

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1 / 11
09/12/2000 15 : 69

1. NAME OF COMMITTEE (in full) HUPAC		2. FEC IDENTIFICATION NUMBER C00263135
ADDRESS (number and street) 2000 14TH STREET SUITE 450	<input type="checkbox"/> Check if different than previously reported	
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
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- Termination 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 |
- Twelfth day report preceding _____
(election type) _____
election on _____ In the State of _____
- Thirtieth day report following the General Election
on _____ In the State of _____
- (b) Is this Report an Amendment YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>01/01/2000</u> through <u>03/31/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u>		14175.43
(b) Cash on Hand at Beginning of Reporting Period	14175.43	
(c) Total Receipts (from line 19)	22489.52	22489.52
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	36644.95	36644.95
7. Total Disbursements (from line 30)	10988.52	10988.52
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	25656.43	25656.43
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 09/12/2000	

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 01/01/2000	TO: 03/31/2000	
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)	5345.00	5345.00	11.a.i.
ii. Unitemized	17124.52	17124.52	11.a.ii.
iii. Total	22469.52	22469.52	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	22469.52	22469.52	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	22469.52	22469.52	19.
20. Total Federal Receipts	22469.52	22469.52	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	2363.52	2363.52	21.b.
c. Total Operating Expenditures	2363.52	2363.52	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	5500.00	5500.00	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	3125.00	3125.00	29.
30. Total Disbursements	10988.52	10988.52	30.
31. Total Federal Disbursements	10988.52	10988.52	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	22469.52	22469.52	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	22469.52	22469.52	34.
35. Total Federal Operating Expenditures	2363.52	2363.52	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	2363.52	2363.52	37.

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	3 / 11
				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		Name of Employer Calco, Inc.		Date (month, day, year) 01/03/2000	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurance Agent			
		Aggregate Year-to-Date > \$ 50.00			
Full Name, Mailing Address, and ZIP Code Michael Matznick P.O. Box 38248 Greensboro NC 27438		Name of Employer MediFlex Benefits Center, Inc.		Date (month, day, year) 01/03/2000	Amount of Each Receipt this Period 80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurance Agent			
		Aggregate Year-to-Date > \$ 80.00			
Full Name, Mailing Address, and ZIP Code D. Bailey Calvin 445 E. 5th Avenue Anchorage AK 99501		Name of Employer Calco, Inc.		Date (month, day, year) 02/02/2000	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurance Agent			
		Aggregate Year-to-Date > \$ 100.00			
Full Name, Mailing Address, and ZIP Code Michael Matznick P.O. Box 38248 Greensboro NC 27438		Name of Employer MediFlex Benefits Center, Inc.		Date (month, day, year) 02/02/2000	Amount of Each Receipt this Period 80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurance Agent			
		Aggregate Year-to-Date > \$ 160.00			
Full Name, Mailing Address, and ZIP Code Bob Hagen P.O. Box 240326 Anchorage AK 99524		Name of Employer Hagen Insurance		Date (month, day, year) 02/04/2000	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 > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Elizabeth Ashmore 7606 University Avenue #B Lubbock TX 79423-2128		Name of Employer Ashmore Agency		Date (month, day, year) 03/02/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurance Agent			
		Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code Elizabeth Ashmore 7606 University Avenue #B Lubbock TX 79423-2128		Name of Employer Ashmore Agency		Date (month, day, year) 03/02/2000	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 > \$ 600.00			
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 / 11
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
HUPAC

Full Name, Mailing Address, and ZIP Code Jo Anne Burris 806 N. 8th Street Sheboygan WI 53081 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer LMT Maritime Inc.	Date (month, day, year) 03/02/2000	Amount of Each Receipt this Period 25.00
	Occupation Health Insurance Agent		
	Aggregate Year-to-Date > \$ 25.00		
Full Name, Mailing Address, and ZIP Code Jo Anne Burris 806 N. 8th Street Sheboygan WI 53081 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer LMT Maritime Inc.	Date (month, day, year) 03/02/2000	Amount of Each Receipt this Period 25.00
	Occupation Health Insurance Agent		
	Aggregate Year-to-Date > \$ 50.00		
Full Name, Mailing Address, and ZIP Code Jo Anne Burris 806 N. 8th Street Sheboygan WI 53081 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer LMT Maritime Inc.	Date (month, day, year) 03/02/2000	Amount of Each Receipt this Period 100.00
	Occupation Health Insurance Agent		
	Aggregate Year-to-Date > \$ 150.00		
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.	Date (month, day, year) 03/02/2000	Amount of Each Receipt this Period 50.00
	Occupation Health Insurance Agent		
	Aggregate Year-to-Date > \$ 150.00		
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.	Date (month, day, year) 03/02/2000	Amount of Each Receipt this Period 25.00
	Occupation Health Insurance Agent		
	Aggregate Year-to-Date > \$ 175.00		
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.	Date (month, day, year) 03/02/2000	Amount of Each Receipt this Period 100.00
	Occupation Health Insurance Agent		
	Aggregate Year-to-Date > \$ 275.00		
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.	Date (month, day, year) 03/02/2000	Amount of Each Receipt this Period 100.00
	Occupation Health Insurance Agent		
	Aggregate Year-to-Date > \$ 375.00		

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	5 / 11
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
HUPAC

Full Name, Mailing Address, and ZIP Code Eva Jean Fomalont P.O. Box 27489 Albuquerque NM 87125 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Presbyterian Health Plan Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 03/02/2000	Amount of Each Receipt this Period 200.00
Full Name, Mailing Address, and ZIP Code Eva Jean Fomalont P.O. Box 27489 Albuquerque NM 87125 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Presbyterian Health Plan Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 220.00	Date (month, day, year) 03/02/2000	Amount of Each Receipt this Period 20.00
Full Name, Mailing Address, and ZIP Code Eva Jean Fomalont P.O. Box 27489 Albuquerque NM 87125 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Presbyterian Health Plan Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 03/02/2000	Amount of Each Receipt this Period 20.00
Full Name, Mailing Address, and ZIP Code Anthony Halby 313 Railroad Avenue, #201 Nevada City CA 95959 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Halby Insurance Agency Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 03/02/2000	Amount of Each Receipt this Period 100.00
Full Name, Mailing Address, and ZIP Code Anthony Halby 313 Railroad Avenue, #201 Nevada City CA 95959 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Halby Insurance Agency Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 03/02/2000	Amount of Each Receipt this Period 200.00
Full Name, Mailing Address, and ZIP Code Anthony Halby 313 Railroad Avenue, #201 Nevada City CA 95959 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Halby Insurance Agency Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 03/02/2000	Amount of Each Receipt this Period 200.00
Full Name, Mailing Address, and ZIP Code Anthony Halby 313 Railroad Avenue, #201 Nevada City CA 95959 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Halby Insurance Agency Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 520.00	Date (month, day, year) 03/02/2000	Amount of Each Receipt this Period 20.00

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	6 / 11
				FOR LINE NUMBER 11A1	
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NAME OF COMMITTEE (In Full) HUPAC					
Full Name, Mailing Address, and ZIP Code Anthony Halby 313 Railroad Avenue, #201 Nevada City CA 95950		Name of Employer Halby Insurance Agency		Date (month, day, year) 03/02/2000	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurance Agent			
		Aggregate Year-to-Date > \$ 570.00			
Full Name, Mailing Address, and ZIP Code Alan Katz, JD 2000 Corporate Center Drive Newbury Park CA 91320		Name of Employer Blue Cross of California		Date (month, day, year) 03/02/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Senior Vice President, Sales			
		Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Thomas Kaufman 1675 Willow Street San Jose CA 95125		Name of Employer BCI Insurance Services		Date (month, day, year) 03/02/2000	Amount of Each Receipt this Period 480.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurance Agent			
		Aggregate Year-to-Date > \$ 480.00			
Full Name, Mailing Address, and ZIP Code David Kross 3341 Harrison Avenue Cincinnati OH 45211		Name of Employer United Benefits Agency		Date (month, day, year) 03/02/2000	Amount of Each Receipt this Period 240.00
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 Michael Matznick P.O. Box 38248 Greensboro NC 27438		Name of Employer MediFlex Benefits Center, Inc.		Date (month, day, year) 03/02/2000	Amount of Each Receipt this Period 80.00
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 Michael Matznick P.O. Box 38248 Greensboro NC 27438		Name of Employer MediFlex Benefits Center, Inc.		Date (month, day, year) 03/02/2000	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 > \$ 340.00			
Full Name, Mailing Address, and ZIP Code Michael Matznick P.O. Box 38248 Greensboro NC 27438		Name of Employer MediFlex Benefits Center, Inc.		Date (month, day, year) 03/02/2000	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 > \$ 365.00			
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	7 / 11
				FOR LINE NUMBER 11A1	
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NAME OF COMMITTEE (In Full) HUPAC					
Full Name, Mailing Address, and ZIP Code David Nelson 32110 Agoura Road Westlake Village CA 91361		Name of Employer Warner Pacific Insurance Services		Date (month, day, year) 03/02/2000	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 > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Stephen Salamon P.O. Box 4252 Timonium MD 21094		Name of Employer Heritage Financial Consul- tants		Date (month, day, year) 03/02/2000	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 > \$ 20.00			
Full Name, Mailing Address, and ZIP Code Stephen Salamon P.O. Box 4252 Timonium MD 21094		Name of Employer Heritage Financial Consul- tants		Date (month, day, year) 03/02/2000	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurance Agent			
		Aggregate Year-to-Date > \$ 70.00			
Full Name, Mailing Address, and ZIP Code Mel Schlesinger P.O. Box 4068 Wilmington NC 28406		Name of Employer Dental Plans, Plus		Date (month, day, year) 03/02/2000	Amount of Each Receipt this Period 120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurance Agent			
		Aggregate Year-to-Date > \$ 120.00			
Full Name, Mailing Address, and ZIP Code Mel Schlesinger P.O. Box 4068 Wilmington NC 28406		Name of Employer Dental Plans, Plus		Date (month, day, year) 03/02/2000	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 > \$ 220.00			
Full Name, Mailing Address, and ZIP Code Scott Shalek 74 Grand Avenue, Suite 104 Fox Lake IL 60020		Name of Employer Principal Financial Group		Date (month, day, year) 03/02/2000	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurance Agent			
		Aggregate Year-to-Date > \$ 300.00			
Full Name, Mailing Address, and ZIP Code Scott Shalek 74 Grand Avenue, Suite 104 Fox Lake IL 60020		Name of Employer Principal Financial Group		Date (month, day, year) 03/02/2000	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			
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	8 / 11
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
HUPAC

Full Name, Mailing Address, and ZIP Code Jo Anna Burris 806 N. 8th Street Sheboygan WI 53081 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer LMT Maritime Inc.	Date (month, day, year) 03/15/2000	Amount of Each Receipt this Period 235.00
	Occupation Health Insurance Agent		
	Aggregate Year-to-Date > \$ 385.00		
Full Name, Mailing Address, and ZIP Code Stephen Salamon P.O. Box 4252 Timonium MD 21094 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Heritage Financial Consultants	Date (month, day, year) 03/23/2000	Amount of Each Receipt this Period 300.00
	Occupation Health Insurance Agent		
	Aggregate Year-to-Date > \$ 370.00		
Full Name, Mailing Address, and ZIP Code Joseph DiPietro, Jr. 9029 Shady Grove Court Gaithersburg MD 20877 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Benefit Management Inc.	Date (month, day, year) 03/28/2000	Amount of Each Receipt this Period 250.00
	Occupation Health Insurance Agent		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Thomas Kaufman 1875 Willow Street San Jose CA 95125 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCI Insurance Services	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 100.00
	Occupation Health Insurance Agent		
	Aggregate Year-to-Date > \$ 590.00		

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SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	5345.00

SCHEDULE B		ITEMIZED DISBURSEMENTS		10 / 11
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 FRIENDS OF PHIL GRAMM P O BOX 565087 DALLAS TX 75356-5087	Purpose of Disbursement (Senate - TX - 00) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 02/01/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code CONGRESSIONAL MAJORITY COMMITTEE (FKA) 96TH CLUB CAMPAIGN COMMITTEE 3 WEST LENOX ST CHEVY CHASE MD 20815	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 02/07/2000	Amount of Each Disbursement This Period 1500.00	
Full Name, Mailing Address, and ZIP Code CRANE FOR CONGRESS COMMITTEE PO BOX 8534 ROLLING MEADOWS IL 60008	Purpose of Disbursement (House - IL - 08) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 02/15/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE 430 S CAPITOL ST SE WASHINGTON DC 20003	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 02/18/2000	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE CONTRIBUTIONS 320 FIRST STREET, SE WASHINGTON DC 20003	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 02/18/2000	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code SANTORUM 2000 PO BOX 10495 PITTSBURGH PA 15234	Purpose of Disbursement (Senate - PA - 00) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 03/07/2000	Amount of Each Disbursement This Period 1000.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)			5500.00	

