

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1 / 20
11/06/2000 09:18

| | | |
|---|--|---|
| 1. NAME OF COMMITTEE (in full) HUPAC | | 2. FEC IDENTIFICATION NUMBER C00263135 |
| ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 2000 14TH STREET SUITE 450 | | |
| CITY, STATE, and ZIP CODE ARLINGTON VA 22201 | | 3. <input type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M) |

4. TYPE OF REPORT

- (a) April 15 Quarterly Report Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report Twelfth day report preceding _____
(election type)
- July 31 Mid-Year Report (Non-election Year Only) election on _____ In the State of _____
- Termination report on _____ In the State of _____
- Thirtieth day report following the General Election
- (b) Is this Report an Amendment YES NO

| SUMMARY | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------|--|
| 5. Covering Period <u>07/01/2000</u> through <u>09/30/2000</u> | | |
| 6. (a) Cash on Hand, January 1, <u>2000</u> | | 14175.43 |
| (b) Cash on Hand at Beginning of Reporting Period | 45836.54 | |
| (c) Total Receipts (from line 19) | 6115.34 | 74212.83 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 51951.88 | 88388.26 |
| 7. Total Disbursements (from line 30) | 44426.65 | 80863.03 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 7525.23 | 7525.23 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | For further information contact: Federal Election Commission 989 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420 |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

| | |
|--|--------------------|
| 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 Electronically Filed by Kevin Corcoran | |
| Signature of Treasurer | Date 11/06/2000 |

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

| | | | | | | | | | |
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FEC FORM 3X
(revised 9/98)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

| NAME OF COMMITTEE HUPAC | REPORT COVERING PERIOD | | |
|---|---------------------------------------|-----------------------------------|-----------|
| | FROM 07/01/2000 | TO: 09/30/2000 | |
| I. Receipts | | | |
| | COLUMN A Total This Period | COLUMN B Calendar Year | |
| 11. Contributions (other than loans) From: | | | |
| a. Individual/Persons Other Than Political Committees | | | |
| i. Itemized (use Schedule A) | 3250.00 | 22585.00 | 11.a.i. |
| ii. Unitemized | 2865.34 | 51647.83 | 11.a.ii. |
| iii. Total | 6115.34 | 74212.83 | 11.a.iii. |
| b. Political Party Committees | 0.00 | 0.00 | 11.b. |
| c. Other Political Committees (such as PACs) | 0.00 | 0.00 | 11.c. |
| d. Total Contributions | 6115.34 | 74212.83 | 11.d. |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 | 12. |
| 13. All Loans Received | 0.00 | 0.00 | 13. |
| 14. Loan Repayments Received | 0.00 | 0.00 | 14. |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | 0.00 | 0.00 | 15. |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .. | 0.00 | 0.00 | 16. |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 | 17. |
| 18. Transfers From Nonfederal Account for Joint Activity | 0.00 | 0.00 | 18. |
| 19. Total Receipts | 6115.34 | 74212.83 | 19. |
| 20. Total Federal Receipts | 6115.34 | 74212.83 | 20. |
| II. Disbursements | | | |
| 21. Operating Expenditures: | | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| i. Federal Share | 0.00 | 0.00 | 21.a.i. |
| ii. Non-Federal Share | 0.00 | 0.00 | 21.a.ii. |
| b. Other Federal Operating Expenditures | 5272.22 | 10853.80 | 21.b. |
| c. Total Operating Expenditures | 5272.22 | 10853.80 | 21.c. |
| 22. Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 | 22. |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 36154.43 | 56354.43 | 23. |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 | 24. |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F) | 0.00 | 0.00 | 25. |
| 26. Loan Repayments Made | 0.00 | 0.00 | 26. |
| 27. Loans Made | 0.00 | 0.00 | 27. |
| 28. Refunds of Contributions To: | | | |
| a. Individuals/Persons Other Than Political Committees | 0.00 | 0.00 | 28.a. |
| b. Political Party Committees | 0.00 | 0.00 | 28.b. |
| c. Other Political Committees (such as PACs) | 0.00 | 0.00 | 28.c. |
| d. Total Contributions Refunds | 0.00 | 0.00 | 28.d. |
| 29. Other Disbursements | 3000.00 | 11655.00 | 29. |
| 30. Total Disbursements | 44426.65 | 80863.03 | 30. |
| 31. Total Federal Disbursements | 44426.65 | 80863.03 | 31. |
| III. Net Contributions / Operating Expenditures | | | |
| 32. Total Contributions (other than loans) (from line 11d) | 6115.34 | 74212.83 | 32. |
| 33. Total Contribution Refunds (from line 28d) | 0.00 | 0.00 | 33. |
| 34. Net Contributions (other than loans) (subtract line 33 from 32) | 6115.34 | 74212.83 | 34. |
| 35. Total Federal Operating Expenditures | 5272.22 | 10853.80 | 35. |
| 36. Offsets to Operating Expenditures (from line 15) | 0.00 | 0.00 | 36. |
| 37. Net Operating Expenditures | 5272.22 | 10853.80 | 37. |

| | | | |
|-------------------|--------------------------|---|--------------------------------|
| SCHEDULE A | ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | 3 / 20 |
| | | | FOR LINE NUMBER 11A1 |

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)
HUPAC

| | | | |
|--|---|---------------------------------------|--|
| Full Name, Mailing Address, and ZIP Code D. Bailey Calvin 445 E. 5th Avenue Anchorage AK 99501 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Calco, Inc. Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 1075.00 | Date (month, day, year) 07/03/2000 | Amount of Each Receipt this Period 50.00 |
| Full Name, Mailing Address, and ZIP Code Eugene Ebersole 405 Gretna Blvd. #103 A Gretna LA 70055-4945 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 335.50 | Date (month, day, year) 07/03/2000 | Amount of Each Receipt this Period 40.00 |
| Full Name, Mailing Address, and ZIP Code David L. Fear 11160 Sun Center Dr. #A Rancho Cordova CA 95670 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer California Insurance Marketing Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 275.00 | Date (month, day, year) 07/03/2000 | Amount of Each Receipt this Period 25.00 |
| Full Name, Mailing Address, and ZIP Code Timothy Hendricks 4200 East Skelly Drive #251 Tulsa OK 74135-3206 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Business Planning Group of OK Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 350.00 | Date (month, day, year) 07/03/2000 | Amount of Each Receipt this Period 50.00 |
| Full Name, Mailing Address, and ZIP Code Ronald Levine 1 Piedmont Center, #400 Atlanta GA 30305 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Employeee. Inc. Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 210.00 | Date (month, day, year) 07/03/2000 | Amount of Each Receipt this Period 20.00 |
| Full Name, Mailing Address, and ZIP Code James Machock PO Box 685 Fort Wayne IN 46801-0685 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Acordia Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 200.00 | Date (month, day, year) 07/03/2000 | Amount of Each Receipt this Period 40.00 |
| Full Name, Mailing Address, and ZIP Code Michael Matznick P.O. Box 38248 Greensboro NC 27436 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer MediFlex Benefits Center, Inc. Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 1365.00 | Date (month, day, year) 07/03/2000 | Amount of Each Receipt this Period 200.00 |
| SUBTOTALS of Receipts This Page (Optional) | | | |
| TOTALS This Period (last page this line number only) | | | |

| SCHEDULE A | | ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | 4 / 20 |
|--|---|--|---|---|--------|
| | | | | FOR LINE NUMBER 11A1 | |
| 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) HUPAC | | | | | |
| Full Name, Mailing Address, and ZIP Code Dwight Mazzone 6350 E. Thomas Road, Suite 138 Scottsdale AZ 85251 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer C/M Benefits, Inc. Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 240.00 | Date (month, day, year) 07/03/2000 | Amount of Each Receipt this Period 20.00 | | |
| Full Name, Mailing Address, and ZIP Code Michael Rivera 12200 Northwest Freeway #662 Houston TX 77092 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Northwest General Insurance Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 800.00 | Date (month, day, year) 07/03/2000 | Amount of Each Receipt this Period 200.00 | | |
| Full Name, Mailing Address, and ZIP Code William T. Robinson PO Box 681006 West Hollywood CA 90069-1006 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer National Business Insurance Agency Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 200.00 | Date (month, day, year) 07/03/2000 | Amount of Each Receipt this Period 20.00 | | |
| Full Name, Mailing Address, and ZIP Code Eugene Rowe 18000 Venutra Blvd, #1103 Encino CA 91436-2767 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer The Rowe Group Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 210.00 | Date (month, day, year) 07/03/2000 | Amount of Each Receipt this Period 30.00 | | |
| Full Name, Mailing Address, and ZIP Code Roger Skinner 5546 Shorewood Drive Indianapolis IN 46220 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer GroupLink, Inc. Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 405.00 | Date (month, day, year) 07/03/2000 | Amount of Each Receipt this Period 25.00 | | |
| Full Name, Mailing Address, and ZIP Code Charles Westmoreland 1923 Spillway Road, Suite 194 Brandon MS 39047-6021 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer American Fidelity Assurance Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 320.00 | Date (month, day, year) 07/03/2000 | Amount of Each Receipt this Period 40.00 | | |
| Full Name, Mailing Address, and ZIP Code Sue Wilson 3555 NW 58th Street, Suite 310 Oklahoma City OK 73112 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Sue Wilson Brokerage, Inc. Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 175.00 | Date (month, day, year) 07/03/2000 | Amount of Each Receipt this Period 25.00 | | |
| SUBTOTALS of Receipts This Page (Optional) | | | | | |
| TOTALS This Period (last page this line number only) | | | | | |

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| NAME OF COMMITTEE (In Full) HUPAC | | | | | |
| Full Name, Mailing Address, and ZIP Code Harry Wiltsen 1150 Glenwood Court Vineland NJ 03861-8510 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Medical Benefit Services Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 220.00 | Date (month, day, year) 07/03/2000 | Amount of Each Receipt this Period 10.00 | | |
| Full Name, Mailing Address, and ZIP Code Ron Powell PO Box 7811 Monroe LA 71211-7811 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Ron Powell Agency Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 300.00 | Date (month, day, year) 07/28/2000 | Amount of Each Receipt this Period 100.00 | | |
| Full Name, Mailing Address, and ZIP Code D. Bailey Calvin 445 E. 5th Avenue Anchorage AK 99501 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Calco, Inc. Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 1125.00 | Date (month, day, year) 08/02/2000 | Amount of Each Receipt this Period 50.00 | | |
| Full Name, Mailing Address, and ZIP Code Eugene Ebersole 405 Gretna Blvd. #103 A Gretna LA 70053-4945 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 375.50 | Date (month, day, year) 08/02/2000 | Amount of Each Receipt this Period 40.00 | | |
| Full Name, Mailing Address, and ZIP Code David L. Fear 11160 Sun Center Dr. #A Rancho Cordova CA 95870 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer California Insurance Marketing Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 300.00 | Date (month, day, year) 08/02/2000 | Amount of Each Receipt this Period 25.00 | | |
| Full Name, Mailing Address, and ZIP Code Timothy Hendricks 4200 East Skelly Drive #251 Tulsa OK 74135-3208 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Business Planning Group of OK Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 400.00 | Date (month, day, year) 08/02/2000 | Amount of Each Receipt this Period 50.00 | | |
| Full Name, Mailing Address, and ZIP Code Donna Hill PO Box 724 Snelville GA 30078 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer DDH Associates Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 210.00 | Date (month, day, year) 08/02/2000 | Amount of Each Receipt this Period 30.00 | | |
| SUBTOTALS of Receipts This Page (Optional) | | | | | |
| TOTALS This Period (last page this line number only) | | | | | |

| SCHEDULE A | | ITEMIZED RECEIPTS | | 6 / 20 |
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| NAME OF COMMITTEE (In Full) HUPAC | | | | |
| Full Name, Mailing Address, and ZIP Code Ronald Levine 1 Piedmont Center, #400 Atlanta GA 30305 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Employeee, Inc. Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 230.00 | Date (month, day, year) 08/02/2000 | Amount of Each Receipt this Period 20.00 | |
| Full Name, Mailing Address, and ZIP Code James Machock PO Box 685 Fort Wayne IN 46801-0885 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Acordia Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 240.00 | Date (month, day, year) 08/02/2000 | Amount of Each Receipt this Period 40.00 | |
| Full Name, Mailing Address, and ZIP Code Michael Matznick P.O. Box 38248 Greensboro NC 27438 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Med/Flex Benefits Center, Inc. Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 1565.00 | Date (month, day, year) 08/02/2000 | Amount of Each Receipt this Period 200.00 | |
| Full Name, Mailing Address, and ZIP Code Dwight Mazzone 8350 E. Thomas Road, Suite 138 Scottsdale AZ 85251 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer C/M Benefits, Inc. Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 290.00 | Date (month, day, year) 08/02/2000 | Amount of Each Receipt this Period 20.00 | |
| Full Name, Mailing Address, and ZIP Code Michael Rivera 12200 Northwest Freeway #662 Houston TX 77092 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Northwest General Insurance Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 1100.00 | Date (month, day, year) 08/02/2000 | Amount of Each Receipt this Period 200.00 | |
| Full Name, Mailing Address, and ZIP Code William T. Robinson PO Box 651006 West Hollywood CA 90069-1006 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer National Business Insurance Agency Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 220.00 | Date (month, day, year) 08/02/2000 | Amount of Each Receipt this Period 20.00 | |
| Full Name, Mailing Address, and ZIP Code Eugene Rowe 16000 Venutra Blvd, #1103 Encino CA 91436-2767 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer The Rowe Group Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 240.00 | Date (month, day, year) 08/02/2000 | Amount of Each Receipt this Period 30.00 | |
| SUBTOTALS of Receipts This Page (Optional) | | | | |
| TOTALS This Period (last page this line number only) | | | | |

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| NAME OF COMMITTEE (In Full) HUPAC | | | | | |
| Full Name, Mailing Address, and ZIP Code Roger Skinner 5546 Shorewood Drive Indianapolis IN 46220 | | Name of Employer GroupLink, Inc. | | Date (month, day, year) 08/02/2000 | Amount of Each Receipt this Period 25.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | Occupation Health Insurance Agent | | | |
| | | Aggregate Year-to-Date > \$ 430.00 | | | |
| Full Name, Mailing Address, and ZIP Code Charles Westmoreland 1923 Spillway Road, Suite 194 Brandon MS 39047-6021 | | Name of Employer American Fidelity Assuran- ce | | Date (month, day, year) 08/02/2000 | Amount of Each Receipt this Period 40.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | Occupation Health Insurance Agent | | | |
| | | Aggregate Year-to-Date > \$ 360.00 | | | |
| Full Name, Mailing Address, and ZIP Code Sue Wilson 3555 NW 58th Street, Suite 310 Oklahoma City OK 73112 | | Name of Employer Sue Wilson Brokerage, Inc. | | Date (month, day, year) 08/02/2000 | Amount of Each Receipt this Period 25.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | Occupation Health Insurance Agent | | | |
| | | Aggregate Year-to-Date > \$ 200.00 | | | |
| Full Name, Mailing Address, and ZIP Code Harry Wiltsen 1150 Glenwood Court Vineland NJ 03861-8510 | | Name of Employer Medical Benefit Services | | Date (month, day, year) 08/02/2000 | Amount of Each Receipt this Period 10.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | Occupation Health Insurance Agent | | | |
| | | Aggregate Year-to-Date > \$ 230.00 | | | |
| Full Name, Mailing Address, and ZIP Code Ron Powell PO Box 7611 Monroe LA 71211-7811 | | Name of Employer Ron Powell Agency | | Date (month, day, year) 08/22/2000 | Amount of Each Receipt this Period 100.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | Occupation Health Insurance Agent | | | |
| | | Aggregate Year-to-Date > \$ 400.00 | | | |
| Full Name, Mailing Address, and ZIP Code Roberta Whitman 1340 Treat Blvd #480 Walnut Creek CA 94596 | | Name of Employer California Insurance Cent- er | | Date (month, day, year) 09/01/2000 | Amount of Each Receipt this Period 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | Occupation Health Insurance Agent | | | |
| | | Aggregate Year-to-Date > \$ 470.00 | | | |
| Full Name, Mailing Address, and ZIP Code Tim Byma 3113 W. Baline Highway Madison WI 53713 | | Name of Employer Mortenson, Mitzelle & Met- drum | | Date (month, day, year) 08/04/2000 | Amount of Each Receipt this Period 25.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | Occupation Health Insurance Agent | | | |
| | | Aggregate Year-to-Date > \$ 225.00 | | | |
| SUBTOTALS of Receipts This Page (Optional) | | | | | |
| TOTALS This Period (last page this line number only) | | | | | |

| SCHEDULE A | | ITEMIZED RECEIPTS | | 8 / 20 |
|--|--|---|--|--------------------------------|
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| NAME OF COMMITTEE (In Full) HUPAC | | | | |
| Full Name, Mailing Address, and ZIP Code D. Bailey Calvin 445 E. 5th Avenue Anchorage AK 99501 | Name of Employer Calco, Inc. Occupation Health Insurance Agent | Date (month, day, year) 09/04/2000 | Amount of Each Receipt this Period 50.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Aggregate Year-to-Date > \$ 1175.00 | | | |
| Full Name, Mailing Address, and ZIP Code Eugene Ebersole 405 Gretna Blvd. #103 A Gretna LA 70055-4945 | Name of Employer Occupation Health Insurance Agent | Date (month, day, year) 09/04/2000 | Amount of Each Receipt this Period 40.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Aggregate Year-to-Date > \$ 415.50 | | | |
| Full Name, Mailing Address, and ZIP Code Rose Englund 7400 York Road #200 Towson MD 21204-7540 | Name of Employer The Dental Network Occupation Health Insurance Agent | Date (month, day, year) 09/04/2000 | Amount of Each Receipt this Period 20.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Aggregate Year-to-Date > \$ 220.00 | | | |
| Full Name, Mailing Address, and ZIP Code David L. Fear 11160 Sun Center Dr. #A Rancho Cordova CA 95670 | Name of Employer California Insurance Marketing Occupation Health Insurance Agent | Date (month, day, year) 09/04/2000 | Amount of Each Receipt this Period 25.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Aggregate Year-to-Date > \$ 325.00 | | | |
| Full Name, Mailing Address, and ZIP Code Robert Grundman 7412 Karl Drive Lincoln NE 68516-4308 | Name of Employer Senior Benefit Strategies Occupation Health Insurance Agent | Date (month, day, year) 09/04/2000 | Amount of Each Receipt this Period 20.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Aggregate Year-to-Date > \$ 220.00 | | | |
| Full Name, Mailing Address, and ZIP Code Donna Hill PO Box 724 Snelville GA 30078 | Name of Employer DDH Associates Occupation Health Insurance Agent | Date (month, day, year) 09/04/2000 | Amount of Each Receipt this Period 30.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Aggregate Year-to-Date > \$ 240.00 | | | |
| Full Name, Mailing Address, and ZIP Code Ronald Levine 1 Piedmont Center #400 Atlanta GA 30305 | Name of Employer Employees, Inc. Occupation Health Insurance Agent | Date (month, day, year) 09/04/2000 | Amount of Each Receipt this Period 20.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Aggregate Year-to-Date > \$ 250.00 | | | |
| SUBTOTALS of Receipts This Page (Optional) | | | | |
| TOTALS This Period (last page this line number only) | | | | |

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| SCHEDULE A | ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | 9 / 20 |
| | | | FOR LINE NUMBER 11A1 |

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)
HUPAC

| | | | |
|--|--|---------------------------------------|--|
| Full Name, Mailing Address, and ZIP Code James Machock PO Box 885 Fort Wayne IN 46801-0885 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Accordia Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 280.00 | Date (month, day, year) 09/04/2000 | Amount of Each Receipt this Period 40.00 |
| Full Name, Mailing Address, and ZIP Code Michael Malznick P.O. Box 38248 Greensboro NC 27438 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer MedFlex Benefits Center, Inc. Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 1765.00 | Date (month, day, year) 09/04/2000 | Amount of Each Receipt this Period 200.00 |
| Full Name, Mailing Address, and ZIP Code Dwight Mazzone 6350 E. Thomas Road, Suite 138 Scottsdale AZ 85251 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer C/M Benefits, Inc. Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 280.00 | Date (month, day, year) 09/04/2000 | Amount of Each Receipt this Period 20.00 |
| Full Name, Mailing Address, and ZIP Code Michael Rivera 12200 Northwest Freeway #862 Houston TX 77092 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Northwest General Insurance Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 1300.00 | Date (month, day, year) 09/04/2000 | Amount of Each Receipt this Period 200.00 |
| Full Name, Mailing Address, and ZIP Code William T. Robinson PO Box 691006 West Hollywood CA 90069-1006 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer National Business Insurance Agency Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 240.00 | Date (month, day, year) 09/04/2000 | Amount of Each Receipt this Period 20.00 |
| Full Name, Mailing Address, and ZIP Code Eugene Rowe 16000 Venubra Blvd. #1103 Encino CA 91436-2787 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer The Rowe Group Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 270.00 | Date (month, day, year) 09/04/2000 | Amount of Each Receipt this Period 30.00 |
| Full Name, Mailing Address, and ZIP Code Roger Skinner 5546 Shorewood Drive Indianapolis IN 46220 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer GroupLink, Inc. Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 455.00 | Date (month, day, year) 09/04/2000 | Amount of Each Receipt this Period 25.00 |

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

| SCHEDULE A | | ITEMIZED RECEIPTS | | 10 / 20 |
|--|---|--|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | | FOR LINE NUMBER 11A1 | |
| 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) HUPAC | | | | |
| Full Name, Mailing Address, and ZIP Code Charles Westmoreland 1923 Spillway Road, Suite 194 Brandon MS 39047-6021 | Name of Employer American Fidelity Assur- ance | Date (month, day, year) 09/04/2000 | Amount of Each Receipt this Period 40.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Occupation Health Insurance Agent | Aggregate Year-to-Date > \$ 400.00 | | |
| Full Name, Mailing Address, and ZIP Code Sue Wilson 3555 NW 58th Street, Suite 310 Oklahoma City OK 73112 | Name of Employer Sue Wilson Brokerage, Inc. | Date (month, day, year) 09/04/2000 | Amount of Each Receipt this Period 25.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Occupation Health Insurance Agent | Aggregate Year-to-Date > \$ 225.00 | | |
| Full Name, Mailing Address, and ZIP Code Harry Witsen 1150 Glenwood Court Vineland NJ 08361-9510 | Name of Employer Medical Benefit Services | Date (month, day, year) 09/04/2000 | Amount of Each Receipt this Period 10.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Occupation Health Insurance Agent | Aggregate Year-to-Date > \$ 240.00 | | |
| Full Name, Mailing Address, and ZIP Code Donna Hill PO Box 724 Snellville GA 30078 | Name of Employer DDH Associates | Date (month, day, year) 09/18/2000 | Amount of Each Receipt this Period 20.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Occupation Health Insurance Agent | Aggregate Year-to-Date > \$ 290.00 | | |
| Full Name, Mailing Address, and ZIP Code Hallie Johnson 525 East Capitol Street Suite 407 Jackson MS 39201 | Name of Employer Mississippi Health Connec- tion | Date (month, day, year) 09/18/2000 | Amount of Each Receipt this Period 10.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Occupation Executive Director | Aggregate Year-to-Date > \$ 210.00 | | |
| Full Name, Mailing Address, and ZIP Code Ronald (David) Knight PO Box 507 Carrollton GA 30117-0507 | Name of Employer J. Smith Lanier & Company | Date (month, day, year) 09/18/2000 | Amount of Each Receipt this Period 20.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Occupation Health Insurance Agent | Aggregate Year-to-Date > \$ 220.00 | | |
| Full Name, Mailing Address, and ZIP Code Michael Matznick P.O. Box 38248 Greensboro NC 27438 | Name of Employer Med/Flex Benefits Center, Inc. | Date (month, day, year) 09/18/2000 | Amount of Each Receipt this Period 65.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Occupation Health Insurance Agent | Aggregate Year-to-Date > \$ 1830.00 | | |
| SUBTOTALS of Receipts This Page (Optional) | | | | |
| TOTALS This Period (last page this line number only) | | | | |

| SCHEDULE A | | ITEMIZED RECEIPTS | | 11 / 20 |
|--|--|---|---|--------------------------------|
| | | Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER 11A1 |
| 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) HUPAC | | | | |
| Full Name, Mailing Address, and ZIP Code John Parker 47 Laurel Hill Drive Niantic CT 06357 | Name of Employer Parker Health Plan Agency | Date (month, day, year) 09/25/2000 | Amount of Each Receipt this Period 25.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Occupation Health Insurance Agent | Aggregate Year-to-Date > 5 245.00 | | |
| Full Name, Mailing Address, and ZIP Code Eva Jean Fomalont P.O. Box 27469 Albuquerque NM 87125 | Name of Employer Presbyterian Health Plan | Date (month, day, year) 09/26/2000 | Amount of Each Receipt this Period 200.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Occupation Health Insurance Agent | Aggregate Year-to-Date > 8 840.00 | | |
| | | | | |
| SUBTOTALS of Receipts This Page (Optional) | | | | |
| TOTALS This Period (last page this line number only) | | | | 3250.00 |

| SCHEDULE B | | ITEMIZED DISBURSEMENTS | | 12 / 20 |
|--|--|---|---|------------------------|
| | | Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER 21B |
| 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) HUPAC | | | | |
| Full Name, Mailing Address, and ZIP Code NOVA Information System 4020 University Avenue Fairfax VA 22030 | Purpose of Disbursement Credit Card Processing Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 07/05/2000 | Amount of Each Disbursement This Period 458.74 | |
| Full Name, Mailing Address, and ZIP Code Internal Revenue Service Philadelphia PA 19255 | Purpose of Disbursement Withholding Taxes For Fundraiser Winner Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 07/20/2000 | Amount of Each Disbursement This Period 2170.00 | |
| Full Name, Mailing Address, and ZIP Code National Association of Health Underwriters 2000 N. 14th Street, Suite 450 Arlington VA 22201 | Purpose of Disbursement Reimbursed Administrative Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 08/17/2000 | Amount of Each Disbursement This Period 2003.85 | |
| Full Name, Mailing Address, and ZIP Code National Association of Health Underwriters 2000 N. 14th Street, Suite 450 Arlington VA 22201 | Purpose of Disbursement Reimbursed Administrative Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 09/15/2000 | Amount of Each Disbursement This Period 588.43 | |
| | | | | |
| SUBTOTALS of Disbursements This Page (Optional) | | | | |
| TOTALS This Period (last page this line number only) | | | | 5221.02 |

| SCHEDULE B | | ITEMIZED DISBURSEMENTS | | 13 / 20 |
|--|--|---|---|-----------------------|
| | | Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER 23 |
| 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) HUPAC | | | | |
| Full Name, Mailing Address, and ZIP Code ENSIGN FOR SENATE 9904 GLENROCK DRIVE LAS VEGAS NV 89134 | Purpose of Disbursement (Senate - NV - 00) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 08/08/2000 | Amount of Each Disbursement This Period 500.00 | |
| Full Name, Mailing Address, and ZIP Code BASS VICTORY 2000 COMMITTEE PO BOX 3451 CONCORD NH 03302 | Purpose of Disbursement (House - NH - 02) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 08/16/2000 | Amount of Each Disbursement This Period 1000.00 | |
| Full Name, Mailing Address, and ZIP Code ANNE NORTHUP FOR CONGRESS PO BOX 7313 LOUISVILLE KY 40257 | Purpose of Disbursement (House - KY - 03) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 07/07/2000 | Amount of Each Disbursement This Period 500.00 | |
| Full Name, Mailing Address, and ZIP Code DOYLE FOR CONGRESS COMMITTEE 2227 HAMPTON STREET PITTSBURGH PA 15218 | Purpose of Disbursement (House - PA - 16) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 07/07/2000 | Amount of Each Disbursement This Period 500.00 | |
| Full Name, Mailing Address, and ZIP Code EARL POMEROY FOR CONGRESS POST OFFICE BOX 746 BISMARCK ND 58502 | Purpose of Disbursement (House - ND - 00) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 07/07/2000 | Amount of Each Disbursement This Period 500.00 | |
| Full Name, Mailing Address, and ZIP Code FRIENDS OF CONGRESSMAN TIM HOLDEN P.O. BOX 37 ST. CLAIR PA 17970 | Purpose of Disbursement (House - PA - 06) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 07/07/2000 | Amount of Each Disbursement This Period 500.00 | |
| Full Name, Mailing Address, and ZIP Code FRIENDS OF DON SHERWOOD PO BOX 188 WYALUSING PA 18953 | Purpose of Disbursement (House - PA - 10) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 07/07/2000 | Amount of Each Disbursement This Period 500.00 | |
| Full Name, Mailing Address, and ZIP Code KUYKENDALL CONGRESSIONAL COMMITTEE 888 S FIGUEROA ST #880 LOS ANGELES CA 90017 | Purpose of Disbursement (House - CA - 36) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 07/07/2000 | Amount of Each Disbursement This Period 500.00 | |
| Full Name, Mailing Address, and ZIP Code ROGAN FOR CONGRESS COMMITTEE P O BOX 36 MONTROSE CA 91021 | Purpose of Disbursement (House - CA - 27) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 07/10/2000 | Amount of Each Disbursement This Period 500.00 | |
| SUBTOTALS of Disbursements This Page (Optional) | | | | |
| TOTALS This Period (last page this line number only) | | | | |

| SCHEDULE B | | ITEMIZED DISBURSEMENTS | | 14 / 20 |
|--|---|---|--|-----------------------|
| | | Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER 23 |
| 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) HUPAC | | | | |
| Full Name, Mailing Address, and ZIP Code HAYES FOR CONGRESS PO BOX 2000 CONCORD NC 28026 | Purpose of Disbursement (House - NC - 06) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 07/19/2000 | Amount of Each Disbursement This Period 500.00 | |
| | Purpose of Disbursement (House - KS - 03) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 07/19/2000 | Amount of Each Disbursement This Period 500.00 | |
| Full Name, Mailing Address, and ZIP Code MOORE FOR CONGRESS PO BOX 14631 SHAWNEE MISSION KS 66285 | Purpose of Disbursement (House - OH - 08) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 07/27/2000 | Amount of Each Disbursement This Period 500.00 | |
| | Purpose of Disbursement (House - OH - 12) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 07/27/2000 | Amount of Each Disbursement This Period 500.00 | |
| Full Name, Mailing Address, and ZIP Code FRIENDS OF JOHN BOEHNER 7906-I CINCINNATI DAYTON ROAD WEST CHESTER OH 45069 | Purpose of Disbursement (House - OH - 12) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 07/28/2000 | Amount of Each Disbursement This Period 1000.00 | |
| | Purpose of Disbursement (House - NV - 01) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 07/28/2000 | Amount of Each Disbursement This Period 500.00 | |
| Full Name, Mailing Address, and ZIP Code TIBERI 2000 211 SOUTH FIFTH ST COLUMBUS OH 43215 | Purpose of Disbursement (House - NV - 01) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 07/28/2000 | Amount of Each Disbursement This Period 500.00 | |
| | Purpose of Disbursement (House - WI - 06) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 07/28/2000 | Amount of Each Disbursement This Period 500.00 | |
| Full Name, Mailing Address, and ZIP Code ASHCROFT 2000 8229 CLAYTON ROAD SUITE 200 ST LOUIS MO 63117 | Purpose of Disbursement (House - AZ - 08) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 07/28/2000 | Amount of Each Disbursement This Period 500.00 | |
| | Purpose of Disbursement (Senate - MN - 00) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 07/28/2000 | Amount of Each Disbursement This Period 1000.00 | |
| SUBTOTALS of Disbursements This Page (Optional) | | | | |
| TOTALS This Period (last page this line number only) | | | | |

| SCHEDULE B | | ITEMIZED DISBURSEMENTS | | 15 / 20 |
|--|--|--|---|-----------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | | | FOR LINE NUMBER 23 |
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| NAME OF COMMITTEE (In Full) HUPAC | | | | |
| Full Name, Mailing Address, and ZIP Code DONALD A. MANZULLO FOR CONGRESS PO BOX 7783 ROCKFORD IL 61125 | Purpose of Disbursement (House - IL - 18) | Date (month, day, year) 08/08/2000 | Amount of Each Disbursement This Period 250.00 | |
| | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | | |
| Full Name, Mailing Address, and ZIP Code FRIENDS OF DAVE WELDON PO BOX 968 MELBOURNE FL 32902 | Purpose of Disbursement (House - FL - 15) | Date (month, day, year) 08/08/2000 | Amount of Each Disbursement This Period 500.00 | |
| | Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | | |
| Full Name, Mailing Address, and ZIP Code HOOSIERS FOR TIM ROEMER P.O.BOX 4400 SOUTH BEND IN 46634 | Purpose of Disbursement (House - IN - 03) | Date (month, day, year) 08/08/2000 | Amount of Each Disbursement This Period 250.00 | |
| | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | | |
| Full Name, Mailing Address, and ZIP Code RE-ELECT NANCY JOHNSON TO CONGRESS COMMITTEE PO BOX 1986 NEW BRITAIN CT 06050 | Purpose of Disbursement (House - CT - 06) | Date (month, day, year) 08/08/2000 | Amount of Each Disbursement This Period 500.00 | |
| | Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | | |
| Full Name, Mailing Address, and ZIP Code REPUBLICAN MAJORITY FUND 1155 21ST STREET NW #300 WASHINGTON DC 20036 | Purpose of Disbursement For Sen. Don Nickles (Senate-K-00) | Date (month, day, year) 08/09/2000 | Amount of Each Disbursement This Period 1000.00 | |
| | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | | |
| Full Name, Mailing Address, and ZIP Code BILL MCCOLLUM FOR US SENATE POST OFFICE BOX 532015 ORLANDO FL 32853 | Purpose of Disbursement (Senate - FL - 00) | Date (month, day, year) 08/11/2000 | Amount of Each Disbursement This Period 1000.00 | |
| | Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | | |
| Full Name, Mailing Address, and ZIP Code LEE TERRY FOR CONGRESS PO BOX 540098 OMAHA NE 68154 | Purpose of Disbursement (House - NE - 02) | Date (month, day, year) 08/11/2000 | Amount of Each Disbursement This Period 500.00 | |
| | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | | |
| Full Name, Mailing Address, and ZIP Code BILL SUBLETTE FOR US CONGRESS CAMPAIGN COMMITTEE 25 SOUTH MAGNOLIA ST ORLANDO FL 32801 | Purpose of Disbursement (House - FL - 08) | Date (month, day, year) 08/16/2000 | Amount of Each Disbursement This Period 500.00 | |
| | Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | | |
| Full Name, Mailing Address, and ZIP Code SUNUNU FOR CONGRESS PO BOX 500 RYE NH 03870 | Purpose of Disbursement (House - NH - 01) | Date (month, day, year) 08/16/2000 | Amount of Each Disbursement This Period 500.00 | |
| | Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | | |
| SUBTOTALS of Disbursements This Page (Optional) | | | | |
| TOTALS This Period (last page this line number only) | | | | |

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| SCHEDULE B | ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the Detailed Summary Page | 16 / 20 |
| | | | FOR LINE NUMBER 23 |

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)
HUPAC

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|--|--|---------------------------------------|--|
| Full Name, Mailing Address, and ZIP Code FRIENDS OF CONRAD BURNS - 2000 PO BOX 1532 BILLINGS MT 59103 | Purpose of Disbursement (Senate - MT - 00) | Date (month, day, year) 08/17/2000 | Amount of Each Disbursement This Period 1000.00 |
| | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | |
| Full Name, Mailing Address, and ZIP Code BOB NEY FOR CONGRESS PO BOX 490 ST CLAIRSVILLE OH 43950 | Purpose of Disbursement (House - OH - 18) | Date (month, day, year) 08/18/2000 | Amount of Each Disbursement This Period 500.00 |
| | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | |
| Full Name, Mailing Address, and ZIP Code CUNNEEN FOR CONGRESS 5339 PROSPECT RD PMB 151 SAN JOSE CA 95129 | Purpose of Disbursement (House - CA - 15) | Date (month, day, year) 08/18/2000 | Amount of Each Disbursement This Period 500.00 |
| | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | |
| Full Name, Mailing Address, and ZIP Code TRENT MATSON FOR CONGRESS 2000 855 TROSPER RD #108-126 OLYMPIA WA 98516 | Purpose of Disbursement (House - WA - 03) | Date (month, day, year) 08/18/2000 | Amount of Each Disbursement This Period 500.00 |
| | Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | |
| Full Name, Mailing Address, and ZIP Code ALASKANS FOR DON YOUNG P O BOX 100298 ANCHORAGE AK 99510 | Purpose of Disbursement (House - AK - 00) | Date (month, day, year) 08/21/2000 | Amount of Each Disbursement This Period 500.00 |
| | Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | |
| Full Name, Mailing Address, and ZIP Code GERALD C 'JERRY' WELLER FOR CONGRESS PO BOX 15283 WASHINGTON DC 20003 | Purpose of Disbursement (House - IL - 11) | Date (month, day, year) 08/21/2000 | Amount of Each Disbursement This Period 500.00 |
| | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | |
| Full Name, Mailing Address, and ZIP Code HEATHER WILSON FOR CONGRESS PO BOX 14070 ALBUQUERQUE NM 87191 | Purpose of Disbursement (House - NM - 01) | Date (month, day, year) 08/21/2000 | Amount of Each Disbursement This Period 500.00 |
| | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | |
| Full Name, Mailing Address, and ZIP Code UPTON FOR ALL OF US PO BOX 490 ST JOSEPH MI 49085 | Purpose of Disbursement (House - MI - 06) | Date (month, day, year) 08/21/2000 | Amount of Each Disbursement This Period 500.00 |
| | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | |
| Full Name, Mailing Address, and ZIP Code BOB ETHERIDGE FOR CONGRESS COMMITTEE POST OFFICE BOX 28001 RALEIGH NC 27611 | Purpose of Disbursement (House - NC - 02) | Date (month, day, year) 08/22/2000 | Amount of Each Disbursement This Period 500.00 |
| | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | |

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE B**ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary Page**17 / 20**FOR LINE NUMBER
23

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NAME OF COMMITTEE (In Full)
HUPAC

| | | | |
|--|--|---------------------------------------|--|
| Full Name, Mailing Address, and ZIP Code FRIENDS OF GEORGE ALLEN 801 EAST MAIN STREET SUITE 520 RICHMOND VA 23219 | Purpose of Disbursement (Senate - VA - 00) | Date (month, day, year) 08/22/2000 | Amount of Each Disbursement This Period 1000.00 |
| | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | |
| Full Name, Mailing Address, and ZIP Code NATIONAL REPUBLICAN CONGRESSI- ONAL COMMITTEE 320 FIRST STREET, SE WASHINGTON DC 20003 | Purpose of Disbursement For Rep. Jim Greenwood (House- PA-8) | Date (month, day, year) 08/22/2000 | Amount of Each Disbursement This Period 500.00 |
| | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | |
| Full Name, Mailing Address, and ZIP Code BOB BARR-CONGRESS PO BOX 4323 MARIETTA GA 30061 | Purpose of Disbursement (House - GA - 07) | Date (month, day, year) 08/23/2000 | Amount of Each Disbursement This Period 500.00 |
| | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | |
| Full Name, Mailing Address, and ZIP Code BEN CARDIN FOR CONGRESS 100 EAST PRATT STREET 27TH FLOOR BALTIMORE MD 21202 | Purpose of Disbursement (House - MD - 03) | Date (month, day, year) 08/24/2000 | Amount of Each Disbursement This Period 500.00 |
| | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | |
| Full Name, Mailing Address, and ZIP Code BILLY TAUZIN CONGRESSIONAL CO- MMITTEE 550 SOUTH VAN HOUMA LA 70361 | Purpose of Disbursement (House - LA - 03) | Date (month, day, year) 08/24/2000 | Amount of Each Disbursement This Period 1000.00 |
| | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | |
| Full Name, Mailing Address, and ZIP Code COMMITTEE FOR THE PRESERVATION OF CAPITALISM POST OFFICE BOX 22614 ALEXANDRIA VA 22304 | Purpose of Disbursement For Rep. Jim McCrery (House-LA- 4) | Date (month, day, year) 08/24/2000 | Amount of Each Disbursement This Period 500.00 |
| | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | |
| Full Name, Mailing Address, and ZIP Code CONGRESSMAN BART GORDON COMMI- TTEE P O BOX 2008 MURFREESBORO TN 37133 | Purpose of Disbursement (House - TN - 06) | Date (month, day, year) 08/24/2000 | Amount of Each Disbursement This Period 500.00 |
| | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | |
| Full Name, Mailing Address, and ZIP Code DIANA DEGETTE FOR CONGRESS INC PO BOX 61337 DENVER CO 80206 | Purpose of Disbursement (House - CO - 01) | Date (month, day, year) 08/24/2000 | Amount of Each Disbursement This Period 500.00 |
| | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | |
| Full Name, Mailing Address, and ZIP Code ABRAHAM SENATE 2000 26555 EVERGREEN ROAD SUITE 1220 SOUTHFIELD MI 48076 | Purpose of Disbursement (Senate - MI - 00) | Date (month, day, year) 08/30/2000 | Amount of Each Disbursement This Period 1000.00 |
| | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | |
| SUBTOTALS of Disbursements This Page (Optional) | | | |
| TOTALS This Period (last page this line number only) | | | |

| SCHEDULE B | | ITEMIZED DISBURSEMENTS | | 18 / 20 |
|--|--|---|---|------------------------------|
| | | Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER 23 |
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| NAME OF COMMITTEE (In Full) HUPAC | | | | |
| Full Name, Mailing Address, and ZIP Code LEADERSHIP PAC 2000 515 KING STREET #420 ALEXANDRIA VA 22314 | Purpose of Disbursement For Rep. Mike Oxley (House-OH-4) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 08/30/2000 | Amount of Each Disbursement This Period 1000.00 | |
| Full Name, Mailing Address, and ZIP Code STENHOLM FOR CONGRESS COMMITTEE BOX 1032 STAMFORD TX 79553 | Purpose of Disbursement (House - TX - 17) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 08/30/2000 | Amount of Each Disbursement This Period 500.00 | |
| Full Name, Mailing Address, and ZIP Code National Republican Club of Capitol Hill 300 First Street, SE Washington DC 20003 | Purpose of Disbursement In-kind Cont.-Rep. Ehlich (House-MD-2) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 09/15/2000 | Amount of Each Disbursement This Period 1054.43 | |
| Full Name, Mailing Address, and ZIP Code FLETCHER FOR CONGRESS PO BOX 4703 LEXINGTON KY 40544 | Purpose of Disbursement (House - KY - 06) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 09/21/2000 | Amount of Each Disbursement This Period 500.00 | |
| Full Name, Mailing Address, and ZIP Code LARSON FOR CONGRESS 29 RUFF CIRCLE GLASTONBURY CT 06033 | Purpose of Disbursement (House - CT - 01) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 09/21/2000 | Amount of Each Disbursement This Period 500.00 | |
| Full Name, Mailing Address, and ZIP Code MIKE MCINTYRE FOR CONGRESS 3780 BERKLEY LANE LUMBERTON NC 28358 | Purpose of Disbursement (House - NC - 07) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 09/21/2000 | Amount of Each Disbursement This Period 500.00 | |
| Full Name, Mailing Address, and ZIP Code ANNE NORTHUP FOR CONGRESS PO BOX 7313 LOUISVILLE KY 40257 | Purpose of Disbursement (House - KY - 03) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 09/25/2000 | Amount of Each Disbursement This Period 500.00 | |
| Full Name, Mailing Address, and ZIP Code FRIENDS OF BARON HILL PO BOX 1071 SEYMOUR IN 47274 | Purpose of Disbursement (House - IN - 09) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 09/25/2000 | Amount of Each Disbursement This Period 500.00 | |
| Full Name, Mailing Address, and ZIP Code GREENLEAF FOR CONGRESS 1555 TERWOOD RD HUNTINGDON VALLEY PA 19006 | Purpose of Disbursement (House - PA - 13) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 09/25/2000 | Amount of Each Disbursement This Period 500.00 | |
| SUBTOTALS of Disbursements This Page (Optional) | | | | |
| TOTALS This Period (last page this line number only) | | | | |

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| SCHEDULE B | ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the Detailed Summary Page | 19 / 20 FOR LINE NUMBER 23 |
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| NAME OF COMMITTEE (In Full) HUPAC | | | |
| Full Name, Mailing Address, and ZIP Code JEFF FLAKE FOR CONGRESS 4222 EAST MCLELLAN RD #19 MESA AZ 85205 | Purpose of Disbursement (House - AZ - 01) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 09/25/2000 | Amount of Each Disbursement This Period 500.00 |
| Full Name, Mailing Address, and ZIP Code LAUREN BETH GASH FOR CONGRESS 1345 FOREST HIGHLAND PARK IL 60035 | Purpose of Disbursement (House - IL - 10) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 09/25/2000 | Amount of Each Disbursement This Period 500.00 |
| Full Name, Mailing Address, and ZIP Code NATIONAL REPUBLICAN CONGRESSI- ONAL COMMITTEE 320 FIRST STREET, SE WASHINGTON DC 20003 | Purpose of Disbursement For Rep. John Hostetter (House- IN-8) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 09/25/2000 | Amount of Each Disbursement This Period 500.00 |
| Full Name, Mailing Address, and ZIP Code OTTER FOR IDAHO PO BOX 1456 BOISE ID 83701 | Purpose of Disbursement (House - ID - 01) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 09/25/2000 | Amount of Each Disbursement This Period 500.00 |
| Full Name, Mailing Address, and ZIP Code REHBERG FOR CONGRESS PO BOX 1597 HELENA MT 59624 | Purpose of Disbursement (House - MT - 00) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 09/25/2000 | Amount of Each Disbursement This Period 500.00 |
| Full Name, Mailing Address, and ZIP Code ROGERS FOR CONGRESS PO BOX 581 BRIGHTON MI 48116 | Purpose of Disbursement (House - MI - 06) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 09/25/2000 | Amount of Each Disbursement This Period 500.00 |
| Full Name, Mailing Address, and ZIP Code TANCREDO FOR CONGRESS COMMITTEE INC 5471 S ESTES ST LITTLETON CO 80123 | Purpose of Disbursement (House - CO - 08) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 09/25/2000 | Amount of Each Disbursement This Period 500.00 |
| Full Name, Mailing Address, and ZIP Code LUCAS FOR CONGRESS 2000 P.O. BOX 17344 COVINGTON KY 41017 | Purpose of Disbursement (House - KY - 04) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 09/26/2000 | Amount of Each Disbursement This Period 500.00 |
| SUBTOTALS of Disbursements This Page (Optional) | | | |
| TOTALS This Period (last page this line number only) | | | 36054.43 |

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| SCHEDULE B | ITEMIZED DISBURSEMENTS | 20 / 20 |
| | | FOR LINE NUMBER 28 |
| Use separate schedule(s) for each category of the Detailed Summary Page | | |
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| NAME OF COMMITTEE (In Full) HUPAC | | |
| Full Name, Mailing Address, and ZIP Code John Davidson 8050 SW Warm Springs St. #120 Tualatin OR 97062 | Purpose of Disbursement Winner of a Fundraising Drawing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 07/07/2000 Amount of Each Disbursement This Period 2000.00 |
| Full Name, Mailing Address, and ZIP Code William Donahoe 7720 Southdown Road Alexandria VA 22308 | Purpose of Disbursement Winner of a Fundraising Drawing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 07/07/2000 Amount of Each Disbursement This Period 1000.00 |
| | | |
| SUBTOTALS of Disbursements This Page (Optional) | | |
| TOTALS This Period (last page this line number only) | | 3000.00 |