460.00

Transaction ID: SA11A1.15314

**C.** Full Name (Last, First, Middle Initial)  
Sharon Ross

Mailing Address  
6230 Fairview Road Suite 315

City State Zip Code  
Charlotte NC 28210-3253

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 29 / 2002

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
United HealthCare Health Insurance Agent

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

Transaction ID: SA11A1.15303

**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 45 / 62	
	<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. Sharon Ross**

Mailing Address  
6230 Fairview Road Suite 315  
City State Zip Code  
Charlotte NC 28210-3253

Date of Receipt  
M / D / Y  
12 / 31 / 2002

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
United HealthCare Health Insurance Agent

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

Transaction ID: SA11A1.15304

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

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

Date of Receipt  
M / D / Y  
12 / 02 / 2002

Amount of Each Receipt this Period  
30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
The Rowe Group Health Insurance Agent

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

Transaction ID: SA11A1.1495B

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

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

Date of Receipt  
M / D / Y  
12 / 02 / 2002

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Heritage Financial Consultants, LLC Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 2460.00

Transaction ID: SA11A1.1496D

**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: PAGE 46 / 62

(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Raymer Sale Date of Receipt

Mailing Address

510 Briscoe Blvd. #200

City State Zip Code

Lawrenceville GA 30045-6700

N M / D E / Y Y Y Y  
1 1 / 2 0 / 2 0 0 2

Amount of Each Receipt this Period  
30.00

FEC ID number of contributing  
federal political committee.

Name of Employer Occupation  
Multiple Benefits Corp. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 380.00

Transaction ID: SA11A1.15293

Full Name (Last, First, Middle Initial)

B. Raymer Sale Date of Receipt

Mailing Address

510 Briscoe Blvd. #200

City State Zip Code

Lawrenceville GA 30045-6700

N M / D E / Y Y Y Y  
1 2 / 3 1 / 2 0 0 2

Amount of Each Receipt this Period  
30.00

FEC ID number of contributing  
federal political committee.

Name of Employer Occupation  
Multiple Benefits Corp. Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 410.00

Transaction ID: SA11A1.15294

Full Name (Last, First, Middle Initial)

C. Mark Gehleng Date of Receipt

Mailing Address

810 Tara Plaza

City State Zip Code

Papillion NE 68046

N M / D E / Y Y Y Y  
1 2 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period  
30.00

FEC ID number of contributing  
federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 430.00

Transaction ID: SA11A1.14962

**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 47 / 62	
	<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

**A.** Full Name (Last, First, Middle Initial)  
Mel Schlesinger

Mailing Address  
P.O. Box 4068

City State Zip Code  
Wilmington NC 28406

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 20 / 2002

Amount of Each Receipt this Period  
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Dental Plans, PUs Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 388.00

Transaction ID: SA11A1.15285

**B.** Full Name (Last, First, Middle Initial)  
Mel Schlesinger

Mailing Address  
P.O. Box 4068

City State Zip Code  
Wilmington NC 28406

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2002

Amount of Each Receipt this Period  
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Dental Plans, PUs Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 428.00

Transaction ID: SA11A1.15286

**C.** Full Name (Last, First, Middle Initial)  
Alan Schulman

Mailing Address  
P.O. Box 309

City State Zip Code  
Olney MD 20830-0309

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 02 / 2002

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Colonial Supplemental Insurance General Agent

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

Transaction ID: SA11A1.14963

**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: PAGE 48 / 62

(check only one)

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

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

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

**A.** Full Name (Last, First, Middle Initial) Judy Scott Date of Receipt  
Mailing Address 816 Congress Avenue Suite 300 N M / D E / Y Y Y Y  
Austin TX 78701-2442 12 / 31 / 2002  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 15.00  
Name of Employer Nieman Hanks Puryear Benefits Occupation Health Insurance Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 215.00  
Transaction ID: SA11A1.15284

**B.** Full Name (Last, First, Middle Initial) Kevin Seeker Date of Receipt  
Mailing Address 4843 East Thomas Road Suite 2 N M / D E / Y Y Y Y  
Phoenix AZ 85018-7740 11 / 28 / 2002  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 80.00  
Name of Employer Summit Benefit Services Occupation President  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 280.00  
Transaction ID: SA11A1.15281

**C.** Full Name (Last, First, Middle Initial) Kevin Seeker Date of Receipt  
Mailing Address 4843 East Thomas Road Suite 2 N M / D E / Y Y Y Y  
Phoenix AZ 85018-7740 12 / 31 / 2002  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 80.00  
Name of Employer Summit Benefit Services Occupation President  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 360.00  
Transaction ID: SA11A1.15282

**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 49 / 62	
	<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. Greg Seifer**

Mailing Address  
916 Main St  
City: Vancouver State: WA Zip Code: 98666-0189

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 20 / 2002

Amount of Each Receipt this Period  
25.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.15130

Full Name (Last, First, Middle Initial)  
**B. Greg Seifer**

Mailing Address  
916 Main St  
City: Vancouver State: WA Zip Code: 98666-0189

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 31 / 2002

Amount of Each Receipt this Period  
25.00

FEC ID number of contributing federal political committee.

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00

Transaction ID: SA11A1.15140

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

Mailing Address  
P.O. Box 355  
City: Apollo State: PA Zip Code: 15813-0355

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 02 / 2002

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2240.00

Transaction ID: SA11A1.14965

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

**A. Stuart Shapiro** Date of Receipt  
Mailing Address  
P.O. Box 587  
City State Zip Code  
Wheeling IL 60090-0587  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 20.00  
Name of Employer Occupation  
Shapiro Financial Group, Inc. Health Insurance Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 390.00  
Transaction ID: SA11A1.14966

**B. Bob G. Shupe** Date of Receipt  
Mailing Address  
P.O. Box 2344  
City State Zip Code  
Brentwood TN 37024-2344  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 30.00  
Name of Employer Occupation  
Employee Security Planning, Inc. Health Insurance Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 320.00  
Transaction ID: SA11A1.15137

**C. Bob G. Shupe** Date of Receipt  
Mailing Address  
P.O. Box 2344  
City State Zip Code  
Brentwood TN 37024-2344  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 30.00  
Name of Employer Occupation  
Employee Security Planning, Inc. Health Insurance Agent  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 350.00  
Transaction ID: SA11A1.15138

**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: PAGE 51 / 62

(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Roger Skinner

Mailing Address  
5548 Shorewood Drive

City State Zip Code  
Indianapolis IN 46220

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 02 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
GroupLink, Inc. Health Insurance Agent

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

Amount of Each Receipt this Period  
25.00

Transaction ID: SA11A1.14967

**B.** Full Name (Last, First, Middle Initial)  
Patricia Smith

Mailing Address  
523 Kirkland Way

City State Zip Code  
Kirkland WA 98033-6219

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 02 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Smith Meacham Insurance Health Insurance Agent

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

Amount of Each Receipt this Period  
20.00

Transaction ID: SA11A1.14971

**C.** Full Name (Last, First, Middle Initial)  
Jackie Spragins

Mailing Address  
P.O. Box 2073

City State Zip Code  
Wichita Falls TX 76307-2037

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 02 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Spragins Insurance Agency Owner/Agent

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

Amount of Each Receipt this Period  
20.00

Transaction ID: SA11A1.14973

**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 52 / 62	
	<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

Mailing Address  
P.O. Box 1476

City State Zip Code  
Fallon NV 89407-1476

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 20 / 2002

Amount of Each Receipt this Period  
80.00

FEC ID number of contributing federal political committee.

Name of Employer  
Western Nevada Insurance Services, Inc

Occupation  
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 840.00

Transaction ID: SA11A1.15110

Full Name (Last, First, Middle Initial)  
B. Juliana Stevenson

Mailing Address  
P.O. Box 1476

City State Zip Code  
Fallon NV 89407-1476

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 31 / 2002

Amount of Each Receipt this Period  
80.00

FEC ID number of contributing federal political committee.

Name of Employer  
Western Nevada Insurance Services, Inc

Occupation  
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 720.00

Transaction ID: SA11A1.15120

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

Mailing Address  
10342 South Springcrest Lane

City State Zip Code  
South Jordan UT 84095-4538

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 02 / 2002

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer  
Ryan P. Thom Insurance Planning, Inc.

Occupation  
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 645.00

Transaction ID: SA11A1.14978

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **180.00**

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

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

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

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(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Robert Tretter

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 29 / 2002

Mailing Address  
18612 East 75th Street Suite 200

City State Zip Code  
Indianapolis IN 46250

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.15108

**B.** Full Name (Last, First, Middle Initial)  
Robert Tretter

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2002

Mailing Address  
18612 East 75th Street Suite 200

City State Zip Code  
Indianapolis IN 46250

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.15108

**C.** Full Name (Last, First, Middle Initial)  
Peter Vinton

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 29 / 2002

Mailing Address  
9480 Deereco Road

City State Zip Code  
Timonium MD 21093

Amount of Each Receipt this Period  
80.00

FEC ID number of contributing federal political committee.

Name of Employer Corporate Coverage, LLC Occupation  
Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 920.00

Transaction ID: SA11A1.15098

**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 54 / 62

(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Peter Vinton

Mailing Address  
9480 Daereco Road

City State Zip Code  
Timonium MD 21093

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 31 / 2002

Amount of Each Receipt this Period  
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Corporate Coverage, LLC Health Insurance Agent

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

Transaction ID: SA11A1.15090

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

Mailing Address  
P.O. Box 838

City State Zip Code  
Lilburn GA 30047-0838

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 02 / 2002

Amount of Each Receipt this Period  
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Family Protection Agency Health Insurance Agent

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

Transaction ID: SA11A1.14987

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

Mailing Address  
P.O. Box 925

City State Zip Code  
Jackson MS 39205-0925

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 02 / 2002

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.14988

**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 55 / 62	
	<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

**A.** Full Name (Last, First, Middle Initial)  
Jenni Whitaker

Mailing Address  
131 Interpark Avenue

City State Zip Code  
San Antonio TX 78216-1841

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 20 / 2002

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Eichltz, Dennis, Wray & Westheimer Health Insurance Agent

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

Transaction ID: SA11A1.15078

**B.** Full Name (Last, First, Middle Initial)  
Jenni Whitaker

Mailing Address  
131 Interpark Avenue

City State Zip Code  
San Antonio TX 78216-1841

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 31 / 2002

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Eichltz, Dennis, Wray & Westheimer Health Insurance Agent

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

Transaction ID: SA11A1.15078

**C.** Full Name (Last, First, Middle Initial)  
Sue Wilson

Mailing Address  
3555 NW 58th Street, Suite 310

City State Zip Code  
Oklahoma City OK 73112

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 02 / 2002

Amount of Each Receipt this Period  
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Sue Wilson Brokerage, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.14993

**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

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(check only one)

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

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

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

Full Name (Last, First, Middle Initial)  
**A. Barbara Wong**

Mailing Address  
411 W. 4th Avenue, #200

City State Zip Code  
Anchorage AK 99501

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 02 / 2002

Amount of Each Receipt this Period  
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Capital Management Benefits Health Insurance Agent

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 245.00

Transaction ID: SA11A1.14998

Full Name (Last, First, Middle Initial)  
**B. Greg A. Yoder**

Mailing Address  
1055 Minnesota Avenue

City State Zip Code  
San Jose CA 95125-2451

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 28 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Ray Silva Insurance Associates, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.15071

Full Name (Last, First, Middle Initial)  
**C. Greg A. Yoder**

Mailing Address  
1055 Minnesota Avenue

City State Zip Code  
San Jose CA 95125-2451

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Ray Silva Insurance Associates, Inc. Health Insurance Agent

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

Transaction ID: SA11A1.15072

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>225.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: PAGE 57 / 62

(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Constance Zarkowski

Mailing Address

2277 Townsgate Road

Suite 212

City

State

Zip Code

Westlake Village

CA

91361-2421

Date of Receipt

N M / D E / Y Y Y Y  
11 / 20 / 2002

Amount of Each Receipt this Period

85.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Easy Insurance Marketing, Inc.

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Transaction ID: SA11A1.15060

Full Name (Last, First, Middle Initial)

B. Constance Zarkowski

Mailing Address

2277 Townsgate Road

Suite 212

City

State

Zip Code

Westlake Village

CA

91361-2421

Date of Receipt

N M / D E / Y Y Y Y  
12 / 31 / 2002

Amount of Each Receipt this Period

85.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Easy Insurance Marketing, Inc.

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Transaction ID: SA11A1.15070

Full Name (Last, First, Middle Initial)

C. Robert Ziff

Mailing Address

17 North Delmorr Avenue

City

State

Zip Code

Morrisville

PA

19067-6278

Date of Receipt

N M / D E / Y Y Y Y  
11 / 20 / 2002

Amount of Each Receipt this Period

80.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Avarill Insurance & Financial Serv,  
Inc

Occupation

Health Insurance Agent

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Transaction ID: SA11A1.15083

**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:		PAGE 58 / 62	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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 Ziff**

Mailing Address  
**17 North Delmorr Avenue**

City State Zip Code  
**Morrisville PA 19067-6278**

Date of Receipt  
 N M / D E / Y Y Y Y  
**12 31 / 2002**

FEC ID number of contributing federal political committee. **80.00**

Amount of Each Receipt this Period

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **1030.00**

Transaction ID: **SA11A1.15064**

**B.**

**C.**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>80.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>6620.00</b>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 59 / 62
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" 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. MICHAEL N CASTLE

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2002

Mailing Address  
2001 KENTMERE PLACE

City State Zip Code  
WILMINGTON DE 19806

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Check returned to HUPAC

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

Transaction ID: SA16.15361

B.

C.

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

**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 60 / 62

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

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

Full Name (Last, First, Middle Initial) <b>A. AMEX</b>		Date of Disbursement 12 / 23 / 2002	
Mailing Address P.O. Box 53852 City State Zip Code Phoenix AZ 85072-3852		Amount of Each Disbursement this Period 28.91	
Purpose of Disbursement Monthly Credit Card Settlement Fee		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary           General Other (specify) ▼		
State:           District:	Transaction ID: SB21B.15364		

Full Name (Last, First, Middle Initial) <b>B. NOVA Information System</b>		Date of Disbursement 12 / 03 / 2002	
Mailing Address 4020 University Avenue City State Zip Code Fairfax VA 22030		Amount of Each Disbursement this Period 18.25	
Purpose of Disbursement Monthly Credit Card Settlement Fee		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary           General Other (specify) ▼		
State:           District:	Transaction ID: SB21B.15363		

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>47.16</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>47.16</b>

**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 61 / 62

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

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) <b>A. PHILIP ENGLISH</b>		Date of Disbursement 12 / 13 / 2002		
Mailing Address 530 W 6TH ST City State Zip Code ERIE PA 16507		Amount of Each Disbursement this Period 500.00		
Purpose of Disbursement Political Contribution		[MEMO ITEM]		
Candidate Name PEOPLE FOR ENGLISH				Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼			
		Transaction ID: SB23.15360		

**B.**

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>0.00</b>

Form/Schedule: **SB23**  
Transaction ID: **SB23.15360**

Memo: Redesignate to primary next cycle at candidate's request.