

**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
 Health Insurance Political Action Committee of the Health Insurance Association of Ameri

ADDRESS (number and street) **Check if different than previously reported. (ACC)**
 1201 F Street, NW
 Suite 500
 Washington DC 20004

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

C00110494 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report(Q1)		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)
July 15 Quarterly Report(Q2)	(c) 12-Day PRE-Election Report for the:		Primary (12P)	General (12G)	Runoff (12R)
October 15 Quarterly Report(Q3)			Convention (12C)	Special (12S)	
January 31 Quarterly Report(YE)		Election on			in the State of
July 31 Mid-Year Report(Non-election Year Only) (MY)	(d) 30-Day Post -Election Report for the:		General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)		Election on	11 05 2002		in the State of DC

5. Covering Period 10 17 2002 through 11 25 2002

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

Type or Print Name of Treasurer Mr. Christopher Bowlin
 Signature of Treasurer Electronically Filed by Mr. Christopher Bowlin Date 12 05 2002

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name

Health Insurance Political Action Committee of the Health Insurance Association
of Ameri

Report Covering the Period: From: ^W10 ^D17 ^Y2002 To: ^W11 ^D25 ^Y2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^W ^Y 2002		26034.37
(b) Cash on Hand at Beginning of Reporting Period	10797.83	
(c) Total Receipts (from Line 19)	7653.00	57621.58
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	18450.83	83655.95
7. Total Disbursements (from Line 30)	10085.34	74983.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	8365.49	8672.37
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

Health Insurance Political Action Committee of the Health Insurance Association
of Ameri

Report Covering the Period: From: ^W10 ^D17 ^Y2002 To: ^W11 ^D25 ^Y2002

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)	2560.00	
(ii) Unitemized	1093.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3653.00	12553.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	4000.00	45000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4)	7653.00	57553.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	68.58
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	7653.00	57621.58
20. Total Federal Receipts (subtract Line 18 from Line 19)	7653.00	57621.58

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

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.....	0.00	191.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	191.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6836.34	71543.58
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	0.00
(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	0.00
29. Other Disbursements.....	3249.00	3249.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	10085.34	74983.58
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	10085.34	74983.58
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	7653.00	57553.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	7653.00	57553.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	191.00
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	0.00	191.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 5 / 16

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)

Health Insurance Political Action Committee of the Health Insurance Association of Ameri

Full Name (Last, First, Middle Initial)

A. Christopher Bowlin

Mailing Address

1201 F Street, NW

Suite 500

City

State

Zip Code

Washington

DC

20004

Date of Receipt

N M / D E / Y Y Y Y
10 / 17 / 2002

Amount of Each Receipt this Period

100.00

FEC ID number of contributing federal political committee.

Name of Employer
HIAA

Occupation

Manual Deduction

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: R2756

Full Name (Last, First, Middle Initial)

B. Christopher Bowlin

Mailing Address

1201 F Street, NW

Suite 500

City

State

Zip Code

Washington

DC

20004

Date of Receipt

N M / D E / Y Y Y Y
10 / 31 / 2002

Amount of Each Receipt this Period

100.00

FEC ID number of contributing federal political committee.

Name of Employer
HIAA

Occupation

Manual Deduction

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: R2769

Full Name (Last, First, Middle Initial)

C. Mr. Gregory Daan

Mailing Address

1201 F Street, NW

Suite 500

City

State

Zip Code

Washington

DC

20004

Date of Receipt

N M / D E / Y Y Y Y
10 / 17 / 2002

Amount of Each Receipt this Period

15.00

FEC ID number of contributing federal political committee.

Name of Employer
HIAA

Occupation

Manual Deduction

Executive Director of Insurance Educat

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: R2752

SUBTOTAL of Receipts This Page (optional) ▶ **215.00**

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

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

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

FOR LINE NUMBER: PAGE 6 / 16

(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Insurance Political Action Committee of the Health Insurance Association of Ameri

Full Name (Last, First, Middle Initial)
A. Mr. Gregory Dean

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2002

Mailing Address
1201 F Street, NW Suite 500
City State Zip Code
Washington DC 20004

Amount of Each Receipt this Period
15.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Manual Deduction
HIAA Executive Director of Insurance Educat

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

Transaction ID: R2765

Full Name (Last, First, Middle Initial)
B. Mr. Jeffrey L. Gabardi

Date of Receipt
M M / D D / Y Y Y Y
10 / 17 / 2002

Mailing Address
1201 F Street, NW Suite 500
City State Zip Code
Washington DC 20004

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Manual Deduction
HIAA Legislative Director & Deputy General

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

Transaction ID: R2745

Full Name (Last, First, Middle Initial)
C. Mr. Jeffrey L. Gabardi

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2002

Mailing Address
1201 F Street, NW Suite 500
City State Zip Code
Washington DC 20004

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Manual Deduction
HIAA Legislative Director & Deputy General

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

Transaction ID: R2756

SUBTOTAL of Receipts This Page (optional) ▶ **65.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 / 16	
	<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)
 Health Insurance Political Action Committee of the Health Insurance Association of Ameri

Full Name (Last, First, Middle Initial)
A. Mr. Michael B. Hickey

Mailing Address
 1201 F Street, NW Suite 500
 City State Zip Code
 Washington DC 20004

Date of Receipt
 N M / D E / Y Y Y Y
 10 / 17 / 2002

Amount of Each Receipt this Period
 15.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Manual Deduction
 HIAA Legislative Director & Counsel

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

Transaction ID: R2746

Full Name (Last, First, Middle Initial)
B. Mr. Michael B. Hickey

Mailing Address
 1201 F Street, NW Suite 500
 City State Zip Code
 Washington DC 20004

Date of Receipt
 N M / D E / Y Y Y Y
 10 / 31 / 2002

Amount of Each Receipt this Period
 15.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Manual Deduction
 HIAA Legislative Director & Counsel

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

Transaction ID: R2750

Full Name (Last, First, Middle Initial)
C. Mr. Thomas J. Kilian

Mailing Address
 10550 Hussey Lane
 City State Zip Code
 Camel IN 46032

Date of Receipt
 N M / D E / Y Y Y Y
 10 / 31 / 2002

Amount of Each Receipt this Period
 1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Check
 2002

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

Transaction ID: R2718

SUBTOTAL of Receipts This Page (optional) ▶ **1030.00**

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

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

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

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NAME OF COMMITTEE (In Full)
Health Insurance Political Action Committee of the Health Insurance Association of Ameri

A. Full Name (Last, First, Middle Initial)
Ms. Susanne H. Lanza

Date of Receipt
M M / D D / Y Y Y Y
10 / 17 / 2002

Mailing Address
1201 F Street, NW Suite 500
City State Zip Code
Washington DC 20004

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Manual Deduction
HIAA Director, Managed Care Policy

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

Transaction ID: R2747

B. Full Name (Last, First, Middle Initial)
Ms. Susanne H. Lanza

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2002

Mailing Address
1201 F Street, NW Suite 500
City State Zip Code
Washington DC 20004

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Manual Deduction
HIAA Director, Managed Care Policy

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

Transaction ID: R2760

C. Full Name (Last, First, Middle Initial)
Mr. J. Grover Thomas, Jr.

Date of Receipt
M M / D D / Y Y Y Y
10 / 28 / 2002

Mailing Address
400 Field Drive
City State Zip Code
Lake Forest IL 60045

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Check
Trustmark Insurance Company President and Chief Executive Officer

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary X General
Other (specify) ▼ 1000.00

Transaction ID: R2716

SUBTOTAL of Receipts This Page (optional) ▶ **1050.00**

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

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

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

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NAME OF COMMITTEE (In Full)
Health Insurance Political Action Committee of the Health Insurance Association of Ameri

A. Full Name (Last, First, Middle Initial)
Dr. Donald A. Young

Mailing Address
1201 F Street, NW Suite 500
City State Zip Code
Washington DC 20004

Date of Receipt
N M / D E / Y Y Y Y
10 / 17 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HIAA President

Manual Deduction

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2200.00

Transaction ID: R2750

B. Full Name (Last, First, Middle Initial)
Dr. Donald A. Young

Mailing Address
1201 F Street, NW Suite 500
City State Zip Code
Washington DC 20004

Date of Receipt
N M / D E / Y Y Y Y
10 / 31 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HIAA President

Manual Deduction

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2200.00

Transaction ID: R2763

C.

SUBTOTAL of Receipts This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	2560.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 16		
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input checked="" type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Insurance Political Action Committee of the Health Insurance Association of Ameri

Full Name (Last, First, Middle Initial)
A. American Republic Insuran

Mailing Address
6D1 6th Avenue

City State Zip Code
Des Moines IA 50334

Date of Receipt
N M / D E / Y Y Y Y
10 28 / 2002

Amount of Each Receipt this Period
4000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Check
American Republic Insurance Company PA

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary X General 5000.00
Other (specify) ▼

Transaction ID: R2717

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	4000.00

**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 11 / 18

<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				

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NAME OF COMMITTEE (In Full)
Health Insurance Political Action Committee of the Health Insurance Association
of Ameri

Full Name (Last, First, Middle Initial) A. Raye for Congress		Date of Disbursement 10 / 17 / 2002
Mailing Address P. O. Box 1776 City: Bangor State: ME Zip Code: 04402-1776		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Contribution: Kevin Raye (ME-2-R)		Contribution: Kevin Raye (ME-2-R)
Candidate Name Kevin Raye (ME-2-R) Category/Type		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: D850
State: ME District: 2		

Full Name (Last, First, Middle Initial) B. Fletcher for Congress		Date of Disbursement 10 / 17 / 2002
Mailing Address PO Box 4703 City: Lexington State: KY Zip Code: 40544		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Contribution: Ernie Fletcher (KY-6-R)		Contribution: Ernie Fletc- her (KY-6-R)
Candidate Name Ernie Fletcher (KY-6-R) Category/Type		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: D854
State: KY District: 6		

Full Name (Last, First, Middle Initial) C. Hutchinson for Senate		Date of Disbursement 10 / 17 / 2002
Mailing Address PO Box 898 City: Rogers State: AR Zip Code: 72757		Amount of Each Disbursement this Period 538.34
Purpose of Disbursement Contribution: Tim Hutchinson (AR-R)		Contribution: Tim Hutchin- son (AR-R)
Candidate Name Tim Hutchinson (AR-R) Category/Type		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: D855
State: AR District: 0		

SUBTOTAL of Disbursements This Page (optional)	1836.34
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 12 / 18

<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				

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NAME OF COMMITTEE (In Full)

Health Insurance Political Action Committee of the Health Insurance Association of Ameri

Full Name (Last, First, Middle Initial) A. Reynolds for Congress		Date of Disbursement 10 / 18 / 2002	
Mailing Address P. O. Box 479 City: Victor State: NY Zip Code: 14584		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution: Thomas M. Reynolds (NY-27- Candidate Name Thomas M. Reynolds (NY-27-R)		Category/ Type Contribution: Thomas M. Reynolds (NY-27-R)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: D856	
State: NY District: 27			

Full Name (Last, First, Middle Initial) B. Walden for Congress Inc		Date of Disbursement 10 / 18 / 2002	
Mailing Address PO Box 1091 City: Hood River State: OR Zip Code: 97031		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution: Greg Walden (OR-2-R) Candidate Name Greg Walden (OR-2-R)		Category/ Type Contribution: Greg Walden (OR-2-R)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: D857	
State: OR District: 2			

Full Name (Last, First, Middle Initial) C. Burr for Congress		Date of Disbursement 10 / 18 / 2002	
Mailing Address P.O. Box 5928 City: Winston-Salem State: NC Zip Code: 27113		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Contribution: Richard Burr (NC-5-R) Candidate Name Richard Burr (NC-5-R)		Category/ Type Contribution: Richard Burr (NC-5-R)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: D858	
State: NC District: 6			

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 16

<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

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NAME OF COMMITTEE (In Full)

Health Insurance Political Action Committee of the Health Insurance Association of Ameri

Full Name (Last, First, Middle Initial) A. Alexander for Senate		Date of Disbursement 10 / 23 / 2002
Mailing Address Finance Office City State Zip Code Nashville TN 37203		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution: Lamar Alexander (TN-R)		Contribution: Lamar Alexander (TN-R)
Candidate Name Lamar Alexander (TN-R)		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: D892
State: TN District:		

Full Name (Last, First, Middle Initial) B. Wilson for Congress		Date of Disbursement 10 / 30 / 2002
Mailing Address 8001 San Mateo Blvd, NE City State Zip Code Albuquerque NM 87109		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Contribution: Heather Wilson (NM-1-R)		Contribution: Heather Wilson (NM-1-R)
Candidate Name Heather Wilson (NM-1-R)		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: D899
State: NM District: 1		

Full Name (Last, First, Middle Initial) C. John Thune for South Dakota		Date of Disbursement 10 / 31 / 2002
Mailing Address 507 Capitol Court, NE City State Zip Code Washington DC 20002		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution: John R. Thune (SD-1-R)		Contribution: John R. Thune (SD-1-R)
Candidate Name John R. Thune (SD-1-R)		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: D901
State: SD District: 1		

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	6836.34

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Health Insurance Political Action Committee of the Health Insurance Association of Ameri

Full Name (Last, First, Middle Initial) A. Friends of Glenn Steil, Jr.		Date of Disbursement 10 / 29 / 2002
Mailing Address 4828 Greenhill Court City: Grand Rapids State: MI Zip Code: 49546		Amount of Each Disbursement this Period 499.00
Purpose of Disbursement Contribution to non-federal candidate fo		Contribution to non-federal candidate for Glenn Steil (MI-30-R)
Candidate Name Glenn Steil (MI-30-R)		
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	
State: MI District: 30		Transaction ID: D890

Full Name (Last, First, Middle Initial) B. Denton for State Senate		Date of Disbursement 10 / 29 / 2002
Mailing Address 8708 Twin Ridge Court City: Louisville State: KY Zip Code: 40242		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution to non-federal candidate fo		Contribution to non-federal candidate for Julie C. Denton (KY-36-R)
Candidate Name Julie C. Denton (KY-36-R)		
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	
State: KY District: 36		Transaction ID: D891

Full Name (Last, First, Middle Initial) C. Connie Wilson for House		Date of Disbursement 10 / 29 / 2002
Mailing Address 728 Lansdowne Road City: Charlotte State: NC Zip Code: 28270		Amount of Each Disbursement this Period 250.00
Purpose of Disbursement Contribution to non-federal candidate fo		Contribution to non-federal candidate for Connie K. Wilson (NC-57-R)
Candidate Name Connie K. Wilson (NC-57-R)		
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	
State: NC District: 67		Transaction ID: D894

SUBTOTAL of Disbursements This Page (optional)	▶	1749.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Health Insurance Political Action Committee of the Health Insurance Association of Ameri

Full Name (Last, First, Middle Initial) A. Jerry Dockham for House		Date of Disbursement 10 / 29 / 2002
Mailing Address P. O. Box 265 City: Denton State: NC Zip Code: 27238		Amount of Each Disbursement this Period 250.00
Purpose of Disbursement Contribution to non-federal candidate fo		Contribution to non-federal candidate for Jerry C. Dockham (NC-04-R)
Candidate Name Jerry C. Dockham (NC-04-R)		
Category/Type		
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: D895
State: NC District: 04		

Full Name (Last, First, Middle Initial) B. David Hoyle for Senate		Date of Disbursement 10 / 29 / 2002
Mailing Address P. O. Box 2494 City: Castonia State: NC Zip Code: 28053		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Contribution to non-federal candidate fo		Contribution to non-federal candidate for David W. Hoyle (NC-25-D)
Candidate Name David W. Hoyle (NC-25-D)		
Category/Type		
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: D896
State: NC District: 25		

Full Name (Last, First, Middle Initial) C. Allen Wellons for Senate		Date of Disbursement 10 / 29 / 2002
Mailing Address P. O. Box 986 City: Smithfield State: NC Zip Code: 27577		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Contribution to non-federal candidate fo		Contribution to non-federal candidate for Allen H. Wellons (NC-11-D)
Candidate Name Allen H. Wellons (NC-11-D)		
Category/Type		
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: D897
State: NC District: 11		

SUBTOTAL of Disbursements This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Health Insurance Political Action Committee of the Health Insurance Association
of Ameri

Full Name (Last, First, Middle Initial)

A. Larry Upchurch Campaign

Date of Disbursement

10th : 29th : 2002

Mailing Address

P. O. Box 388

City

Buie's Creek

State

NC

Zip Code

27508

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement

Contribution to non-federal candidate fo

Candidate Name

Larry Upchurch (NC-??-D)

Category/
Type

Contribution to non-federal
candidate for Larry Up-
church (NC-??-D)

Office Sought:

House

Senate

President

Disbursement For:

2002

Primary

X General

Other (specify) ▼

State: NC

District: 53

Transaction ID: D89B

B.

C.

SUBTOTAL of Disbursements This Page (optional) ▶

250.00

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

3249.00