

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

National Association of Health Underwriters - Health Underwriters PAC

ADDRESS (number and street)

2000 North 14th Street Suite 450

Check if different than previously reported. (ACC)

Arlington

VA

22201

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00283135

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Quarterly Report (YE)

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

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

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

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

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

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

11

02

2004

in the State of

VA

5. Covering Period

10

14

2004

through

11

22

2004

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

Type or Print Name of Treasurer

Kevin Corcoran

Signature of Treasurer

Electronically Filed by Kevin Corcoran

Date

12

02

2004

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

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

National Association of Health Underwriters - Health Underwriters PAC

Report Covering the Period: From: ^M10 ^D14 ^Y2004 To: ^M11 ^D22 ^Y2004

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 ^Y 2004 ^Y | | 44208.52 |
| (b) Cash on Hand at Beginning of Reporting Period | 9902.42 | |
| (c) Total Receipts (from Line 19) | 13954.84 | 188672.04 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 23857.26 | 232880.56 |
| <hr/> | | |
| 7. Total Disbursements (from Line 31) | 11575.74 | 220599.04 |
| <hr/> | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 12261.52 | 12261.52 |
| <hr/> | | |
| 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 (Rev. 02/2003)

Page 3

Write or Type Committee Name

National Association of Health Underwriters - Health Underwriters PAC

Report Covering the Period: From: ^M10 ^D14 ^Y2004 To: ^M11 ^D22 ^Y2004

| 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) | 8069.00 | |
| (ii) Unitemized | 5885.84 | |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)) | 13954.84 | 185672.04 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) | 13954.84 | 185672.04 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 3000.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)) | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 13954.84 | 188672.04 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 13954.84 | 188672.04 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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..... | 2575.74 | 22049.04 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 2575.74 | 22049.04 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 9000.00 | 193500.00 |
| 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 | 50.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶ | 0.00 | 50.00 |
| 29. Other Disbursements..... | 0.00 | 5000.00 |
| 30. Federal Election Activity (2 U.S.C. 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds..... | 0.00 | 0.00 |
| (c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 11575.74 | 220599.04 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31)..... | 11575.74 | 220599.04 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 13954.84 | 185672.04 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 50.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 13954.84 | 185622.04 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 2575.74 | 22049.04 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 2575.74 | 22049.04 |

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

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

FOR LINE NUMBER: PAGE 6 / 76

(check only one)

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

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

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

| | | | |
|--|--------------------------------------|--|---|
| Full Name (Last, First, Middle Initial) A. Michael Guscott | | Date of Receipt M / D / Y Y Y Y 10 / 29 / 2004 | |
| Mailing Address 500 E Swedesford Rd Suite 301 | | Transaction ID: 1130200443C18885 | |
| City Wayne | State PA | Zip Code 19087-1614 | Amount of Each Receipt this Period 80.00 |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer Kistler Tiffany Benefits | Occupation Health Insurance Agent | | 320.00 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | | |
| Full Name (Last, First, Middle Initial) B. Teri Adams | | Date of Receipt M / D / Y Y Y Y 10 / 29 / 2004 | |
| Mailing Address PO Box 1290 | | Transaction ID: 1130200443C18855 | |
| City Prairieville | State LA | Zip Code 70769-1290 | Amount of Each Receipt this Period 40.00 |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer Benefit Strategies | Occupation Health Insurance Agent | | 400.00 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | | |
| Full Name (Last, First, Middle Initial) C. Kerry Aldridge | | Date of Receipt M / D / Y Y Y Y 10 / 29 / 2004 | |
| Mailing Address 3131 Custer Dr Suite 9 | | Transaction ID: 1130200443C19077 | |
| City Lexington | State KY | Zip Code 40517-4008 | Amount of Each Receipt this Period 80.00 |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer CKBS Insurance Group | Occupation Health Insurance Agent | | 580.00 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | | |

SUBTOTAL of Receipts This Page (optional) ▶ **200.00**

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

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

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

FOR LINE NUMBER: PAGE 7 / 76

(check only one)

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| <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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National Association of Health Underwriters - Health Underwriters PAC

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Dukinea Almazan | | Date of Receipt M / D / Y Y Y Y 10 / 20 / 2004 |
| Mailing Address 5090 N 40th St Suite 200 | | Transaction ID: 1130200443C19065 |
| City Phoenix | State AZ | Zip Code 85018-9184 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Lovitt & Touche, Inc. | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 200.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Stephen Andersen | | Date of Receipt M / D / Y Y Y Y 11 / 02 / 2004 |
| Mailing Address 7431 O St | | Transaction ID: 41130.C19156 |
| City Lincoln | State NE | Zip Code 68510-2444 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 40.00 |
| Name of Employer Midlands Financial Benefits | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 440.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. William Anderson | | Date of Receipt M / D / Y Y Y Y 11 / 02 / 2004 |
| Mailing Address 498 Palm Springs Dr Suite 210 | | Transaction ID: 41130.C19158 |
| City Altamonte Springs | State FL | Zip Code 32701-7829 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Benefit Port | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 220.00 | |

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| 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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 76

(check only one)

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| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters - Health Underwriters PAC

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Elizabeth Ashmore | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address 7808 University Ave | | Transaction ID: 41130.C19180 |
| City Lubbock | State TX | Zip Code 79423-2128 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer Ashmore Agency | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1100.00 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. David Ayre | | Date of Receipt M / D / Y 10 / 28 / 2004 |
| Mailing Address 8340 S 3000 E #500 | | Transaction ID: 1130200443C18807 |
| City Salt Lake City | State UT | Zip Code 84121-3540 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 80.00 |
| Name of Employer Intermountain Financial Ben. | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 800.00 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Kelly Becerra | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address 2921 Gold St | | Transaction ID: 41130.C19185 |
| City Omaha | State NE | Zip Code 68105-5223 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Kelly Becerra | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 220.00 | |

| | | |
|---|---|---------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 200.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Ann Bell | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address 1881 Shoreline Dr Suite 100 | | Transaction ID: 41130.C19106 |
| City Boise | State ID | Zip Code 83702-6743 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 15.00 |
| Name of Employer Higgins & Rutledge Insurance, Receipt For: Primary General Other (specify) ▼ | Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 285.00 | Receipt |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Robin Bennett | | Date of Receipt M / D / Y 10 / 28 / 2004 |
| Mailing Address 201 Executive Center Dr Suite 300 | | Transaction ID: 1130200443C19008 |
| City Columbia | State SC | Zip Code 29210-8406 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Carolina Care Plan, Inc. Receipt For: Primary General Other (specify) ▼ | Occupation Senior Account Executive Aggregate Year-to-Date ▼ 300.00 | Receipt |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Lynda Berryhill | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address 211 North Robinson Avenue One Leadership Square, Suite 450 | | Transaction ID: 41130.C19167 |
| City Oklahoma City | State OK | Zip Code 73102-7109 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Berryhill Insurance Agency Receipt For: Primary General Other (specify) ▼ | Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 220.00 | Receipt |

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

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

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FOR LINE NUMBER: PAGE 10 / 76
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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 - Health Underwriters PAC

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Robert Bishop | | Date of Receipt M / D / Y 10 / 29 / 2004 |
| Mailing Address 2785 E Desert Inn Rd | | Transaction ID: 1130200443C18796 |
| City Las Vegas | State NV | Zip Code 89121-3623 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 84.00 |
| Name of Employer Kia Insurance | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 586.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Kris Bizjak | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address 8075 Poplar Ave Suite 221 | | Transaction ID: 41130.C19168 |
| City Memphis | State TN | Zip Code 38119-4708 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Humana | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 220.00 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Deborah Boop | | Date of Receipt M / D / Y 10 / 29 / 2004 |
| Mailing Address 2080 East 9th Street | | Transaction ID: 1130200443C18954 |
| City Cleveland | State OH | Zip Code 44115-1355 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 10.00 |
| Name of Employer Medical Mutual | Occupation Broker Programs Specialist | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 230.00 | |

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional) | 114.00 |
| TOTAL This Period (last page this line number only) | |

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

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FOR LINE NUMBER: PAGE 11 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Tracy Bradford | | Date of Receipt M / D / Y Y Y Y 11 / 02 / 2004 |
| Mailing Address 888 Ridgeway Loop Rd Suite 200 | | Transaction ID: 41130.C19173 |
| City Memphis | State TN | Zip Code 38120-4033 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 40.00 |
| Name of Employer Clay & Land Insurance, In- c. | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 260.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. William Brennan | | Date of Receipt M / D / Y Y Y Y 10 / 29 / 2004 |
| Mailing Address 7 Terrace Way Ste. C | | Transaction ID: 1130200443C18854 |
| City Greensboro | State NC | Zip Code 27403-3666 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 25.00 |
| Name of Employer Group US, Inc. | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 225.00 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. D. Richard Broadbent | | Date of Receipt M / D / Y Y Y Y 10 / 29 / 2004 |
| Mailing Address 40 W Cache Valley Blvd Suite 3-a | | Transaction ID: 1130200443C18939 |
| City Logan | State UT | Zip Code 84341-8452 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Broadbent Financial Servi- ces | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 200.00 | |

| | | |
|---|---|--------------|
| SUBTOTAL of Receipts TN's Page (optional) | ▶ | 85.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 12 / 76

(check only one)

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

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

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Thomas Bryon | | Date of Receipt M / D / Y 10 / 20 / 2004 |
| Mailing Address 878D Mastin Ave Suite F | | Transaction ID: 1130200443C18930 |
| City Overland Park | State KS | Zip Code 66212-4770 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Ss & G And Associates, In- c. | Occupation President/agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 200.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Jennifer Bundy-Cobb | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address 1600 A St Suite 301 | | Transaction ID: 41130.C19177 |
| City Anchorage | State AK | Zip Code 99501-5145 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer The Wilson Agency, Llc | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 220.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Tim Byme | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address 3113 W Bellline Hwy | | Transaction ID: 41130.C19178 |
| City Madison | State WI | Zip Code 53713-2830 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 25.00 |
| Name of Employer Morlenson, Matzelle & Mel- drum | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 275.00 | |

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

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

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

FOR LINE NUMBER: PAGE 13 / 76

(check only one)

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

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

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. D. Bailey Calvin | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address 445 E 5th Ave | | Transaction ID: 41130.C19180 |
| City Anchorage | State AK | Zip Code 99501-2634 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 40.00 |
| Name of Employer Calico, Inc. | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 440.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Sarah Canez | | Date of Receipt M / D / Y 10 / 28 / 2004 |
| Mailing Address 7700 Broadway St Suite 201 | | Transaction ID: 1130200443C18932 |
| City San Antonio | State TX | Zip Code 78209-3290 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Canez Gunter Insurance & Benef | Occupation President | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 200.00 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Pam Cearay | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address 110 E Crockett St | | Transaction ID: 41130.C19185 |
| City San Antonio | State TX | Zip Code 78205-2612 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Edw&w | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | |

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|---|--------------|
| 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 14 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Jimmy Chandler | | Date of Receipt M / D / Y Y Y Y 10 / 29 / 2004 |
| Mailing Address 10 Oriole Glen | | Transaction ID: 1130200443C19081 |
| City Swannanoa | State NC | Zip Code 28778-9118 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 10.00 |
| Name of Employer Health & Disability Specialist | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 210.00 | |

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Jeff Chicots | | Date of Receipt M / D / Y Y Y Y 10 / 29 / 2004 |
| Mailing Address 3838 N Causeway Blvd Suite 2100 | | Transaction ID: 1130200443C19029 |
| City Metairie | State LA | Zip Code 70002-1767 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer United Healthcare | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 200.00 | |

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Russ Childers | | Date of Receipt M / D / Y Y Y Y 11 / 02 / 2004 |
| Mailing Address PO Box 1547 | | Transaction ID: 41130.C19187 |
| City Americus | State GA | Zip Code 31709-1547 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 25.00 |
| Name of Employer Russ Childers, CLU | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 345.00 | |

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

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

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

FOR LINE NUMBER: PAGE 15 / 76

(check only one)

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

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

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Steve Clement | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address 301 D Fenwood Triangle | | Transaction ID: 41130.C19189 |
| City Roswell | State GA | Zip Code 30075-4189 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer S.m.c. Consultants, Inc. | Occupation President/agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 220.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. David Cibley | | Date of Receipt M / D / Y 10 / 18 / 2004 |
| Mailing Address 185D 44th St SE | | Transaction ID: 1130200443C19114 |
| City Grand Rapids | State MI | Zip Code 49508-5006 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 10.00 |
| Name of Employer Preferred Choices PPO | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 200.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. David Cibley | | Date of Receipt M / D / Y 10 / 18 / 2004 |
| Mailing Address 185D 44th St SE | | Transaction ID: 41130.C19359 |
| City Grand Rapids | State MI | Zip Code 49508-5008 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer Preferred Choices PPO | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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| 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 16 / 76

(check only one)

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

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

| | | | |
|--|--------------------------------------|--|---|
| Full Name (Last, First, Middle Initial) A. David Cliley | | Date of Receipt M / D / Y 11 / 02 / 2004 | |
| Mailing Address 185D 44th St SE | | Transaction ID: 41130.C19190 | |
| City Grand Rapids | State MI | Zip Code 49508-5006 | Amount of Each Receipt this Period 10.00 |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer Preferred Choices PPO | Occupation Health Insurance Agent | | Aggregate Year-to-Date ▼ 260.00 |
| Receipt For: Primary General Other (specify) ▼ | | | |
| Full Name (Last, First, Middle Initial) B. Richard Coburn | | Date of Receipt M / D / Y 10 / 29 / 2004 | |
| Mailing Address 19 Minor Court | | Transaction ID: 1130200443C18864 | |
| City San Rafael | State CA | Zip Code 94903-3716 | Amount of Each Receipt this Period 10.00 |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer Word & Brown Insurance Ad- minis | Occupation Health Insurance Agent | | Aggregate Year-to-Date ▼ 200.00 |
| Receipt For: Primary General Other (specify) ▼ | | | |
| Full Name (Last, First, Middle Initial) C. Dorothy Coelu | | Date of Receipt M / D / Y 10 / 29 / 2004 | |
| Mailing Address PO Box 6677 | | Transaction ID: 1130200443C18846 | |
| City Fullerton | State CA | Zip Code 92834-6677 | Amount of Each Receipt this Period 80.00 |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer Advanced Benefit Consulti- ng | Occupation Health Insurance Agent | | Aggregate Year-to-Date ▼ 800.00 |
| Receipt For: Primary General Other (specify) ▼ | | | |

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 17 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Edward Colebeck | | Date of Receipt M / D / Y Y Y Y 10 / 29 / 2004 |
| Mailing Address 3520 7th Ave S | | Transaction ID: 1130200443C18811 |
| City | State | Zip Code |
| Birmingham | AL | 35222-3211 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Benefit Consultants Inc | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 200.00 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Susan Cook | | Date of Receipt M / D / Y Y Y Y 10 / 29 / 2004 |
| Mailing Address 3495 Piedmont Rd NE 9 Piedmont Center | | Transaction ID: 1130200443C19010 |
| City | State | Zip Code |
| Atlanta | GA | 30305-1773 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 40.00 |
| Name of Employer Kaiser Permanente | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Teresa DeBruin | | Date of Receipt M / D / Y Y Y Y 10 / 29 / 2004 |
| Mailing Address 5441 Edgerton Dr | | Transaction ID: 1130200443C19046 |
| City | State | Zip Code |
| Norcross | GA | 30062-2185 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer DeBruin Benefit Services, Inc. | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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| 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 18 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Christopher Delorey | | Date of Receipt M / D / Y Y Y Y 10 / 29 / 2004 |
| Mailing Address 154 Wells Ave | | Transaction ID: 1130200443C19068 |
| City Newton Center | State MA | Zip Code 02459-3302 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 80.00 |
| Name of Employer Telamon Insurance Network | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 800.00 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Stephanie Danz | | Date of Receipt M / D / Y Y Y Y 10 / 29 / 2004 |
| Mailing Address 8000 Cypress Green Dr Ste. 108 | | Transaction ID: 1130200443C18843 |
| City Jacksonville | State FL | Zip Code 32256-5509 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 25.00 |
| Name of Employer Benefitport Southeast | Occupation Field Sales Representative | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 270.00 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Sharon Diorato | | Date of Receipt M / D / Y Y Y Y 10 / 29 / 2004 |
| Mailing Address 801 Pine Street Suite 4G1 | | Transaction ID: 1130200443C18861 |
| City Chattanooga | State TN | Zip Code 37402-2520 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 10.00 |
| Name of Employer Blue Cross Blue Shield of TN | Occupation Individual Sales Manager | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 270.00 | |

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

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

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

FOR LINE NUMBER: PAGE 10 / 76

(check only one)

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

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

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Sharon Dicenzo | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address 801 Pine Street Suite 4G1 | | Transaction ID: 41130.C19198 |
| City Chattanooga | State TN | Zip Code 37402-2520 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Blue Cross Blue Shield of TN | Occupation Individual Sales Manager | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 290.00 | |

| | | |
|--|---------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Rush David Dixon | | Date of Receipt M / D / Y 10 / 29 / 2004 |
| Mailing Address 1375 Piccard Dr Suite 375 | | Transaction ID: 1130200443C19023 |
| City Rockville | State MD | Zip Code 20850-4311 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer Early, Cassidy & Schilling | Occupation VP of Employee Benefits | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Claudia Dodge | | Date of Receipt M / D / Y 10 / 29 / 2004 |
| Mailing Address PO Box 17370 | | Transaction ID: 1130200443C18857 |
| City Richmond | State VA | Zip Code 23228-7370 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 10.00 |
| Name of Employer Bb&t Benefit Consultants Of VA | Occupation Sales Consultant | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 200.00 | |

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| SUBTOTAL of Receipts TN's 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: PAGE 20 / 76

(check only one)

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

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

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Mike Dolins | | Date of Receipt M / D / Y Y Y Y 11 / 02 / 2004 |
| Mailing Address 844D Avondale Dr | | Transaction ID: 41130.C19199 |
| City Nichols Hills | State OK | Zip Code 73116-6416 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Dolins & Company, Inc. | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 220.00 | |

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|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Cynthia Doucet | | Date of Receipt M / D / Y Y Y Y 11 / 02 / 2004 |
| Mailing Address 106 Oil Center Dr Suite 103 | | Transaction ID: 41130.C19200 |
| City Lafayette | State LA | Zip Code 70503-2482 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 30.00 |
| Name of Employer Insurance Resource Group | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 310.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Eugene Ebersole | | Date of Receipt M / D / Y Y Y Y 11 / 02 / 2004 |
| Mailing Address 405 Gretna Blvd #103 A | | Transaction ID: 41130.C19203 |
| City Gretna | State LA | Zip Code 70053-4500 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 40.00 |
| Name of Employer Ebersole & Associates, In- c. | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 490.00 | |

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| 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 21/76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Michael Embry | | Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2004 |
| Mailing Address 20700 Civic Center Dr. #250 | | Transaction ID: 1130200443C19049 |
| City Southfield | State MI | Zip Code 48076-4133 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Cometca Insurance Services | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Thomas Evans | | Date of Receipt M M / D D / Y Y Y Y 11 / 02 / 2004 |
| Mailing Address 2717 N 118th Cir | | Transaction ID: 41130.C19207 |
| City Omaha | State NE | Zip Code 68164-9688 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 80.00 |
| Name of Employer United Healthcare Midlands | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 830.00 | |

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|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. David Fear | | Date of Receipt M M / D D / Y Y Y Y 11 / 02 / 2004 |
| Mailing Address 11180 Sun Center Dr | | Transaction ID: 41130.C19209 |
| City Rancho Cordova | State CA | Zip Code 95670-6121 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 55.00 |
| Name of Employer CA Insurance Marketing Serv. | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 705.00 | |

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 155.00 |
| TOTAL This Period (last page this line 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 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Catherine Ficars | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address 28989 Central Park Blvd Suite 225 | | Transaction ID: 41130.C19210 |
| City Southfield | State MI | Zip Code 48076-4139 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Austin Financial Group | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 200.00 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Wesley Foster | | Date of Receipt M / D / Y 10 / 28 / 2004 |
| Mailing Address 1024 Village Pkwy | | Transaction ID: 1130200443C19087 |
| City Coppell | State TX | Zip Code 75019-6352 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer BenefitMall, Inc. | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 200.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Linda Friedrich | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address 4435 O St | | Transaction ID: 41130.C19212 |
| City Lincoln | State NE | Zip Code 68510-1884 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer Unico Financial Services, Inc. | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 480.00 | |

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|---|--------------|
| 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 23 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

| | | | |
|--|--------------------------------------|--|---|
| Full Name (Last, First, Middle Initial) A. Joan Galletta | | Date of Receipt M / D / Y 10 / 29 / 2004 | |
| Mailing Address 3342 Kori Rd | | Transaction ID: 1130200443C18834 | |
| City Jacksonville | State FL | Zip Code 32257-5454 | Amount of Each Receipt this Period 20.00 |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer JP Peary Insurance, Inc. | Occupation Health Insurance Agent | Aggregate Year-to-Date ▼ 260.00 | |
| Receipt For: Primary General Other (specify) ▼ | | | |

| | | | |
|--|--------------------------------------|--|---|
| Full Name (Last, First, Middle Initial) B. Bruce Gardner | | Date of Receipt M / D / Y 11 / 02 / 2004 | |
| Mailing Address 1502 West Ave | | Transaction ID: 41130.C19215 | |
| City Austin | State TX | Zip Code 78701-1561 | Amount of Each Receipt this Period 80.00 |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer Bruce Gardner Insurance & Inv. | Occupation Health Insurance Agent | Aggregate Year-to-Date ▼ 880.00 | |
| Receipt For: Primary General Other (specify) ▼ | | | |

| | | | |
|--|--------------------------------------|--|---|
| Full Name (Last, First, Middle Initial) C. Charles Garten | | Date of Receipt M / D / Y 10 / 29 / 2004 | |
| Mailing Address 1010 Commons Way P.O. Box 1268 | | Transaction ID: 1130200443C19044 | |
| City Toms River | State NJ | Zip Code 08755-6429 | Amount of Each Receipt this Period 40.00 |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer Benefitport, LLC. | Occupation Health Insurance Agent | Aggregate Year-to-Date ▼ 600.00 | |
| Receipt For: Primary General Other (specify) ▼ | | | |

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|---|---------------|
| 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: PAGE 24 / 76

(check only one)

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

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

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Jeffrey Gennaro | | Date of Receipt M / D / Y Y Y Y 10 / 29 / 2004 |
| Mailing Address PD Box 10315 | | Transaction ID: 1130200443C19091 |
| City Phoenix | State AZ | Zip Code 85064-0315 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Capitol Insurance Brokers, Inc. | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 280.00 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Gerard Garshonoviz | | Date of Receipt M / D / Y Y Y Y 10 / 29 / 2004 |
| Mailing Address 405 Tarrytown Rd | | Transaction ID: 1130200443C19022 |
| City White Plains | State NY | Zip Code 10607-1313 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 25.00 |
| Name of Employer Morrell Consulting Group, Inc. | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 200.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Patti Goldfarb | | Date of Receipt M / D / Y Y Y Y 10 / 29 / 2004 |
| Mailing Address 301 Madison Ave | | Transaction ID: 1130200443C18861 |
| City New York | State NY | Zip Code 10017-6229 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 25.00 |
| Name of Employer Medical Link | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 770.00 | |

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|---|--------------|
| 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: PAGE 25 / 76

(check only one)

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

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

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

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Patsi Goldfarb | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address 301 Madison Ave | | Transaction ID: 41130.C19218 |
| City New York | State NY | Zip Code 10017-6229 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer Medical Ink | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 820.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Carolyn Goodwin | | Date of Receipt M / D / Y 10 / 29 / 2004 |
| Mailing Address 4055 Valley View Ln Suite 360 | | Transaction ID: 1130200443C18912 |
| City Dallas | State TX | Zip Code 75244-5074 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 25.00 |
| Name of Employer Cbiz Benefits & Insurance Serv | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Michael Goss | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address 2141 Airport Way #100 | | Transaction ID: 41130.C19219 |
| City Boise | State ID | Zip Code 83705-5198 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer Myriad | Occupation President | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 700.00 | |

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| 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: PAGE 26 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Michael Gray | | Date of Receipt M / D / Y Y Y Y 11 / 02 / 2004 |
| Mailing Address 7431 O St | | Transaction ID: 41130.C19221 |
| City Lincoln | State NE | Zip Code 68510-2444 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 200.00 |
| Name of Employer Midlands Financial Benefits | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2385.90 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Katherine Greene | | Date of Receipt M / D / Y Y Y Y 11 / 02 / 2004 |
| Mailing Address 802 N Carancahua St Suite 1700 | | Transaction ID: 41130.C19222 |
| City Corpus Christi | State TX | Zip Code 78470-0002 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Humana | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 220.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Robert Grundman | | Date of Receipt M / D / Y Y Y Y 11 / 02 / 2004 |
| Mailing Address 7412 Karl Dr | | Transaction ID: 41130.C19223 |
| City Lincoln | State NE | Zip Code 68510-4368 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Senior Benefit Strategies | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 220.00 | |

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| 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 27 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Cynthia Gudy | | Date of Receipt M / D / Y 10 / 29 / 2004 |
| Mailing Address PD Box 155 | | Transaction ID: 1130200443C18802 |
| City Loveland | State CO | Zip Code 80539-0155 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer New York Life | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 200.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. David Guin | | Date of Receipt M / D / Y 10 / 29 / 2004 |
| Mailing Address 200 Arbor Dr Mail Code AE-205 | | Transaction ID: 1130200443C18816 |
| City Columbia | State SC | Zip Code 29206-5067 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Companion HealthCare Corp | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 200.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Anthony Halby | | Date of Receipt M / D / Y 10 / 29 / 2004 |
| Mailing Address 313 Railroad Ave | | Transaction ID: 1130200443C18829 |
| City Nevada City | State CA | Zip Code 95559-2851 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Halby Insurance Agency | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 450.00 | |

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| 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 28 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Walter Hale | | Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2004 |
| Mailing Address 211 E Church St | | Transaction ID: 1130200443C18848 |
| City | State | Zip Code |
| Morrilton | AR | 72110-3419 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 200.00 |
| Name of Employer Hawkins Insurance Agency | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 200.00 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Chris Harrison | | Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2004 |
| Mailing Address 233 Fairway Dr | | Transaction ID: 1130200443C19011 |
| City | State | Zip Code |
| Fayetteville | NC | 28305-5511 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 80.00 |
| Name of Employer Employee Benefit Systems, Inc. | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 840.00 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Thomas Harte | | Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2004 |
| Mailing Address 6 Mary E Clark Dr | | Transaction ID: 1130200443C19085 |
| City | State | Zip Code |
| Hampstead | NH | 03841-2288 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 80.00 |
| Name of Employer Landmark Benefits Group | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

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

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

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

FOR LINE NUMBER: PAGE 28 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Gerald Hartman | | Date of Receipt M / D / Y Y Y Y 10 / 28 / 2004 |
| Mailing Address PD Box 5716 | | Transaction ID: 1130200443C18981 |
| City Boise | State ID | Zip Code 83705-0716 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 15.00 |
| Name of Employer Insurance Network America, Inc | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 605.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. William Hartman | | Date of Receipt M / D / Y Y Y Y 10 / 28 / 2004 |
| Mailing Address PD Box 8270 | | Transaction ID: 1130200443C18916 |
| City Fort Wayne | State IN | Zip Code 46828-8270 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 80.00 |
| Name of Employer American Republic Insurance Co | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 450.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Tameka Harwell | | Date of Receipt M / D / Y Y Y Y 10 / 28 / 2004 |
| Mailing Address 4109 Duncan Dr | | Transaction ID: 1130200443C19081 |
| City Annandale | State VA | Zip Code 22003-5704 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 40.00 |
| Name of Employer CONEXIS | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 280.00 | |

| | | |
|---|---|---------------|
| 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: PAGE 30 / 76

(check only one)

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

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

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. Leesa Hayes | | Date of Receipt M / D / Y Y Y Y 11 / 02 / 2004 | |
| Mailing Address 9720 Bunsen Plowly | | Transaction ID: 41130.C19229 | |
| City State Zip Code Louisville KY 40288-1802 | Amount of Each Receipt this Period 20.00 | | |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer Thompson Associates, Inc. | Occupation Health Insurance Agent | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 220.00 | | |
| Full Name (Last, First, Middle Initial) B. James Heldebrand | | Date of Receipt M / D / Y Y Y Y 11 / 02 / 2004 | |
| Mailing Address 814D S 104th East Ave Suite 200 | | Transaction ID: 41130.C19230 | |
| City State Zip Code Tulsa OK 74133-1588 | Amount of Each Receipt this Period 20.00 | | |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer Heldebrand & Associates | Occupation Health Insurance Agent | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 220.00 | | |
| Full Name (Last, First, Middle Initial) C. Lisa Mary Helmen | | Date of Receipt M / D / Y Y Y Y 11 / 02 / 2004 | |
| Mailing Address 3480 Preston Ridge Rd Suite 100 | | Transaction ID: 41130.C19231 | |
| City State Zip Code Alpharetta GA 30005-2028 | Amount of Each Receipt this Period 20.00 | | |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer Love, Douglas & Pope Inc. | Occupation Health Insurance Agent | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 610.00 | | |

SUBTOTAL of Receipts This Page (optional) ► **60.00**

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

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

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

FOR LINE NUMBER: PAGE 31/76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Timothy Hendricks | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address 4200 E Skelly Dr | | Transaction ID: 41130.C19232 |
| City Tulsa | State OK | Zip Code 74135-3206 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer Bus. Planning Group of OK | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 550.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Hugh Hendrickson | | Date of Receipt M / D / Y 10 / 28 / 2004 |
| Mailing Address 820 A St Suite 220 | | Transaction ID: 1130200443C19063 |
| City Tacoma | State WA | Zip Code 98402-5202 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Strategic Employees Benefit Ser | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 215.00 | |

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|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Hugh Hendrickson | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address 820 A St Suite 220 | | Transaction ID: 41130.C19233 |
| City Tacoma | State WA | Zip Code 98402-5202 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 10.00 |
| Name of Employer Strategic Employee Benefit Ser | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 225.00 | |

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| 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 32 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. W. Richard Herd | | Date of Receipt M / D / Y 10 / 29 / 2004 |
| Mailing Address 309B Highland Dr Suite 423 | | Transaction ID: 1130200443C19032 |
| City Salt Lake City | State UT | Zip Code 84106-3085 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer McDermott Company & Associates | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Carolina Hesseline | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address 7272 Wurzbach Rd Suite 204 | | Transaction ID: 41130.C19234 |
| City San Antonio | State TX | Zip Code 78240-4802 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Associated Benefit Consultants | Occupation Employee Benefits Consultant | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 220.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Porter Hicks | | Date of Receipt M / D / Y 10 / 29 / 2004 |
| Mailing Address PO Box 2460 | | Transaction ID: 1130200443C18789 |
| City Cornelius | State NC | Zip Code 28031-2460 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Hicks, Kohler & Associates | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 200.00 | |

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

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

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

FOR LINE NUMBER: PAGE 33 / 76

(check only one)

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

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

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

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Donna Hill | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address PD Box 724 | | Transaction ID: 41130.C19237 |
| City Snellville | State GA | Zip Code 30078-0724 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer D.D.H. Associates | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Richard Hill | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address 4435 O St | | Transaction ID: 41130.C19238 |
| City Lincoln | State NE | Zip Code 68510-1864 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 60.00 |
| Name of Employer Unico Financial Services | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Sheri Holden | | Date of Receipt M / D / Y 10 / 29 / 2004 |
| Mailing Address 3330 Dundee Rd Suite C-3 | | Transaction ID: 1130200443C18780 |
| City Northbrook | State IL | Zip Code 60062-2318 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Hokin Stenberg Insurance | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 220.00 | |

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

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

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

FOR LINE NUMBER: PAGE 34 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Lisa Hokk | | Date of Receipt M / D / Y Y Y Y 10 / 29 / 2004 |
| Mailing Address 288 South St | | Transaction ID: 1130200443C19069 |
| City | State | Zip Code |
| Morristown | NJ | 07960-6019 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Nas Financial Services | Occupation Regional Sales Manager | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 200.00 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Gloria Danisa Hopper | | Date of Receipt M / D / Y Y Y Y 10 / 29 / 2004 |
| Mailing Address 840D Fairview Rd | | Transaction ID: 1130200443C18944 |
| City | State | Zip Code |
| Charlotte | NC | 28210-3237 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 40.00 |
| Name of Employer Cameron M. Harris & Co. | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 310.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Mary Lou Hudman | | Date of Receipt M / D / Y Y Y Y 10 / 29 / 2004 |
| Mailing Address 533D Bent Tree Forest Dr. Ste. 326 | | Transaction ID: 1130200443C19051 |
| City | State | Zip Code |
| Dallas | TX | 75248-5471 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 10.00 |
| Name of Employer A Benefit Source | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 210.00 | |

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|---|--------------|
| 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: PAGE 35 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Robert Huffaker | | Date of Receipt M / D / Y Y Y Y 10 / 29 / 2004 |
| Mailing Address PD Box 6217 | | Transaction ID: 1130200443C18975 |
| City Chattanooga | State TN | Zip Code 37401-6217 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 90.00 |
| Name of Employer Huffaker & Associates, In- c. Receipt For: Primary General Other (specify) ▼ | Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 720.00 | Receipt |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. S. David Jackson | | Date of Receipt M / D / Y Y Y Y 10 / 29 / 2004 |
| Mailing Address 1139 S Orem Blvd | | Transaction ID: 1130200443C18950 |
| City Orem | State UT | Zip Code 84058-6976 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer First West Benefit Solu- tions Receipt For: Primary General Other (specify) ▼ | Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 350.00 | Receipt |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. Lisa Jacobs | | Date of Receipt M / D / Y Y Y Y 11 / 02 / 2004 |
| Mailing Address 12315 Huston St | | Transaction ID: 41130.C19247 |
| City Valley Village | State CA | Zip Code 91607-3618 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer The United States Life In- sur. Receipt For: Primary General Other (specify) ▼ | Occupation Senior Sales Executive Aggregate Year-to-Date ▼ 200.00 | Receipt |

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| SUBTOTAL of Receipts TN's 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: PAGE 36 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. David Johnson | | Date of Receipt M / D / Y Y Y Y 10 / 29 / 2004 |
| Mailing Address 3348 Gwinnett Plantation Way | | Transaction ID: 1130200443C18777 |
| City Duluth | State GA | Zip Code 30086-4656 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer Lloyd-Bennett & Co. Insurance | Occupation Account Executive | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Sandra Johnson | | Date of Receipt M / D / Y Y Y Y 10 / 29 / 2004 |
| Mailing Address 12500 Network Suite 403 | | Transaction ID: 1130200443C18964 |
| City San Antonio | State TX | Zip Code 78249- |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 25.00 |
| Name of Employer Hairston, Johnson, & Associates | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 220.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Suzanne Johnson | | Date of Receipt M / D / Y Y Y Y 11 / 02 / 2004 |
| Mailing Address 6235 Morrison Blvd Suite 302 | | Transaction ID: 41130.C19249 |
| City Charlotte | State NC | Zip Code 28211-3508 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 30.00 |
| Name of Employer Strategic Employee Benefit Ser | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 230.00 | |

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|---|---------------|
| SUBTOTAL of Receipts This Page (optional) | 105.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 37 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Karen Jones | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address 5225 S Loop 289 Suite 111 | | Transaction ID: 41130.C19251 |
| City Lubbock | State TX | Zip Code 79424-1363 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Blue Cross Blue Shield of TX | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 220.00 | |

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|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Lawrence Kaczmarek | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address 2833 State Route 58 | | Transaction ID: 41130.C19254 |
| City Ravenna | State OH | Zip Code 44266-1684 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer Kaczmarek Insurance Servi- ces | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1310.90 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Thelma Kaczmarek | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address 2833 State Rta. 58 Ste. B | | Transaction ID: 41130.C19255 |
| City Ravenna | State OH | Zip Code 44266-1684 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 80.00 |
| Name of Employer Kaczmarek Insurance Servi- ces | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 800.00 | |

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| SUBTOTAL of Receipts This Page (optional) | 200.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 38 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Mark Kennedy | | Date of Receipt M / D / Y 10 / 20 / 2004 |
| Mailing Address 1173 Brittnoare Rd | | Transaction ID: 1130200443C18781 |
| City Houston | State TX | Zip Code 77043-5003 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 80.00 |
| Name of Employer Benefit Concepts Inc. | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 800.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Michael Kielan | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address PO Box 45279 | | Transaction ID: 41130.C19257 |
| City Omaha | State NE | Zip Code 68145-0279 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 80.00 |
| Name of Employer Harry Koch Insurance Co. | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 340.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Mary Kramer | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address 11508 Miracle Hills Dr | | Transaction ID: 41130.C19259 |
| City Omaha | State NE | Zip Code 68154-4447 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 40.00 |
| Name of Employer Silverstone Group, Inc. | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 440.00 | |

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| SUBTOTAL of Receipts This Page (optional) | 200.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 38 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Kenneth Kuhn | | Date of Receipt M / D / Y Y Y Y 10 / 26 / 2004 |
| Mailing Address 40 N 100 E | | Transaction ID: 1130200443C19118 |
| City | State | Zip Code |
| Provo | UT | 84606-3108 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer First West Brokerage Service | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Kirk Lavalley | | Date of Receipt M / D / Y Y Y Y 10 / 29 / 2004 |
| Mailing Address 317 Ranch Road 820 S Suite 3D1 | | Transaction ID: 1130200443C18819 |
| City | State | Zip Code |
| Lakeway | TX | 78734-4764 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Delta Dental Insurance Company | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 200.00 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Robert Lay | | Date of Receipt M / D / Y Y Y Y 10 / 29 / 2004 |
| Mailing Address 3112 Forest Ave | | Transaction ID: 1130200443C18945 |
| City | State | Zip Code |
| Fort Worth | TX | 76112-7002 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 25.00 |
| Name of Employer Lay & Williams Insurance Serv | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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|---|---|---------------|
| 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: PAGE 40 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Lance Ledbetter | | Date of Receipt M / D / Y 10 / 29 / 2004 |
| Mailing Address 5881 Glenridge Dr NE Suite 250 | | Transaction ID: 1130200443C19041 |
| City Atlanta | State GA | Zip Code 30328-5301 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 200.00 |
| Name of Employer Allstate Financial | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 200.00 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Ronald Levine | | Date of Receipt M / D / Y 10 / 29 / 2004 |
| Mailing Address 2480 Peachtree Rd NW Suite 1514 | | Transaction ID: 1130200443C19019 |
| City Atlanta | State GA | Zip Code 30305-4105 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| Name of Employer Compink | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 740.00 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Brian Lechty | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address 120 E Washington St | | Transaction ID: 41130.C19282 |
| City Plymouth | State IN | Zip Code 46563-1744 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 80.00 |
| Name of Employer KJ Benefits | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 850.00 | |

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| 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: PAGE 41 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Clark Loeve | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address 12200 Northwest Fwy Suite 662 | | Transaction ID: 41130.C19284 |
| City Houston | State TX | Zip Code 77062-4830 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 25.00 |
| Name of Employer Northwest General Insurance | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 275.00 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dale Maloney | | Date of Receipt M / D / Y 10 / 28 / 2004 |
| Mailing Address 1434 W Fairbanks Ave | | Transaction ID: 1130200443C18788 |
| City Winter Park | State FL | Zip Code 32789-4806 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer Resource Group Of Winter Park | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 870.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Jennifer Meneer | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address 3700 Colonnade Pkwy | | Transaction ID: 41130.C19288 |
| City Birmingham | State AL | Zip Code 35243-5218 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer United Healthcare | Occupation Account Executive | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 280.00 | |

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| 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: PAGE 42 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Kimberly Martin | | Date of Receipt M / D / Y Y Y Y 11 / 02 / 2004 |
| Mailing Address 180 Charlotte Hwy | | Transaction ID: 41130.C19289 |
| City Asheville | State NC | Zip Code 28803-9673 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Benefits Unlimited, Inc. | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | |

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|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Carol Malzniek | | Date of Receipt M / D / Y Y Y Y 11 / 02 / 2004 |
| Mailing Address PO Box 35905 | | Transaction ID: 41130.C19271 |
| City Greensboro | State NC | Zip Code 27438-8505 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 40.00 |
| Name of Employer NCAHU | Occupation Executive Director | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 440.00 | |

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|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Carol Malzniek | | Date of Receipt M / D / Y Y Y Y 11 / 09 / 2004 |
| Mailing Address PO Box 35905 | | Transaction ID: 1130200443C19142 |
| City Greensboro | State NC | Zip Code 27438-8505 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 10.00 |
| Name of Employer NCAHU | Occupation Executive Director | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 450.00 | |

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|---|--------------|
| 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: PAGE 43 / 76

(check only one)

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

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

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

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Donna McCright | | Date of Receipt M / D / Y 10 / 20 / 2004 |
| Mailing Address 4055 Valley View Ln Suite 360 | | Transaction ID: 1130200443C19083 |
| City Dallas | State TX | Zip Code 75244-5074 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer CBIZ Benefits & Insurance | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 270.00 | |

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|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Ryan McDermott | | Date of Receipt M / D / Y 10 / 20 / 2004 |
| Mailing Address 3098 South Highland Dr. Ste. 423 | | Transaction ID: 1130200443C18878 |
| City Salt Lake City | State UT | Zip Code 84106-3647 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer McDermott Company & Assoc. | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 220.00 | |

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|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Sharon McDermott | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address 11919 P St | | Transaction ID: 41130.C19272 |
| City Omaha | State NE | Zip Code 68137-2228 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer AFLAC | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 850.00 | |

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|---|---|---------------|
| 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: PAGE 44 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Susan McGinnis | | Date of Receipt M / D / Y 10 / 26 / 2004 |
| Mailing Address 8518 East 101 St. Suite H | | Transaction ID: 41007.C17536 |
| City Tulsa | State OK | Zip Code 74133-7035 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 10.00 |
| Name of Employer Allstate Workplace Division | Occupation Vice President | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Leslie Mager | | Date of Receipt M / D / Y 10 / 29 / 2004 |
| Mailing Address 8125 Havelock Ave | | Transaction ID: 1130200443C19085 |
| City Lincoln | State NE | Zip Code 68507-1234 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Les McGarr and Company | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 200.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Jeffrey Miles | | Date of Receipt M / D / Y 10 / 29 / 2004 |
| Mailing Address 520 Washington Blvd Suite 8D1 | | Transaction ID: 1130200443C18884 |
| City Marina Del Rey | State CA | Zip Code 90262-5442 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 80.00 |
| Name of Employer The Miles Organization, Inc. | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 640.00 | |

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| 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: PAGE 45 / 76

(check only one)

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

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

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

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. David Moore | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address PD Box 1006 | | Transaction ID: 41130.C19277 |
| City Burlington | State NC | Zip Code 27216-1006 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer David R. Moore, Clu & Associa- t | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 310.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. David Moore | | Date of Receipt M / D / Y 11 / 08 / 2004 |
| Mailing Address PD Box 1006 | | Transaction ID: 1130200443C19149 |
| City Burlington | State NC | Zip Code 27216-1006 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer David R. Moore, Clu & Ass- ocia- | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 380.00 | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. Wesley Moore | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address PD Box 604 | | Transaction ID: 41130.C19276 |
| City Darlington | State SC | Zip Code 29540-0604 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer W.P. Moore, III Agency | Occupation Owner, Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 970.00 | |

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 170.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 46 / 76

(check only one)

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

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

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Josh Nace | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address 936 N 34th St Suite 208 | | Transaction ID: 41130.C19279 |
| City Seattle | State WA | Zip Code 98103-8869 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 30.00 |
| Name of Employer Denial Health Services | Occupation Vice President Sales & Service | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 330.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Linda New | | Date of Receipt M / D / Y 10 / 29 / 2004 |
| Mailing Address PO Box 82326 | | Transaction ID: 1130200443C19024 |
| City Austin | State TX | Zip Code 78708-2326 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Capital Financial Resources | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 200.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Ron Neast | | Date of Receipt M / D / Y 10 / 29 / 2004 |
| Mailing Address PO Box 82307 | | Transaction ID: 1130200443C18904 |
| City Lafayette | State LA | Zip Code 70568-2307 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Global Financial Resources, Inc | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 200.00 | |

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| 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: PAGE 47 / 76

(check only one)

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|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
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NAME OF COMMITTEE (In Full)
National Association of Health Underwriters - Health Underwriters PAC

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Kirby Nielsen | | Date of Receipt M / D / Y 10 / 20 / 2004 |
| Mailing Address 2041 Willow Glen Ln | | Transaction ID: 1130200443C19092 |
| City Columbus | State OH | Zip Code 43229-1550 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Nielsen Insurance Agency, Inc. | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 200.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Patricia Norlet | | Date of Receipt M / D / Y 10 / 20 / 2004 |
| Mailing Address PO Box 22074B | | Transaction ID: 1130200443C18844 |
| City Charlotte | State NC | Zip Code 28222-0748 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Cameron M. Harris & Co. | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Michael Norris | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address 295 E Palmer St | | Transaction ID: 41130.C19288 |
| City Franklin | State NC | Zip Code 28734-5049 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 25.00 |
| Name of Employer Wayah Insurance Agency | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 370.00 | |

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| 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: PAGE 48 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Ken Ostermeier | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address 245 S 84th St Suite W100 | | Transaction ID: 41130.C19289 |
| City Lincoln | State NE | Zip Code 68510-2680 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Aflac | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 220.00 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. John Parker | | Date of Receipt M / D / Y 10 / 28 / 2004 |
| Mailing Address 47 Laurel Hill Dr | | Transaction ID: 1130200443C19043 |
| City Niantic | State CT | Zip Code 06357-1536 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 40.00 |
| Name of Employer Parker Health Plan Agency | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 820.00 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. John Parker | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address 47 Laurel Hill Dr | | Transaction ID: 41130.C19291 |
| City Niantic | State CT | Zip Code 06357-1536 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer Parker Health Plan Agency | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 870.00 | |

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| 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: PAGE 48 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Jesse Patton | | Date of Receipt M / D / Y Y Y Y 10 / 29 / 2004 |
| Mailing Address 2175 NW 88th St | | Transaction ID: 1130200443C18970 |
| City Clive | State IA | Zip Code 50325-5557 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 225.00 |
| Name of Employer Associations Marketing Group Receipt For: Primary General Other (specify) ▼ | Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 1575.00 | Receipt |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Robert Pol | | Date of Receipt M / D / Y Y Y Y 10 / 29 / 2004 |
| Mailing Address 8101 Executive Blvd. Ste. 120 | | Transaction ID: 1130200443C18977 |
| City Rockville | State MD | Zip Code 20852-3907 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Insurance Marketing Center Receipt For: Primary General Other (specify) ▼ | Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 200.00 | Receipt |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. David Prewitt | | Date of Receipt M / D / Y Y Y Y 10 / 29 / 2004 |
| Mailing Address 428 Harwood Rd | | Transaction ID: 1130200443C18920 |
| City Bedford | State TX | Zip Code 76021-4150 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Information Requested Receipt For: Primary General Other (specify) ▼ | Occupation Health Insurance Agent Aggregate Year-to-Date ▼ 200.00 | Receipt |

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|---|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 285.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 60 / 76

(check only one)

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

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

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

| | | | |
|--|--------------------------------------|--|---|
| Full Name (Last, First, Middle Initial) A. Terri Pritchard | | Date of Receipt M / D / Y Y Y Y 10 / 29 / 2004 | |
| Mailing Address 203 Beaver Creek Rd | | Transaction ID: 1130200443C18817 | |
| City Lexington | State NC | Zip Code 27295-8657 | Amount of Each Receipt this Period 10.00 |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer 3rd Party Marketers of America | Occupation Health Insurance Agent | | Aggregate Year-to-Date ▼ 210.00 |
| Receipt For: Primary General Other (specify) ▼ | | | |
| Full Name (Last, First, Middle Initial) B. Susan Rash | | Date of Receipt M / D / Y Y Y Y 10 / 29 / 2004 | |
| Mailing Address 8014 Midlothian Tpke | | Transaction ID: 1130200443C18784 | |
| City Richmond | State VA | Zip Code 23235-5291 | Amount of Each Receipt this Period 50.00 |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer Benefit Consultants Of VA, Inc. | Occupation Health Insurance Agent | | Aggregate Year-to-Date ▼ 450.00 |
| Receipt For: Primary General Other (specify) ▼ | | | |
| Full Name (Last, First, Middle Initial) C. Jon Rauser | | Date of Receipt M / D / Y Y Y Y 10 / 29 / 2004 | |
| Mailing Address 735 N Water St Suite 510 | | Transaction ID: 1130200443C18845 | |
| City Milwaukee | State WI | Zip Code 53202-4103 | Amount of Each Receipt this Period 80.00 |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer The Rauser Agency, Inc. | Occupation Health Insurance Agent | | Aggregate Year-to-Date ▼ 640.00 |
| Receipt For: Primary General Other (specify) ▼ | | | |

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: PAGE 51/76

(check only one)

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

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

| | | |
|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Kenneth Ray | | Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2004 |
| Mailing Address PD Box 14207 | | Transaction ID: 1130200443C18827 |
| City Jackson | State MS | Zip Code 39236-4207 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 10.00 |
| Name of Employer Bancorp South Insurance Servic | Occupation Director Of Marketing | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 200.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dennis Recker | | Date of Receipt M M / D D / Y Y Y Y 11 / 02 / 2004 |
| Mailing Address 971 N Perry St | | Transaction ID: 41130.C19300 |
| City Ottawa | State OH | Zip Code 45875-1218 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Faycoet. Lammon, Recker & Asso | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 220.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Glen Rienscha | | Date of Receipt M M / D D / Y Y Y Y 11 / 02 / 2004 |
| Mailing Address 415 5th St P.O. Box 664 | | Transaction ID: 41130.C19303 |
| City Fairbury | State NE | Zip Code 68352-2501 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 30.00 |
| Name of Employer Advanced Financial Servic- es | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 270.00 | |

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| 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 52 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Mark Riley | | Date of Receipt M / D / Y Y Y Y 10 / 20 / 2004 |
| Mailing Address PD Box 290905 | | Transaction ID: 1130200443C18775 |
| City Columbia | State SC | Zip Code 29229-0006 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer The Landmark Group LLC | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Joseph Roberts | | Date of Receipt M / D / Y Y Y Y 11 / 02 / 2004 |
| Mailing Address 7431 O St | | Transaction ID: 41130.C19307 |
| City Lincoln | State NE | Zip Code 68510-2444 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 40.00 |
| Name of Employer Midlands Financial Benefits | Occupation Registered Representative | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 530.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. William Robinson | | Date of Receipt M / D / Y Y Y Y 11 / 02 / 2004 |
| Mailing Address 100 S Sunrise Way | | Transaction ID: 41130.C19308 |
| City Palm Springs | State CA | Zip Code 92262-6737 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 40.00 |
| Name of Employer Palm Canyon Insurance Agency | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 420.00 | |

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| 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 63 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Edward Rofing | | Date of Receipt M / D / Y Y Y Y 10 / 29 / 2004 |
| Mailing Address 343 E Six Forks Rd | | Transaction ID: 1130200443C18851 |
| City Raleigh | State NC | Zip Code 27609-7800 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 30.00 |
| Name of Employer Delta Dental Plan Of NC | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 290.90 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Sharon Ross | | Date of Receipt M / D / Y Y Y Y 10 / 29 / 2004 |
| Mailing Address 823D Fairview Rd Suite 315 | | Transaction ID: 1130200443C19053 |
| City Charlotte | State NC | Zip Code 28210-3253 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 25.00 |
| Name of Employer United Healthcare | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 270.00 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Eugene Rowe | | Date of Receipt M / D / Y Y Y Y 11 / 02 / 2004 |
| Mailing Address 18000 Ventura Blvd | | Transaction ID: 41130.C19311 |
| City Encino | State CA | Zip Code 91438-2767 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 30.00 |
| Name of Employer The Rowe Group | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 330.00 | |

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

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

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

FOR LINE NUMBER: PAGE 54 / 76

(check only one)

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

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

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Francis Ruggiero | | Date of Receipt M / D / Y 10 / 29 / 2004 |
| Mailing Address 288 South St | | Transaction ID: 1130200443C18924 |
| City Morristown | State NJ | Zip Code 07960-6019 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 40.00 |
| Name of Employer Ruggiero Consulting | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Stephen Salomon | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address PO Box 4252 | | Transaction ID: 41130.C19313 |
| City Lutherville Timoni | State MD | Zip Code 21094-4252 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 10.00 |
| Name of Employer Heritage Financial Consultants | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2390.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Raynar Sale | | Date of Receipt M / D / Y 10 / 29 / 2004 |
| Mailing Address 510 Briscoe Blvd | | Transaction ID: 1130200443C18842 |
| City Lawrenceville | State GA | Zip Code 30045-6700 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 40.00 |
| Name of Employer Multiple Benefits Corp. | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 330.00 | |

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

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

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

FOR LINE NUMBER: PAGE 55 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Tom Schilling | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address 1205 Sherwood Forest St | | Transaction ID: 41130.C19315 |
| City Houston | State TX | Zip Code 77043-4635 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Core Benefits | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 220.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Mel Schlesinger | | Date of Receipt M / D / Y 10 / 29 / 2004 |
| Mailing Address PO Box 30100 | | Transaction ID: 1130200443C19042 |
| City Winston Salem | State NC | Zip Code 27130-0100 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 40.00 |
| Name of Employer Dental Plans, Plus | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 480.90 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Mel Schlesinger | | Date of Receipt M / D / Y 11 / 09 / 2004 |
| Mailing Address PO Box 30100 | | Transaction ID: 1130200443C19138 |
| City Winston Salem | State NC | Zip Code 27130-0100 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 10.00 |
| Name of Employer Dental Plans, Plus | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 470.90 | |

| | |
|---|--------------|
| 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: PAGE 66 / 76

(check only one)

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

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

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

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. James Schule | | Date of Receipt M / D / Y 10 / 20 / 2004 |
| Mailing Address 7431 O St | | Transaction ID: 1130200443C18980 |
| City Lincoln | State NE | Zip Code 68510-2444 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 80.00 |
| Name of Employer Midlands Financial Benefits | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 480.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Robert Schumacher | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address 1804 N Shoreline Blvd | | Transaction ID: 41130.C19318 |
| City Mountain View | State CA | Zip Code 94043-1350 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Schumacher Insurance Agency | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 220.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Steven Selnitsky | | Date of Receipt M / D / Y 10 / 18 / 2004 |
| Mailing Address 28635 Oak Point Dr | | Transaction ID: 1130200443C19111 |
| City Farmington | State MI | Zip Code 48331-2708 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer PPOM | Occupation Vice President | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 420.00 | |

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 350.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 57 / 76

(check only one)

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

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

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

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Mark Sheffer | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address PD Box 355 | | Transaction ID: 41130.C19319 |
| City Apollo | State PA | Zip Code 15613-0355 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 200.00 |
| Name of Employer Executive Benefit Plans, Inc. | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2300.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Scott Shalek | | Date of Receipt M / D / Y 10 / 28 / 2004 |
| Mailing Address PD Box 67 | | Transaction ID: 1130200443C18876 |
| City Ringwood | State IL | Zip Code 60072-0067 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 200.00 |
| Name of Employer Shalek Financial Services | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1750.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Stuart Shapiro | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address PD Box 587 | | Transaction ID: 41130.C19320 |
| City Wheeling | State IL | Zip Code 60090-0587 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Shapiro Financial Group, Inc. | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 330.90 | |

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|---|---------------|
| 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: PAGE 58 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Bob Shupe | | Date of Receipt M / D / Y Y Y Y 10 / 29 / 2004 |
| Mailing Address PD Box 2344 | | Transaction ID: 1130200443C18831 |
| City Brentwood | State TN | Zip Code 37024-2344 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 40.00 |
| Name of Employer Employee Security Planning Inc | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 520.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dawyne Simpson | | Date of Receipt M / D / Y Y Y Y 10 / 29 / 2004 |
| Mailing Address 11503 Rocky Valley Dr | | Transaction ID: 1130200443C18835 |
| City Little Rock | State AR | Zip Code 72212-3035 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Aflac | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 200.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Roger Sidner | | Date of Receipt M / D / Y Y Y Y 11 / 02 / 2004 |
| Mailing Address 5548 Shorewood Dr | | Transaction ID: 41130.C19322 |
| City Indianapolis | State IN | Zip Code 46220-3650 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 25.00 |
| Name of Employer GroupLink, Inc. | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 275.00 | |

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|---|---|--------------|
| SUBTOTAL of Receipts TN's Page (optional) | ▶ | 85.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 58 / 76

(check only one)

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

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

| | | | |
|--|--|--|---|
| Full Name (Last, First, Middle Initial) A. Jeffrey Slater | | Date of Receipt M / D / Y 10 / 29 / 2004 | |
| Mailing Address 309B Highland Dr Suite 363 | | Transaction ID: 1130200443C19047 | |
| City Salt Lake City | State UT | Zip Code 84106-3085 | Amount of Each Receipt this Period 20.00 |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer Utah Benefits Insurance, Inc. Receipt For: Primary General Other (specify) ▼ | Occupation Health Insurance Agent Aggregate Year-to-Date ▼ | 200.00 | |
| Full Name (Last, First, Middle Initial) B. Kenneth Smith | | Date of Receipt M / D / Y 10 / 29 / 2004 | |
| Mailing Address P.O. Box 13250 | | Transaction ID: 1130200443C18889 | |
| City Arlington | State TX | Zip Code 76064-0250 | Amount of Each Receipt this Period 20.00 |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer Capital Insurance Agency Receipt For: Primary General Other (specify) ▼ | Occupation Health Insurance Agent Aggregate Year-to-Date ▼ | 340.00 | |
| Full Name (Last, First, Middle Initial) C. Kenneth Smith | | Date of Receipt M / D / Y 10 / 29 / 2004 | |
| Mailing Address P.O. Box 13250 | | Transaction ID: 1130200443C18890 | |
| City Arlington | State TX | Zip Code 76064-0250 | Amount of Each Receipt this Period 80.00 |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer Capital Insurance Agency Receipt For: Primary General Other (specify) ▼ | Occupation Health Insurance Agent Aggregate Year-to-Date ▼ | 420.00 | |

SUBTOTAL of Receipts This Page (optional) ► **120.00**

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

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

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

FOR LINE NUMBER: PAGE 60 / 76

(check only one)

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

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

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

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Patricia Smith | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address 523 Kirkland Way | | Transaction ID: 41130.C19325 |
| City Kirkland | State WA | Zip Code 98033-6219 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Smith Meacham Insurance | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 220.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Jackie Spragins | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address PO Box 2073 | | Transaction ID: 41130.C19327 |
| City Wichita Falls | State TX | Zip Code 76707-2073 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Spragins Insurance Agency | Occupation Owner/agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Burley Strader | | Date of Receipt M / D / Y 10 / 29 / 2004 |
| Mailing Address PO Box 78030 | | Transaction ID: 1130200443C19028 |
| City Greensboro | State NC | Zip Code 27427-8030 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer The Piedmont Administrato- rs | Occupation Sales Consultant | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 480.00 | |

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

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

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

FOR LINE NUMBER: PAGE 61/76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Burley Strader | | Date of Receipt M / D / Y 11 / 09 / 2004 |
| Mailing Address PD Box 78090 | | Transaction ID: 1130200443C19141 |
| City Greensboro | State NC | Zip Code 27427-8090 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer The Piedmont Administrators | Occupation Sales Consultant | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Anita Strauss | | Date of Receipt M / D / Y 10 / 29 / 2004 |
| Mailing Address 833D Allison Pointe Trail | | Transaction ID: 1130200443C19101 |
| City Indianapolis | State IN | Zip Code 46250-1682 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Indiana Health Network | Occupation Business Development Executive | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 200.00 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. James Summers | | Date of Receipt M / D / Y 10 / 29 / 2004 |
| Mailing Address 842D West Dodge Road Suite 510 | | Transaction ID: 1130200443C18875 |
| City Omaha | State NE | Zip Code 68114-3432 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer Senior Market Sales, Inc. | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 870.00 | |

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|---|---------------|
| 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: PAGE 62 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Cynthia Tapia | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address 2501 Buena Vista Dr SE | | Transaction ID: 41130.C19931 |
| City | State | Zip Code |
| Albuquerque | NM | 87106-4261 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Presbyterian Health Plan | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 220.00 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Paul Taylor | | Date of Receipt M / D / Y 10 / 29 / 2004 |
| Mailing Address 2037 Electric Road | | Transaction ID: 1130200443C18891 |
| City | State | Zip Code |
| Roanoke | VA | 24018-1937 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Taylor Insurance | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 200.00 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Don Thompson | | Date of Receipt M / D / Y 10 / 29 / 2004 |
| Mailing Address 9720 Bunsen Pkwy | | Transaction ID: 1130200443C18813 |
| City | State | Zip Code |
| Louisville | KY | 40258-1802 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 150.00 |
| Name of Employer Thompson Associates, Inc. | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1300.00 | |

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|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 190.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 63 / 76

(check only one)

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

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

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

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Ryan Thom | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address 10342 Springcrest Ln | | Transaction ID: 41130.C19934 |
| City South Jordan | State UT | Zip Code 84095-4539 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Ryan P. Thom Insurance | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 280.90 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Danny Tompkins | | Date of Receipt M / D / Y 10 / 29 / 2004 |
| Mailing Address PO Box 1810 | | Transaction ID: 1130200443C18841 |
| City Roswell | State GA | Zip Code 30077-1810 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 30.00 |
| Name of Employer Admin America | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 230.00 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Daniel Tompkins, III | | Date of Receipt M / D / Y 10 / 29 / 2004 |
| Mailing Address PO Box 1810 | | Transaction ID: 1130200443C18833 |
| City Roswell | State GA | Zip Code 30077-1810 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 40.00 |
| Name of Employer Admin America | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 580.00 | |

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|---|---|--------------|
| 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 64 / 76

(check only one)

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

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

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

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Daniel Tompkins, III | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address PD Box 1810 | | Transaction ID: 41130.C19336 |
| City Roswell | State GA | Zip Code 30077-1810 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Admin America | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 580.00 | |

| | | |
|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Jennifer Toups | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address PD Box 113113 | | Transaction ID: 41130.C19337 |
| City Metairie | State LA | Zip Code 70011-3113 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Business Insurance Group | Occupation Director Of Marketing | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 280.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Janet Trautwein | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address 2000 N. 14th St Ste. 450 | | Transaction ID: 41130.C19338 |
| City Arlington | State VA | Zip Code 22201- |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 40.00 |
| Name of Employer Nahu | Occupation Vice President | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 230.00 | |

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

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

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

FOR LINE NUMBER: PAGE 65 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Marilyn Van Sant | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address 271 US Highway 46 Ste. 6206 | | Transaction ID: 41130.C19341 |
| City Fairfield | State NJ | Zip Code 07004-2440 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 80.00 |
| Name of Employer Stratford Financial Group | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 880.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Charles Wagner | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address PO Box 9 | | Transaction ID: 41130.C19342 |
| City Burwell | State NE | Zip Code 68823-0009 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer Town And Country Insur Agency | Occupation President | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 550.00 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. M. Hughes Warren, JR | | Date of Receipt M / D / Y 10 / 29 / 2004 |
| Mailing Address 321 N Front St | | Transaction ID: 1130200443C19088 |
| City Wilmington | State NC | Zip Code 28401-3508 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 25.00 |
| Name of Employer Ebenconcepts Company | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 349.00 | |

| | | |
|---|---|---------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 155.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 66 / 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. John Warwick | | Date of Receipt M / D / Y Y Y Y 10 / 29 / 2004 |
| Mailing Address PD Box 272 | | Transaction ID: 1130200443C19062 |
| City Chicago | State CA | Zip Code 95027-0272 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 85.00 |
| Name of Employer John Warwick Insurance | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 815.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Amy Webb | | Date of Receipt M / D / Y Y Y Y 10 / 29 / 2004 |
| Mailing Address 810 S Saratoga Dr | | Transaction ID: 1130200443C18849 |
| City Moorestown | State NJ | Zip Code 08057-3831 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Saratoga Benefit Services, Llc | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 270.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Jessica Wanner | | Date of Receipt M / D / Y Y Y Y 10 / 29 / 2004 |
| Mailing Address 7406 Christie Chapel Rd | | Transaction ID: 1130200443C18935 |
| City Dublin | State OH | Zip Code 43017-2415 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Ibsi | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 200.00 | |

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

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

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

FOR LINE NUMBER: PAGE 67 / 76

(check only one)

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

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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Charles Westmoreland | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address PD Box B25 | | Transaction ID: 41130.C19345 |
| City Jackson | State MS | Zip Code 39205-0825 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer American Public Life Insurance | Occupation Director Of Agency Development | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 610.90 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Richard Wheeler | | Date of Receipt M / D / Y 10 / 29 / 2004 |
| Mailing Address 817 Union Ave Building 2-B | | Transaction ID: 1130200443C18874 |
| City Brielle | State NJ | Zip Code 08730-1841 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Wheeler Agency | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 270.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. David Wills | | Date of Receipt M / D / Y 10 / 29 / 2004 |
| Mailing Address 902 Brynwood Dr | | Transaction ID: 1130200443C18808 |
| City Chattanooga | State TN | Zip Code 37415-3308 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 30.00 |
| Name of Employer D.b. Wills & Co. | Occupation President | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 230.00 | |

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|---|---------------|
| SUBTOTAL of Receipts TN's 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 68 / 76

(check only one)

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

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

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Steven Wilson | | Date of Receipt M / D / Y 10 / 20 / 2004 |
| Mailing Address 1151 Red Mile Rd | | Transaction ID: 1130200443C18898 |
| City Lexington | State KY | Zip Code 40504-2645 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer Benefit Insurance Market- ing | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 570.00 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Sue Wilson | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address 3555 NW 58th St | | Transaction ID: 41130.C19349 |
| City Oklahoma City | State OK | Zip Code 73112-4724 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 25.00 |
| Name of Employer Sue Wilson Brokerage, Inc. | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 275.00 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Harry Witsen | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address 1150 Glenwood Court | | Transaction ID: 41130.C19352 |
| City Vineland | State NJ | Zip Code 08361-6510 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer Medical Benefit Services | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 200.00 | |

| | | |
|---|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 95.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 68 / 76

(check only one)

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

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

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Barbara Wong | | Date of Receipt M / D / Y 11 / 02 / 2004 |
| Mailing Address 411 W 4th Ave | | Transaction ID: 41130.C19353 |
| City Anchorage | State AK | Zip Code 99501-2343 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 25.00 |
| Name of Employer Capital Management Benefits | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 275.00 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Stephen Woolston | | Date of Receipt M / D / Y 10 / 29 / 2004 |
| Mailing Address PO Box 30093 | | Transaction ID: 1130200443C18764 |
| City Salt Lake City | State UT | Zip Code 84130-0093 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer First Health | Occupation Health Insurance Agent | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 340.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Danna Wright | | Date of Receipt M / D / Y 10 / 29 / 2004 |
| Mailing Address 111 East Ludwig Road Suite 108 | | Transaction ID: 1130200443C18877 |
| City Fort Wayne | State IN | Zip Code 46825-4240 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 80.00 |
| Name of Employer D. Edward Wright, Inc. | Occupation President | Receipt |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 700.90 | |

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

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

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

FOR LINE NUMBER: PAGE 70 / 76
(check only one)

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

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

| | | | |
|--|--------------------------------------|--|------------------------------------|
| Full Name (Last, First, Middle Initial) A. Robert Ziff | | Date of Receipt M / D / Y 10 / 20 / 2004 | |
| Mailing Address 17 N Delmorr Ave | | Transaction ID: 1130200443C19054 | |
| City | State | Zip Code | Amount of Each Receipt this Period |
| Morrisville | PA | 19067-6278 | 80.00 |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer Avanti Ins. & Fin. Services | Occupation Health Insurance Agent | Aggregate Year-to-Date ▼ 720.00 | |
| Receipt For: Primary General Other (specify) ▼ | | | |

| | | |
|---|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 80.00 |
| TOTAL This Period (last page this line number only) | ▶ | 8069.00 |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 71 / 76

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

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

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

| | | | |
|--|---|---|--|
| Full Name (Last, First, Middle Initial) A. Amex | | Transaction ID: 1130200443E1173 Date of Disbursement 10 / 21 / 2004 | |
| Mailing Address PO Box 53852 | | Amount of Each Disbursement this Period 61.66 | |
| City Phoenix State AZ Zip Code 85072-3852 | Purpose of Disbursement MONTHLY CREDIT CARD SETTLEMENT FEE | Category/ Type MONTHLY CREDIT CARD SETTLEMENT FEE | |
| Office Sought: House Senate President State: District | Disbursement For: Primary General Other (specify) ▼ | Candidate Name | |

| | | | |
|--|---|---|--|
| Full Name (Last, First, Middle Initial) B. Amex | | Transaction ID: 1130200443E1171 Date of Disbursement 11 / 22 / 2004 | |
| Mailing Address PO Box 53852 | | Amount of Each Disbursement this Period 71.73 | |
| City Phoenix State AZ Zip Code 85072-3852 | Purpose of Disbursement MONTHLY CREDIT CARD SETTLEMENT FEE | Category/ Type MONTHLY CREDIT CARD SETTLEMENT FEE | |
| Office Sought: House Senate President State: District | Disbursement For: Primary General Other (specify) ▼ | Candidate Name | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Hilton Garden Inn Arlington Courthouse | | Transaction ID: 1130200443E1167 Date of Disbursement 10 / 28 / 2004 | |
| Mailing Address 1333 N Courthouse Rd | | Amount of Each Disbursement this Period 1149.89 | |
| City Arlington State VA Zip Code 22201-2507 | Purpose of Disbursement HOTEL ROOMS FOR PLANNING MEETING | Category/ Type HOTEL ROOMS FOR PLANNING MEETING | |
| Office Sought: House Senate President State: District | Disbursement For: Primary General Other (specify) ▼ | Candidate Name | |

SUBTOTAL of Disbursements This Page (optional) ► **1283.28**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 72 / 76

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

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

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

| | | | |
|--|---|---|---|
| Full Name (Last, First, Middle Initial) A. Timothy Hendricks | | Transaction ID: 1130200443E1165 Date of Disbursement 10 / 25 / 2004 | |
| Mailing Address 4200 E Skelly Dr | | Amount of Each Disbursement this Period 551.98 | |
| City Tulsa | State OK | Zip Code 74135-3208 | Category/ Type TRAVEL REIMBURSEMENT FOR PLANNING M |
| Purpose of Disbursement TRAVEL REIMBURSEMENT FOR PLANNING M | | | |
| Candidate Name | | | |
| Office Sought: House Senate President | Disbursement For: Primary General Other (specify) ▼ | | |
| State: District | | | |

| | | | |
|--|---|---|---|
| Full Name (Last, First, Middle Initial) B. NAHU | | Transaction ID: 1130200443E1165 Date of Disbursement 10 / 29 / 2004 | |
| Mailing Address 2000 14th St N Ste. 450 | | Amount of Each Disbursement this Period 181.28 | |
| City Arlington | State VA | Zip Code 22201-2506 | Category/ Type SEPTEMBER 2004 OPERATING EXPENSES |
| Purpose of Disbursement SEPTEMBER 2004 OPERATING EXPENSES | | | |
| Candidate Name | | | |
| Office Sought: House Senate President | Disbursement For: Primary General Other (specify) ▼ | | |
| State: District | | | |

| | | | |
|--|---|---|--|
| Full Name (Last, First, Middle Initial) C. Nova Information System | | Transaction ID: 1130200443E1172 Date of Disbursement 11 / 02 / 2004 | |
| Mailing Address 4020 University Dr | | Amount of Each Disbursement this Period 297.58 | |
| City Fairfax | State VA | Zip Code 22030-8802 | Category/ Type MONTHLY CREDIT CARD SETTL- EMENT FEE |
| Purpose of Disbursement MONTHLY CREDIT CARD SETTLEMENT FEE | | | |
| Candidate Name | | | |
| Office Sought: House Senate President | Disbursement For: Primary General Other (specify) ▼ | | |
| State: District | | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1030.83 |
| TOTAL This Period (last page this line number only) ▶ | 2314.11 |

**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 73 / 76

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

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

| | | | |
|--|--|---|------------------------|
| Full Name (Last, First, Middle Initial) A. Blumenauer for Congress | | Transaction ID: 1130200443E1157 Date of Disbursement 10 / 18 / 2004 | |
| Mailing Address 729 NE Oregon St Suite 115 | | Amount of Each Disbursement this Period 500.00 | |
| City Portland State OR Zip Code 97232-2184 | Purpose of Disbursement POLITICAL CONTRIBUTION | Category/ Type | POLITICAL CONTRIBUTION |
| Candidate Name EARL BLUMENAUER | Disbursement For: 2004 Primary X General Other (specify) ▼ | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: D3 | | | |

| | | | |
|--|---|---|------------------------|
| Full Name (Last, First, Middle Initial) B. Boustany for Congress | | Transaction ID: 1130200443E1175 Date of Disbursement 11 / 09 / 2004 | |
| Mailing Address 2936 Johnston St | | Amount of Each Disbursement this Period 1500.00 | |
| City Lafayette State LA Zip Code 70503-3246 | Purpose of Disbursement POLITICAL CONTRIBUTION | Category/ Type | POLITICAL CONTRIBUTION |
| Candidate Name CHARLESWJR BOUSTANY | Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Run-Off | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: D7 | | | |

| | | | |
|--|--|---|------------------------|
| Full Name (Last, First, Middle Initial) C. Max Burns for Congress | | Transaction ID: 1130200443E1155 Date of Disbursement 10 / 14 / 2004 | |
| Mailing Address 5417 Newington Hwy | | Amount of Each Disbursement this Period 1000.00 | |
| City Sylvania State GA Zip Code 30467-1426 | Purpose of Disbursement POLITICAL CONTRIBUTION | Category/ Type | POLITICAL CONTRIBUTION |
| Candidate Name OMAXIE BURNS | Disbursement For: 2004 Primary X General Other (specify) ▼ | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12 | | | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 74 / 76

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

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

| | | | |
|--|--|---|---|
| Full Name (Last, First, Middle Initial) A. Pete Coors for Senate | | Transaction ID: 1130200443E1160 Date of Disbursement 10 / 18 / 2004 | |
| Mailing Address 900 Plaza Dr Ste. 175 | | Amount of Each Disbursement this Period 1000.00 | |
| City Littleton | State CO | Zip Code 80129-2335 | Category/ Type POLITICAL CONTRIBUTION |
| Purpose of Disbursement POLITICAL CONTRIBUTION | | | |
| Candidate Name PETER COORS | | | |
| Office Sought: House X Senate President | Disbursement For: 2004 Primary X General Other (specify) ▼ | | |
| State: CO District: D0 | | | |

| | | | |
|--|--|---|---------------------------------------|
| Full Name (Last, First, Middle Initial) B. Friends of Chris Dodd | | Transaction ID: 1130200443E1160 Date of Disbursement 10 / 28 / 2004 | |
| Mailing Address PO Box 270701 | | Amount of Each Disbursement this Period -1000.00 | |
| City West Hartford | State CT | Zip Code 06127-0701 | Category/ Type VOIDED CHECK |
| Purpose of Disbursement VOIDED CHECK | | | |
| Candidate Name CHRISTOPHERJ DODD | | | |
| Office Sought: House X Senate President | Disbursement For: 2004 Primary X General Other (specify) ▼ | | |
| State: CT District: D0 | | | |

| | | | |
|--|--|---|---|
| Full Name (Last, First, Middle Initial) C. Friends of Chris Dodd | | Transaction ID: 1130200443E1160 Date of Disbursement 10 / 28 / 2004 | |
| Mailing Address PO Box 270701 | | Amount of Each Disbursement this Period 1000.00 | |
| City West Hartford | State CT | Zip Code 06127-0701 | Category/ Type POLITICAL CONTRIBUTION |
| Purpose of Disbursement POLITICAL CONTRIBUTION | | | |
| Candidate Name CHRISTOPHERJ DODD | | | |
| Office Sought: House X Senate President | Disbursement For: 2004 Primary X General Other (specify) ▼ | | |
| State: CT District: D0 | | | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 75 / 76

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

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

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

Mailing Address 2227 Hampton St

City Pittsburgh State PA Zip Code 15218-1833

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
MIKE DOYLE

Category/
Type

Office Sought: House Senate President
State: PA District: 14
Disbursement For: 2004
Primary General Other (specify) ▼

Transaction ID: 1130200443E1158
Date of Disbursement

10 / 14 / 2004

Amount of Each Disbursement this Period
500.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. Re-Elect Harold Ford Jr.

Mailing Address 58 River Mist Ln

City Memphis State TN Zip Code 38103-0802

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
HAROLDJR FORD

Category/
Type

Office Sought: House Senate President
State: TN District: 08
Disbursement For: 2004
Primary General Other (specify) ▼

Transaction ID: 1130200443E1158
Date of Disbursement

10 / 18 / 2004

Amount of Each Disbursement this Period
1000.00

POLITICAL CONTRIBUTION

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

Mailing Address PO Box 647

City Thibodaux State LA Zip Code 70302-0647

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
WILBERTJIII TAUZIN

Category/
Type

Office Sought: House Senate President
State: LA District: 03
Disbursement For: 2004
Primary General Other (specify) ▼
Run-Off

Transaction ID: 1130200443E1174
Date of Disbursement

11 / 09 / 2004

Amount of Each Disbursement this Period
1500.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 76 / 76

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

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

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) A. John Thune for US Senate | | Transaction ID: 1130200443E1158 Date of Disbursement 10 / 18 / 2004 | |
| Mailing Address PO Box 3308 | | Amount of Each Disbursement this Period 1000.00 | |
| City Sioux Falls | State SD | Zip Code 57101-3308 | Category/ Type POLITICAL CONTRIBUTION |
| Purpose of Disbursement POLITICAL CONTRIBUTION | | | |
| Candidate Name JOHN THUNE | | | |
| Office Sought: House X Senate President | Disbursement For: 2004 Primary X General Other (specify) ▼ | | |
| State: SD District: D0 | | | |

| | | | |
|--|--|---|---|
| Full Name (Last, First, Middle Initial) B. Walden For Congress Inc | | Transaction ID: 1130200443E1158 Date of Disbursement 10 / 25 / 2004 | |
| Mailing Address PO Box 1081 | | Amount of Each Disbursement this Period 1000.00 | |
| City Hood River | State OR | Zip Code 07031-0037 | Category/ Type POLITICAL CONTRIBUTION |
| Purpose of Disbursement POLITICAL CONTRIBUTION | | | |
| Candidate Name GREGORYPAUL WALDEN | | | |
| Office Sought: X House Senate President | Disbursement For: 2004 Primary X General Other (specify) ▼ | | |
| State: OR District: D2 | | | |

| | | |
|---|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 2000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 9000.00 |