

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1 / 16
12/07/2000 09 : 29

| | | |
|---|--|---|
| 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 _____
- Thirtieth day report following the General Election
- Termination report on 11/07/2000 In the State of VA
- (b) Is this Report an Amendment YES NO

| SUMMARY | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------|--|
| 5. Covering Period <u>10/01/2000</u> through <u>12/07/2000</u> | | |
| 6. (a) Cash on Hand, January 1, <u>2000</u> | | 14175.43 |
| (b) Cash on Hand at Beginning of Reporting Period | 7525.23 | |
| (c) Total Receipts (from line 19) | 7368.00 | 81580.83 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 14893.23 | 95756.26 |
| 7. Total Disbursements (from line 30) | 5874.70 | 86837.73 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 8918.53 | 8918.53 |
| 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. | | For further information contact: Federal Election Commission 989 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420 |
| Type or Print Name of Treasurer Electronically Filed by Kevin Corcoran | | |
| Signature of Treasurer | Date 12/06/2000 | |

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 10/01/2000 | TO: 12/07/2000 | |
| 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) | 3835.00 | 26158.00 | 11.a.i. |
| ii. Unitemized | 3735.00 | 55382.83 | 11.a.ii. |
| iii. Total | 7368.00 | 81580.83 | 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 | 7368.00 | 81580.83 | 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 | 7368.00 | 81580.83 | 19. |
| 20. Total Federal Receipts | 7368.00 | 81580.83 | 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 | 224.70 | 11078.30 | 21.b. |
| c. Total Operating Expenditures | 224.70 | 11078.30 | 21.c. |
| 22. Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 | 22. |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 5750.00 | 84104.43 | 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 | 0.00 | 11655.00 | 29. |
| 30. Total Disbursements | 5974.70 | 86837.73 | 30. |
| 31. Total Federal Disbursements | 5974.70 | 86837.73 | 31. |
| III. Net Contributions / Operating Expenditures | | | |
| 32. Total Contributions (other than loans) (from line 11d) | 7368.00 | 81580.83 | 32. |
| 33. Total Contribution Refunds (from line 28d) | 0.00 | 0.00 | 33. |
| 34. Net Contributions (other than loans) (subtract line 33 from 32) | 7368.00 | 81580.83 | 34. |
| 35. Total Federal Operating Expenditures | 224.70 | 11078.30 | 35. |
| 36. Offsets to Operating Expenditures (from line 15) | 0.00 | 0.00 | 36. |
| 37. Net Operating Expenditures | 224.70 | 11078.30 | 37. |

| SCHEDULE A | | ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | 3 / 16 |
|--|--|--|---|---|---------------|
| | | | | 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 Bob Hagen P.O. Box 340325 Anchorage AK 99524 | Name of Employer Hagen Insurance Occupation Health Insurance Agent | Date (month, day, year) 11/13/2000 | Amount of Each Receipt this Period 500.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Aggregate Year-to-Date > \$ 750.00 | | | | |
| Full Name, Mailing Address, and ZIP Code Barbara Wong 411 W. 4th Avenue, #200 Anchorage AK 99501 | Name of Employer Capital Management Benefits Occupation Health Insurance Agent | Date (month, day, year) 10/16/2000 | Amount of Each Receipt this Period 300.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Aggregate Year-to-Date > \$ 300.00 | | | | |
| Full Name, Mailing Address, and ZIP Code Michael Matznick P.O. Box 38248 Greensboro NC 27438 | Name of Employer Med/Flex Benefits Center, Inc. Occupation Health Insurance Agent | Date (month, day, year) 10/02/2000 | Amount of Each Receipt this Period 200.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Aggregate Year-to-Date > \$ 2000.00 | | | | |
| Full Name, Mailing Address, and ZIP Code Michael Matznick P.O. Box 38248 Greensboro NC 27438 | Name of Employer Med/Flex Benefits Center, Inc. Occupation Health Insurance Agent | Date (month, day, year) 11/02/2000 | Amount of Each Receipt this Period 200.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Aggregate Year-to-Date > \$ 2200.00 | | | | |
| Full Name, Mailing Address, and ZIP Code Michael Matznick P.O. Box 38248 Greensboro NC 27438 | Name of Employer Med/Flex Benefits Center, Inc. Occupation Health Insurance Agent | Date (month, day, year) 12/04/2000 | Amount of Each Receipt this Period 200.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Aggregate Year-to-Date > \$ 2400.00 | | | | |
| Full Name, Mailing Address, and ZIP Code Michael Rivera 12200 Northwest Freeway #662 Houston TX 77092 | Name of Employer Northwest General Insurance Occupation Health Insurance Agent | Date (month, day, year) 10/02/2000 | Amount of Each Receipt this Period 200.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Aggregate Year-to-Date > \$ 1500.00 | | | | |
| Full Name, Mailing Address, and ZIP Code Michael Rivera 12200 Northwest Freeway #662 Houston TX 77092 | Name of Employer Northwest General Insurance Occupation Health Insurance Agent | Date (month, day, year) 11/02/2000 | Amount of Each Receipt this Period 200.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Aggregate Year-to-Date > \$ 1700.00 | | | | |
| 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 / 16 |
|--|--|--|--|---|--|
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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 | | Name of Employer Northwest General Insurance | | Date (month, day, year) 12/04/2000 | 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 > \$ 1500.00 | | | |
| 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) 10/02/2000 | 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 > \$ 1225.00 | | | |
| 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) 11/02/2000 | 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 > \$ 1275.00 | | | |
| 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) 12/04/2000 | Amount of Each Receipt this Period 50.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | Occupation Health Insurance Agent | | | |
| | | Aggregate Year-to-Date > \$ 1325.00 | | | |
| Full Name, Mailing Address, and ZIP Code Lawrence Kaczmarek 2633 State Route 59, Suite B Ravenna OH 44266-1884 | | Name of Employer Kaczmarek Insurance Services | | Date (month, day, year) 12/04/2000 | Amount of Each Receipt this Period 50.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | Occupation Health Insurance Agent | | | |
| | | Aggregate Year-to-Date > \$ 350.00 | | | |
| Full Name, Mailing Address, and ZIP Code Joseph Keliher P.O. Box 1857 Salem VA 24153 | | Name of Employer BGI Brokerage | | Date (month, day, year) 11/13/2000 | Amount of Each Receipt this Period 43.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | Occupation Health Insurance Agent | | | |
| | | Aggregate Year-to-Date > \$ 233.00 | | | |
| Full Name, Mailing Address, and ZIP Code Eugene Ebersole 405 Gretna Blvd. #103 A Gretna LA 70053-4945 | | Name of Employer | | Date (month, day, year) 10/02/2000 | 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 > \$ 455.50 | | | |
| 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 Eugene Ebersole 405 Gretna Blvd. #103 A Gretna LA 70053-4945 | | Name of Employer Occupation Health Insurance Agent | | Date (month, day, year) 11/02/2000 | Amount of Each Receipt this Period 40.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | Aggregate Year-to-Date > \$ 455.50 | | | |
| Full Name, Mailing Address, and ZIP Code Eugene Ebersole 405 Gretna Blvd. #103 A Gretna LA 70053-4945 | | Name of Employer Occupation Health Insurance Agent | | Date (month, day, year) 12/04/2000 | 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 > \$ 535.50 | | | |
| Full Name, Mailing Address, and ZIP Code James Machock PO Box 885 Fort Wayne IN 46801-0885 | | Name of Employer Acordia Occupation Health Insurance Agent | | Date (month, day, year) 10/02/2000 | Amount of Each Receipt this Period 40.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | Aggregate Year-to-Date > \$ 320.00 | | | |
| Full Name, Mailing Address, and ZIP Code James Machock PO Box 885 Fort Wayne IN 46801-0885 | | Name of Employer Acordia Occupation Health Insurance Agent | | Date (month, day, year) 11/02/2000 | Amount of Each Receipt this Period 40.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | Aggregate Year-to-Date > \$ 360.00 | | | |
| Full Name, Mailing Address, and ZIP Code James Machock PO Box 885 Fort Wayne IN 46801-0885 | | Name of Employer Acordia Occupation Health Insurance Agent | | Date (month, day, year) 12/04/2000 | 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 > \$ 400.00 | | | |
| 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 Occupation Health Insurance Agent | | Date (month, day, year) 10/02/2000 | Amount of Each Receipt this Period 40.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | Aggregate Year-to-Date > \$ 440.00 | | | |
| 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 Occupation Health Insurance Agent | | Date (month, day, year) 11/02/2000 | Amount of Each Receipt this Period 40.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | Aggregate Year-to-Date > \$ 480.00 | | | |
| 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 | 6 / 16 |
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NAME OF COMMITTEE (In Full)
HUPAC

| | | | |
|---|---|--|--|
| Full Name, Mailing Address, and ZIP Code Charles Westmoreland 1923 Splitway 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 Assur- ce | Date (month, day, year) 12/04/2000 | Amount of Each Receipt this Period 40.00 |
| | Occupation Health Insurance Agent | | |
| | Aggregate Year-to-Date > \$ 520.00 | | |
| 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 | Date (month, day, year) 10/02/2000 | Amount of Each Receipt this Period 30.00 |
| | Occupation Health Insurance Agent | | |
| | Aggregate Year-to-Date > \$ 290.00 | | |
| 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 | Date (month, day, year) 11/02/2000 | Amount of Each Receipt this Period 30.00 |
| | Occupation Health Insurance Agent | | |
| | Aggregate Year-to-Date > \$ 320.00 | | |
| 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 | Date (month, day, year) 12/04/2000 | Amount of Each Receipt this Period 30.00 |
| | Occupation Health Insurance Agent | | |
| | Aggregate Year-to-Date > \$ 350.00 | | |
| 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 | Date (month, day, year) 10/02/2000 | Amount of Each Receipt this Period 30.00 |
| | Occupation Health Insurance Agent | | |
| | Aggregate Year-to-Date > \$ 300.00 | | |
| 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 | Date (month, day, year) 11/02/2000 | Amount of Each Receipt this Period 30.00 |
| | Occupation Health Insurance Agent | | |
| | Aggregate Year-to-Date > \$ 330.00 | | |
| 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 | Date (month, day, year) 12/04/2000 | Amount of Each Receipt this Period 30.00 |
| | Occupation Health Insurance Agent | | |
| | Aggregate Year-to-Date > \$ 360.00 | | |

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 / 16 |
|--|--|---|--|---|--|
| | | | | FOR LINE NUMBER | 11A1 |
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| NAME OF COMMITTEE (In Full) HUPAC | | | | | |
| Full Name, Mailing Address, and ZIP Code Tim Byme 3113 W. Beltline Highway Madison WI 53713 | | Name of Employer Mortenson, Matzelle & Met- drum | | Date (month, day, year) 10/02/2000 | 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 > \$ 250.00 | |
| Full Name, Mailing Address, and ZIP Code Tim Byme 3113 W. Beltline Highway Madison WI 53713 | | Name of Employer Mortenson, Matzelle & Met- drum | | Date (month, day, year) 11/02/2000 | 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 > \$ 275.00 | |
| Full Name, Mailing Address, and ZIP Code Tim Byme 3113 W. Beltline Highway Madison WI 53713 | | Name of Employer Mortenson, Matzelle & Met- drum | | Date (month, day, year) 12/04/2000 | 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 > \$ 300.00 | |
| Full Name, Mailing Address, and ZIP Code David L. Fear 11160 Sun Center Dr. #A Rancho Cordova CA 95670 | | Name of Employer California Insurance Mark- eting | | Date (month, day, year) 10/02/2000 | 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 > \$ 350.00 | |
| Full Name, Mailing Address, and ZIP Code David L. Fear 11160 Sun Center Dr. #A Rancho Cordova CA 95670 | | Name of Employer California Insurance Mark- eting | | Date (month, day, year) 11/02/2000 | 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 > \$ 375.00 | |
| Full Name, Mailing Address, and ZIP Code David L. Fear 11160 Sun Center Dr. #A Rancho Cordova CA 95670 | | Name of Employer California Insurance Mark- eting | | Date (month, day, year) 12/04/2000 | 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 > \$ 400.00 | |
| Full Name, Mailing Address, and ZIP Code Roger Skinner 5546 Shorewood Drive Indianapolis IN 46220 | | Name of Employer GroupLink, Inc. | | Date (month, day, year) 10/02/2000 | 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 > \$ 480.00 | |
| 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 / 16 |
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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 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 > \$ 505.00 | Date (month, day, year) 11/02/2000 | Amount of Each Receipt this Period 25.00 |
| 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 > \$ 530.00 | Date (month, day, year) 12/04/2000 | Amount of Each Receipt this Period 25.00 |
| 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 > \$ 250.00 | Date (month, day, year) 10/02/2000 | Amount of Each Receipt this Period 25.00 |
| 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 > \$ 275.00 | Date (month, day, year) 11/02/2000 | Amount of Each Receipt this Period 25.00 |
| 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 > \$ 300.00 | Date (month, day, year) 12/04/2000 | Amount of Each Receipt this Period 25.00 |
| Full Name, Mailing Address, and ZIP Code Terry Alard 1600 A Street #301 Anchorage AK 99501 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer The Wilson Agency Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 220.00 | Date (month, day, year) 11/02/2000 | Amount of Each Receipt this Period 20.00 |
| Full Name, Mailing Address, and ZIP Code Terry Alard 1600 A Street #301 Anchorage AK 99501 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer The Wilson Agency Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 240.00 | Date (month, day, year) 12/04/2000 | 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 | 9 / 16 |
|--|--|--|--|---|-------------|
| | | | | 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 Rose Englund 7400 York Road #200 Towson MD 21204-7540 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer The Dental Network Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 240.00 | Date (month, day, year) 10/02/2000 | Amount of Each Receipt this Period 20.00 | | |
| Full Name, Mailing Address, and ZIP Code Rose Englund 7400 York Road #200 Towson MD 21204-7540 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer The Dental Network Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 260.00 | Date (month, day, year) 11/02/2000 | Amount of Each Receipt this Period 20.00 | | |
| Full Name, Mailing Address, and ZIP Code Rose Englund 7400 York Road #200 Towson MD 21204-7540 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer The Dental Network Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 280.00 | Date (month, day, year) 12/04/2000 | Amount of Each Receipt this Period 20.00 | | |
| Full Name, Mailing Address, and ZIP Code Robert Grundman 7412 Karl Drive Lincoln NE 68516-4368 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Senior Benefit Strategies Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 240.00 | Date (month, day, year) 10/02/2000 | Amount of Each Receipt this Period 20.00 | | |
| Full Name, Mailing Address, and ZIP Code Robert Grundman 7412 Karl Drive Lincoln NE 68516-4368 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Senior Benefit Strategies Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 260.00 | Date (month, day, year) 11/02/2000 | Amount of Each Receipt this Period 20.00 | | |
| Full Name, Mailing Address, and ZIP Code Robert Grundman 7412 Karl Drive Lincoln NE 68516-4368 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Senior Benefit Strategies Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 280.00 | Date (month, day, year) 12/04/2000 | Amount of Each Receipt this Period 20.00 | | |
| Full Name, Mailing Address, and ZIP Code James Heldebrand 6140 S. 104th East Avenue Suite 200 Tulsa OK 74133-1588 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Heldebrand & Associates Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 220.00 | Date (month, day, year) 11/02/2000 | 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 | | 10 / 16 |
|--|--|--|--|---|
| 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 James Heldebrand 5140 S. 104th East Avenue Suite 200 Tulsa OK 74133-1588 | Name of Employer Heldebrand & Associates Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 240.00 | Date (month, day, year) 12/04/2000 | Amount of Each Receipt this Period 20.00 | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : |
| Full Name, Mailing Address, and ZIP Code Ronald Levine 1 Piedmont Center, #400 Atlanta GA 30305 | Name of Employer Employease, Inc. Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 270.00 | Date (month, day, year) 10/02/2000 | Amount of Each Receipt this Period 20.00 | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : |
| Full Name, Mailing Address, and ZIP Code Ronald Levine 1 Piedmont Center, #400 Atlanta GA 30305 | Name of Employer Employease, Inc. Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 290.00 | Date (month, day, year) 11/02/2000 | Amount of Each Receipt this Period 20.00 | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : |
| Full Name, Mailing Address, and ZIP Code Ronald Levine 1 Piedmont Center, #400 Atlanta GA 30305 | Name of Employer Employease, Inc. Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 310.00 | Date (month, day, year) 12/04/2000 | Amount of Each Receipt this Period 20.00 | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : |
| Full Name, Mailing Address, and ZIP Code Dwight Mazzone 6350 E. Thomas Road, Suite 138 Scottsdale AZ 85251 | Name of Employer C/M Benefits, Inc. Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 300.00 | Date (month, day, year) 10/02/2000 | Amount of Each Receipt this Period 20.00 | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : |
| Full Name, Mailing Address, and ZIP Code Robert W. Pitman 6017 E. McKellips Road, #104-46 Mesa AZ 85215-2800 | Name of Employer PIT VII, Inc. Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 220.00 | Date (month, day, year) 11/02/2000 | Amount of Each Receipt this Period 20.00 | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : |
| Full Name, Mailing Address, and ZIP Code Robert W. Pitman 6017 E. McKellips Road, #104-46 Mesa AZ 85215-2800 | Name of Employer PIT VII, Inc. Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 240.00 | Date (month, day, year) 12/04/2000 | Amount of Each Receipt this Period 20.00 | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : |
| 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 | 11 / 16 |
|--|---|--|--|---|----------------|
| | | | | 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 Alberta Priest P.O. Box 3753 Albuquerque NM 87190-3753 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer AMP Consultants, Inc. Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 220.00 | Date (month, day, year) 11/17/2000 | Amount of Each Receipt this Period 20.00 | | |
| 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 > \$ 290.00 | Date (month, day, year) 10/02/2000 | Amount of Each Receipt this Period 20.00 | | |
| 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 > \$ 280.00 | Date (month, day, year) 11/02/2000 | Amount of Each Receipt this Period 20.00 | | |
| 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 > \$ 300.00 | Date (month, day, year) 12/04/2000 | Amount of Each Receipt this Period 20.00 | | |
| Full Name, Mailing Address, and ZIP Code Joseph Keliher P.O. Box 1657 Salem VA 24153 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer BGI Brokerage Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 243.00 | Date (month, day, year) 12/04/2000 | Amount of Each Receipt this Period 10.00 | | |
| Full Name, Mailing Address, and ZIP Code Sandra V. Mobley 5846 Ridgewood Road, D-102 Jackson MS 39211-2646 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Self-Employed Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 210.00 | Date (month, day, year) 11/02/2000 | Amount of Each Receipt this Period 10.00 | | |
| Full Name, Mailing Address, and ZIP Code Sandra V. Mobley 5846 Ridgewood Road, D-102 Jackson MS 39211-2646 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Self-Employed Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 220.00 | Date (month, day, year) 12/04/2000 | Amount of Each Receipt this Period 10.00 | | |
| SUBTOTALS of Receipts This Page (Optional) | | | | | |
| TOTALS This Period (last page this line number only) | | | | | |

| SCHEDULE A | | ITEMIZED RECEIPTS | | 12 / 16 |
|--|--|---|--|--------------------------------|
| | | 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 Stuart Shapiro P.O. Box 58 Wheeling IL 60090-0058 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Shapiro Financial Group, Inc. Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 210.00 | Date (month, day, year) 11/02/2000 | Amount of Each Receipt this Period 10.00 | |
| Full Name, Mailing Address, and ZIP Code Stuart Shapiro P.O. Box 58 Wheeling IL 60090-0058 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Shapiro Financial Group, Inc. Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 220.00 | Date (month, day, year) 12/04/2000 | Amount of Each Receipt this Period 10.00 | |
| Full Name, Mailing Address, and ZIP Code Patricia Smeley 2502 Lincolnway West Mishawaka IN 46544-1524 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer The Goodwin Company Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 210.00 | Date (month, day, year) 10/02/2000 | Amount of Each Receipt this Period 10.00 | |
| Full Name, Mailing Address, and ZIP Code Patricia Smeley 2502 Lincolnway West Mishawaka IN 46544-1524 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer The Goodwin Company Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 220.00 | Date (month, day, year) 11/02/2000 | Amount of Each Receipt this Period 10.00 | |
| Full Name, Mailing Address, and ZIP Code Patricia Smeley 2502 Lincolnway West Mishawaka IN 46544-1524 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer The Goodwin Company Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 230.00 | Date (month, day, year) 12/04/2000 | Amount of Each Receipt this Period 10.00 | |
| Full Name, Mailing Address, and ZIP Code Harry Witsen 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 > \$ 250.00 | Date (month, day, year) 10/02/2000 | Amount of Each Receipt this Period 10.00 | |
| Full Name, Mailing Address, and ZIP Code Harry Witsen 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 > \$ 260.00 | Date (month, day, year) 11/02/2000 | Amount of Each Receipt this Period 10.00 | |
| 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 | 13 / 16 |
|--|--|---|--|---|--|
| | | | | | 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 Harry Wiltsen 1150 Glenwood Court Vineland NJ 03861-8510 | | Name of Employer Medical Benefit Services | | Date (month, day, year) 12/04/2000 | 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 > \$ 270.00 | | | |
| Full Name, Mailing Address, and ZIP Code Charles L. Wright 1221 Abrams Road, #118 Richardson TX 75081-5579 | | Name of Employer Wright Ins. & Ret. Svcs. | | Date (month, day, year) 11/02/2000 | 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 > \$ 210.00 | | | |
| Full Name, Mailing Address, and ZIP Code Charles L. Wright 1221 Abrams Road, #118 Richardson TX 75081-5579 | | Name of Employer Wright Ins. & Ret. Svcs. | | Date (month, day, year) 12/04/2000 | 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 > \$ 220.00 | | | |
| Full Name, Mailing Address, and ZIP Code Donna Hill PO Box 724 Snelville GA 30078 | | Name of Employer DDH Associates | | Date (month, day, year) 11/20/2000 | Amount of Each Receipt this Period 5.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | Occupation Health Insurance Agent | | | |
| | | Aggregate Year-to-Date > \$ 355.00 | | | |
| Full Name, Mailing Address, and ZIP Code Mary B. Kramer 11506 Miracle Hills Drive, #102 Omaha NE 68154-4447 | | Name of Employer Silverstone Group, Inc. | | Date (month, day, year) 11/02/2000 | Amount of Each Receipt this Period 5.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | Occupation Health Insurance Agent | | | |
| | | Aggregate Year-to-Date > \$ 205.00 | | | |
| Full Name, Mailing Address, and ZIP Code Mary B. Kramer 11508 Miracle Hills Drive, #102 Omaha NE 68154-4447 | | Name of Employer Silverstone Group, Inc. | | Date (month, day, year) 12/04/2000 | Amount of Each Receipt this Period 5.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | Occupation Health Insurance Agent | | | |
| | | Aggregate Year-to-Date > \$ 210.00 | | | |
| Full Name, Mailing Address, and ZIP Code Deborah Reed 1503 Bombay Lane Roswell GA 30076 | | Name of Employer The Reed Insurance Company | | Date (month, day, year) 11/20/2000 | Amount of Each Receipt this Period 5.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | Occupation Health Insurance Agent | | | |
| | | Aggregate Year-to-Date > \$ 205.00 | | | |
| SUBTOTALS of Receipts This Page (Optional) | | | | | |
| TOTALS This Period (last page this line number only) | | | | | 3633.00 |

| SCHEDULE B | | ITEMIZED DISBURSEMENTS | | Use separate schedule(s) for each category of the Detailed Summary Page | 14 / 16 |
|--|--|--|--|---|---|
| | | | | | 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 BOYD FOR CONGRESS PO BOX 15703 TALLAHASSEE FL 32317 | | Purpose of Disbursement (House - FL - 02) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | Date (month, day, year) 10/20/2000 | Amount of Each Disbursement This Period 250.00 |
| Full Name, Mailing Address, and ZIP Code CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE 8665 WILSHIRE BLVD #220 BEVERLY HILLS CA 90211 | | Purpose of Disbursement (House - CA - 29) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | Date (month, day, year) 10/20/2000 | Amount of Each Disbursement This Period 250.00 |
| Full Name, Mailing Address, and ZIP Code FRIENDS OF JOHN PETERSON 114 W STATE ST PO BOX 235 PLEASANTVILLE PA 16341 | | Purpose of Disbursement (House - PA - 05) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | Date (month, day, year) 10/20/2000 | Amount of Each Disbursement This Period 250.00 |
| 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | Date (month, day, year) 10/20/2000 | Amount of Each Disbursement This Period 500.00 |
| Full Name, Mailing Address, and ZIP Code NETHERCUTT FOR CONGRESS '2000 PO BOX 1925 SPOKANE WA 99201 | | Purpose of Disbursement (House - WA - 05) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | Date (month, day, year) 10/20/2000 | Amount of Each Disbursement This Period 500.00 |
| Full Name, Mailing Address, and ZIP Code PEOPLE FOR ENGLISH PO BOX 1940 ERIE PA 16507 | | Purpose of Disbursement (House - PA - 21) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | Date (month, day, year) 10/20/2000 | Amount of Each Disbursement This Period 250.00 |
| Full Name, Mailing Address, and ZIP Code PHELPS FOR CONGRESS 225 JACOB RD ELDORADO IL 62930 | | Purpose of Disbursement (House - IL - 19) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | Date (month, day, year) 10/20/2000 | Amount of Each Disbursement This Period 250.00 |
| Full Name, Mailing Address, and ZIP Code SHARPLESS 2000 PO BOX 260050 MADISON WI 53726 | | Purpose of Disbursement (House - WI - 02) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | Date (month, day, year) 10/20/2000 | Amount of Each Disbursement This Period 500.00 |
| Full Name, Mailing Address, and ZIP Code ZIMMER 2000 INC PO BOX 6988 LAWRENCEVILLE NJ 08648 | | Purpose of Disbursement (House - NJ - 12) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | | Date (month, day, year) 10/20/2000 | 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 | 15 / 16 |
|--|---|--|--|---|-----------------------|
| | | | | | 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 JOHN KOSTER FOR CONGRESS PO BOX 3595 ARLINGTON WA 98223 | Purpose of Disbursement (House - WA - 02) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 10/23/2000 | Amount of Each Disbursement This Period 250.00 | | |
| Full Name, Mailing Address, and ZIP Code CHAMBLISS FOR CONGRESS P.O. BOX 4084 MACON GA 31208 | Purpose of Disbursement (House - GA - 08) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 10/27/2000 | Amount of Each Disbursement This Period 250.00 | | |
| Full Name, Mailing Address, and ZIP Code COMMITTEE TO RE-ELECT CONGRESSMAN CHRIS SMITH P.O. BOX 3184 PO BOX 436 HAMILTON NJ 08619 | Purpose of Disbursement (House - NJ - 04) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 10/27/2000 | Amount of Each Disbursement This Period 250.00 | | |
| Full Name, Mailing Address, and ZIP Code EWING FOR CONGRESS PO BOX 1964 MUSKOGEE OK 74402 | Purpose of Disbursement (House - OK - 02) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 10/27/2000 | Amount of Each Disbursement This Period 250.00 | | |
| Full Name, Mailing Address, and ZIP Code FRIENDS OF JENNIFER B DUNN PO BOX 40110 BELLEVUE WA 98015 | Purpose of Disbursement (House - WA - 08) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 10/27/2000 | Amount of Each Disbursement This Period 250.00 | | |
| Full Name, Mailing Address, and ZIP Code JIM DAVIS FOR CONGRESS PO BOX 18143 TAMPA FL 33609 | Purpose of Disbursement (House - FL - 11) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 10/27/2000 | Amount of Each Disbursement This Period 250.00 | | |
| Full Name, Mailing Address, and ZIP Code KAY GRANGER CAMPAIGN FUND 910 HOUSTON STREET SUITE 105-C FORT WORTH TX 76102 | Purpose of Disbursement (House - TX - 12) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 10/27/2000 | Amount of Each Disbursement This Period 250.00 | | |
| Full Name, Mailing Address, and ZIP Code LAMPSON FOR CONGRESS 2000 P O BOX 21578 BEAUMONT TX 77720 | 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) 10/27/2000 | Amount of Each Disbursement This Period 250.00 | | |
| Full Name, Mailing Address, and ZIP Code SMITH FOR CONGRESS 310 S MAIN STREET SUITE 1420 SALT LAKE CITY UT 84101 | Purpose of Disbursement (House - UT - 02) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 10/27/2000 | Amount of Each Disbursement This Period 250.00 | | |
| 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 | 16 / 16 |
| | | | FOR LINE NUMBER 23 |
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| NAME OF COMMITTEE (In Full) HUPAC | | | |
| Full Name, Mailing Address, and ZIP Code TOM ALLEN FOR CONGRESS COMMITTEE 85 PREBLE STREET PO BOX 17766 PORTLAND ME 04112 | Purpose of Disbursement (House - ME - 01) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Date (month, day, year) 10/27/2000 | Amount of Each Disbursement This Period 250.00 |
| | | | |
| SUBTOTALS of Disbursements This Page (Optional) | | | |
| TOTALS This Period (last page this line number only) | | | 5750.00 |