

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1 / 14
09/12/2000 16 : 02

1. NAME OF COMMITTEE (in full) HUPAC	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 2000 14TH STREET SUITE 450	2. FEC IDENTIFICATION NUMBER C00263135
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:
- February 20 June 20 October 20
 July 15 Quarterly Report March 20 July 20 November 20
 October 15 Quarterly Report April 20 August 20 December 20
 January 31 Year End Report May 20 September 20 January 31
- July 31 Mid-Year Report (Non-election Year Only) Twelfth day report preceding _____
(election type)
 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>04/01/2000</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	25656.43	
(c) Total Receipts (from line 19)	45627.97	68097.49
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	71284.40	82272.92
7. Total Disbursements (from line 30)	25447.86	35436.38
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	45836.54	45836.54
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 04/01/2000	TO: 06/30/2000	
I. Receipts			
11. Contributions (other than loans) From:	COLUMN A	COLUMN B	
	Total This Period	Calendar Year	
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	10395.00	15740.00	11.a.i.
ii. Unitemized	35232.97	52357.49	11.a.ii.
iii. Total	45627.97	68097.49	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	45627.97	68097.49	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	45627.97	68097.49	19.
20. Total Federal Receipts	45627.97	68097.49	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	3217.86	5581.38	21.b.
c. Total Operating Expenditures	3217.86	5581.38	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	16700.00	22200.00	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	5530.00	8655.00	29.
30. Total Disbursements	25447.86	36436.38	30.
31. Total Federal Disbursements	25447.86	36436.38	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	45627.97	68097.49	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	45627.97	68097.49	34.
35. Total Federal Operating Expenditures	3217.86	5581.38	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	3217.86	5581.38	37.

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 14
			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 > \$ 425.00	Date (month, day, year) 04/03/2000	Amount of Each Receipt this Period 50.00
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 MediFlex Benefits Center, Inc. Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 565.00	Date (month, day, year) 04/03/2000	Amount of Each Receipt this Period 200.00
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 > \$ 200.00	Date (month, day, year) 04/03/2000	Amount of Each Receipt this Period 200.00
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 > \$ 25.00	Date (month, day, year) 04/03/2000	Amount of Each Receipt this Period 25.00
Full Name, Mailing Address, and ZIP Code Robert Tretter 700 South Street Pittsfield MA 01201 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Berkshire Life Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 75.00	Date (month, day, year) 04/20/2000	Amount of Each Receipt this Period 75.00
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 > \$ 475.00	Date (month, day, year) 05/02/2000	Amount of Each Receipt this Period 50.00
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 MediFlex Benefits Center, Inc. Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 785.00	Date (month, day, year) 05/02/2000	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 / 14
				FOR LINE NUMBER 11A1	
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NAME OF COMMITTEE (In Full) HUPAC					
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 > \$ 400.00	Date (month, day, year) 05/02/2000	Amount of Each Receipt this Period 200.00		
Full Name, Mailing Address, and ZIP Code Bruce Glazier 1401 S. Brentwood, Suite 555 Saint Louis MO 63144 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Benefits Just for Groups Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 05/03/2000	Amount of Each Receipt this Period 100.00		
Full Name, Mailing Address, and ZIP Code Scott Shalek 74 Grand Avenue, Suite 104 Fox Lake IL 60020 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Principal Financial Group Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 1100.00	Date (month, day, year) 05/03/2000	Amount of Each Receipt this Period 700.00		
Full Name, Mailing Address, and ZIP Code Robert Desmond 550 Westcott #400 Houston TX 77007 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer River Oaks Benefits Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 05/08/2000	Amount of Each Receipt this Period 200.00		
Full Name, Mailing Address, and ZIP Code Jerry McPeters 300 Municipal Drive Richardson TX 75080 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer GPA, Inc. Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 05/12/2000	Amount of Each Receipt this Period 300.00		
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 Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 470.00	Date (month, day, year) 05/24/2000	Amount of Each Receipt this Period 100.00		
Full Name, Mailing Address, and ZIP Code Nat Smith 5311 77 Center Drive #72 Charlotte NC 28217 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Rogers Benefit Group Inc. Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 05/24/2000	Amount of Each Receipt this Period 500.00		
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 / 14
				FOR LINE NUMBER 11A1	
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NAME OF COMMITTEE (In Full) HUPAC					
Full Name, Mailing Address, and ZIP Code Eva Jean Fomelont P.O. Box 27489 Albuquerque NM 87125		Name of Employer Presbyterian Health Plan		Date (month, day, year) 05/26/2000	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 D. Bailey Calvin 445 E. 5th Avenue Anchorage AK 99501		Name of Employer Calco, Inc.		Date (month, day, year) 05/31/2000	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 > \$ 875.00			
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) 06/02/2000	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 > \$ 1025.00			
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) 06/02/2000	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 > \$ 965.00			
Full Name, Mailing Address, and ZIP Code Michael Rivera 12200 Northwest Freeway #662 Houston TX 77092		Name of Employer Northwest General Insurance		Date (month, day, year) 06/02/2000	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 > \$ 600.00			
Full Name, Mailing Address, and ZIP Code Roger Skinner 5548 Shorewood Drive Indianapolis IN 46220		Name of Employer GroupLink, Inc.		Date (month, day, year) 06/02/2000	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 > \$ 50.00			
Full Name, Mailing Address, and ZIP Code Robert Traiter 700 South Street Pittsfield MA 01201		Name of Employer Berkshire Life		Date (month, day, year) 06/09/2000	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 > \$ 275.00			
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 / 14
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
HUPAC

Full Name, Mailing Address, and ZIP Code Thomas Bekling 700 N.E. 122nd Street, Suite 1403 Oklahoma City OK 73114 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Professional Reinsurance Mktg. Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 120.00	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 120.00
Full Name, Mailing Address, and ZIP Code Robert Desmond 550 Westcott #400 Houston TX 77007 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer River Oaks Benefits Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 490.00	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 280.00
Full Name, Mailing Address, and ZIP Code Eva Jean Fornalont 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 > \$ 840.00	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 300.00
Full Name, Mailing Address, and ZIP Code Shella Hartman 21300 Victory Blvd #215 Woodland Hills CA 91367 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Financial Independence Co. Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code Jo Ellen Hill 1466 28th Street West Des Moines IA 50266 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Bryton Companies Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 220.00	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 220.00
Full Name, Mailing Address, and ZIP Code William Mann, Sr. 11803 Grant Road #209 Cypress TX 77429 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Robertson Mann Associates Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 240.00
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 Med/Flex Benefits Center, Inc. Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 1165.00	Date (month, day, year) 06/12/2000	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	7 / 14
				FOR LINE NUMBER 11A1	
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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) 06/12/2000	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 Nick Patras 1108 Clayton Lane #450-E Austin TX 78723		Name of Employer Colonial Life & Accident		Date (month, day, year) 06/12/2000	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) 06/12/2000	Amount of Each Receipt this Period 800.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurance Agent			
		Aggregate Year-to-Date > \$ 1900.00			
Full Name, Mailing Address, and ZIP Code Bynum Tuttle P.O. Box 1110 Denton NC 27239		Name of Employer Employee Benefit Designs Inc.		Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurance Agent			
		Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code Roberta Whitman 1340 Treat Blvd #480 Walnut Creek CA 94596		Name of Employer California Insurance Center		Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 220.00
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 Trei Wild 14800 Landmark Blvd. #700 Dallas TX 75240		Name of Employer Safeguard American Dental		Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 900.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurance Agent			
		Aggregate Year-to-Date > \$ 800.00			
Full Name, Mailing Address, and ZIP Code Thomas Belding 700 N.E. 122nd Street, Suite 1403 Oklahoma City OK 73114		Name of Employer Professional Reinsurance Mktg.		Date (month, day, year) 06/14/2000	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			
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 / 14
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
HUPAC

Full Name, Mailing Address, and ZIP Code Bruce Glazier 1401 S. Brentwood, Suite 5B5 Saint Louis MO 63144 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Benefits Just for Groups	Date (month, day, year) 06/14/2000	Amount of Each Receipt this Period 120.00
	Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 220.00		
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) 06/27/2000	Amount of Each Receipt this Period 500.00
	Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 870.00		
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.	Date (month, day, year) 06/27/2000	Amount of Each Receipt this Period 200.00
	Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code John Parker 47 Laurel Hill Drive Niantic CT 06357 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Parker Health Plan Agency	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 100.00
	Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 220.00		

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SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	10395.00

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	9 / 14
			FOR LINE NUMBER 21B

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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	Date (month, day, year) 04/04/2000	Amount of Each Disbursement This Period 242.21
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code Lowes L'Enfant Plaza 480 L'Enfant Plaza, SW Washington DC 20024	Purpose of Disbursement Fundraiser Expenses	Date (month, day, year) 04/24/2000	Amount of Each Disbursement This Period 1867.25
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code National Association of Health Underwriters 2000 N. 14th Street, Suite 450 Arlington VA 22201	Purpose of Disbursement Reimb. Shipping, Copying and Postage	Date (month, day, year) 05/23/2000	Amount of Each Disbursement This Period 359.08
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code NOVA Information System 4020 University Avenue Fairfax VA 22030	Purpose of Disbursement Credit Card Processing Fees	Date (month, day, year) 06/02/2000	Amount of Each Disbursement This Period 321.90
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code National Association of Health Underwriters 2000 N. 14th Street, Suite 450 Arlington VA 22201	Purpose of Disbursement Reimb. Shipping, Copying and Postage	Date (month, day, year) 06/28/2000	Amount of Each Disbursement This Period 334.90
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		

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SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	3125.52

SCHEDULE B		ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	10 / 14
					FOR LINE NUMBER 23
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NAME OF COMMITTEE (In Full) HUPAC					
Full Name, Mailing Address, and ZIP Code PEOPLE WITH HART INC PO BOX 436 WEXFORD PA 15090		Purpose of Disbursement (House - PA - 04) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 04/12/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code PETE SESSIONS FOR CONGRESS PO BOX 38585 DALLAS TX 75238		Purpose of Disbursement (House - TX - 05) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 04/17/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code GALLEGLY FOR CONGRESS PO BOX 940001 SIMI VALLEY CA 93094		Purpose of Disbursement (House - CA - 23) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 04/19/2000	Amount of Each Disbursement This Period 450.00
Full Name, Mailing Address, and ZIP Code GOODE FOR CONGRESS 115 ORCHARD AVENUE ROCKY MOUNT VA 24151		Purpose of Disbursement (House - VA - 05) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 04/24/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code NELSON 2000 10050 REGENCY CIRCLE SUITE 100 SUITE B OMAHA NE 68114		Purpose of Disbursement (Senate - NE - 00) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 04/26/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code FRIENDS OF ROY BLUNT PO BOX 278 STRAFFORD MO 65757		Purpose of Disbursement (House - MO - 07) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 05/01/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code RICK JERIC FOR CONGRESS COMMITTEE 915 ASHTON CT AURORA OH 44202		Purpose of Disbursement (House - OH - 13) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 05/04/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE PO BOX 1631 BALTIMORE MD 21203		Purpose of Disbursement (House - MD - 07) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 05/09/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code DOOLEY FOR CONGRESS PO BOX 1367 VISALIA CA 93279		Purpose of Disbursement (House - CA - 20) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 05/16/2000	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		11 / 14
		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 BOB GOODLATTE FOR CONGRESS COMMITTEE PO BOX 292 ROANOKE VA 24002	Purpose of Disbursement (House - VA - 06) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/23/2000	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code RE-ELECT BRIAN BILBRAY FOR CONGRESS 970 SEACOAST DR #7 IMPERIAL BEACH CA 91932	Purpose of Disbursement (House - CA - 49) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/24/2000	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code WHITFIELD FOR CONGRESS COMMITTEE P.O. BOX 391 HOPKINSVILLE KY 42241	Purpose of Disbursement (House - KY - 01) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/24/2000	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code CULBERSON FOR CONGRESS 2232 SUNSET BLVD HOUSTON TX 77005	Purpose of Disbursement (House - TX - 07) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/06/2000	Amount of Each Disbursement This Period 250.00	
Full Name, Mailing Address, and ZIP Code LAZIO 2000 INC 72 EAST MAIN ST SUITE 4 C/O PICCIRILLO & LAMONT LLP BABYLON NY 11702	Purpose of Disbursement (House - NY - 02) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/06/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Mike Thompson For Congress PO Box 1998 St Helena CA 94574	Purpose of Disbursement House - CA - 01 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/14/2000	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code ADAM SMITH FOR CONGRESS PO BOX 23626 FEDERAL WAY WA 98093	Purpose of Disbursement (House - WA - 09) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/21/2000	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code MCDONALD FOR CONGRESS 611 MARKET STREET SUITE 15 KIRKLAND WA 98033	Purpose of Disbursement (House - WA - 01) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/21/2000	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code ELLEN TAUSCHER FOR CONGRESS 20 PARK ROAD SUITE E BURLINGAME CA 94010	Purpose of Disbursement (House - CA - 10) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/22/2000	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		Use separate schedule(s) for each category of the Detailed Summary Page	12 / 14
			FOR LINE NUMBER 23
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NAME OF COMMITTEE (In Full) HUPAC			
Full Name, Mailing Address, and ZIP Code FRIENDS FOR SLADE GORTON PO BOX 3348 BELLEVUE WA 98009	Purpose of Disbursement (Senate - WA - 00) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/22/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code TOM DELAY CONGRESSIONAL COMMITTEE 10707 CORPORATE DRIVE SUITE 130 STAFFORD TX 77477	Purpose of Disbursement (House - TX - 22) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/23/2000	Amount of Each Disbursement This Period 1000.00
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) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/28/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code JOHN SHADEGG FOR CONGRESS P O BOX 45444 PHOENIX AZ 85064	Purpose of Disbursement (House - AZ - 04) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/28/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code PAT TOOMEY FOR CONGRESS COMMITTEE 3615 CONGRESS STREET ALLENTOWN PA 18104	Purpose of Disbursement (House - PA - 15) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/28/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code Pirozzi For Congress P. O. BOX 2303 RANCHO CUCAMONGA CA 91729	Purpose of Disbursement (House - CA - 42) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/28/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code ROBERT ADERHOLT FOR CONGRESS PO BOX 1158 HALEYVILLE AL 35565	Purpose of Disbursement (House - AL - 04) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/28/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code ROTH SENATE COMMITTEE P.O. BOX 105 WILMINGTON DE 19899	Purpose of Disbursement (Senate - DE - 00) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/28/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code RYAN FOR CONGRESS PO BOX 1919 JANESVILLE WI 53547	Purpose of Disbursement (House - WI - 01) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/28/2000	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		13 / 14
		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 SHARPLESS 2000 PO BOX 260050 MADISON WI 53726	Purpose of Disbursement (House - 101 - 02) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/28/2000	Amount of Each Disbursement This Period 500.00
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SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	16700.00

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	14 / 14
			FOR LINE NUMBER 28
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NAME OF COMMITTEE (In Full) HUPAC			
Full Name, Mailing Address, and ZIP Code Don Crook 3118 Honey Tree Lane Austin TX 78746	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) 06/07/2000	Amount of Each Disbursement This Period 4830.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			4830.00