

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

1 / 18  
11/03/2000 08 : 20

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

## 4. TYPE OF REPORT

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

<b>SUMMARY</b>	<b>COLUMN A This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
5. Covering Period <u>04/01/2000</u> through <u>08/30/2000</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	<b>For further information contact :</b> Federal Election Commission 999 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 <b>Electronically Filed by Kevin Corcoran</b>		
Signature of Treasurer	Date 11/03/2000	

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 <b>HUPAC</b>	REPORT COVERING PERIOD		
	FROM 04/01/2000	TO: 06/30/2000	
<b>I. Receipts</b>			
	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year</b>	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A) .....	13970.00	19315.00	11.a.i.
ii. Unitemized .....	31657.97	48762.49	11.a.ii.
iii. Total .....	45627.97	68087.49	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	68087.49	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	68087.49	19.
20. Total Federal Receipts .....	45627.97	68087.49	20.
<b>II. Disbursements</b>			
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.
<b>III. Net Contributions / Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d) .....	45627.97	68087.49	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	68087.49	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.

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>3 / 18</b>
			FOR LINE NUMBER <b>11A1</b>

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**

<b>Full Name, Mailing Address, and ZIP Code</b> 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
<b>Full Name, Mailing Address, and ZIP Code</b> Eugene Ebersole  405 Gretna Blvd. #103 A Gretna LA 70055-4945  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer  Occupation Health Insurance Agent  Aggregate Year-to-Date > \$ 215.50	Date (month, day, year) 04/03/2000	Amount of Each Receipt this Period 40.00
<b>Full Name, Mailing Address, and ZIP Code</b> 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
<b>Full Name, Mailing Address, and ZIP Code</b> Michael Rivera  12200 Northwest Freeway #862  Houston TX 77092  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Northwest General Insurance  Occupation Health Insurance Agent  Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 04/03/2000	Amount of Each Receipt this Period 200.00
<b>Full Name, Mailing Address, and ZIP Code</b> 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 > \$ 155.00	Date (month, day, year) 04/03/2000	Amount of Each Receipt this Period 25.00
<b>Full Name, Mailing Address, and ZIP Code</b> Robert Trotter  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
<b>Full Name, Mailing Address, and ZIP Code</b> 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

**SUBTOTALS** of Receipts This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	4 / 18
				FOR LINE NUMBER <b>11A1</b>	
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<b>NAME OF COMMITTEE (In Full)</b> <b>HUPAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> Eugene Ebersole  405 Gretna Blvd. #103 A Gretna LA 70053-4945	<b>Name of Employer</b>  Health Insurance Agent	<b>Date (month, day, year)</b> 05/02/2000	<b>Amount of Each Receipt this Period</b> 40.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Health Insurance Agent	<b>Aggregate Year-to-Date</b> > \$ 255.50			
<b>Full Name, Mailing Address, and ZIP Code</b> Timothy Hendricks  4200 East Skelly Drive #251  Tulsa OK 74135-3208	<b>Name of Employer</b> Business Planning Group of OK	<b>Date (month, day, year)</b> 05/02/2000	<b>Amount of Each Receipt this Period</b> 50.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Health Insurance Agent	<b>Aggregate Year-to-Date</b> > \$ 250.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Michael Matznick  P.O. Box 38248  Greensboro NC 27438	<b>Name of Employer</b> Med/Flex Benefits Center, Inc.	<b>Date (month, day, year)</b> 05/02/2000	<b>Amount of Each Receipt this Period</b> 200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Health Insurance Agent	<b>Aggregate Year-to-Date</b> > \$ 765.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Michael Rivera  12200 Northwest Freeway #662  Houston TX 77092	<b>Name of Employer</b> Northwest General Insuran- ce	<b>Date (month, day, year)</b> 05/02/2000	<b>Amount of Each Receipt this Period</b> 200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Health Insurance Agent	<b>Aggregate Year-to-Date</b> > \$ 500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Charles Westmoreland  1923 Spillway Road, Suite 194  Brandon MS 39047-8021	<b>Name of Employer</b> American Fidelity Assuran- ce	<b>Date (month, day, year)</b> 05/02/2000	<b>Amount of Each Receipt this Period</b> 40.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Health Insurance Agent	<b>Aggregate Year-to-Date</b> > \$ 240.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Bruce Glazier  1401 S. Brentwood, Suite 555  Saint Louis MO 63144	<b>Name of Employer</b> Benefits Just for Groups	<b>Date (month, day, year)</b> 05/03/2000	<b>Amount of Each Receipt this Period</b> 100.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Health Insurance Agent	<b>Aggregate Year-to-Date</b> > \$ 100.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Scott Shalek  74 Grand Avenue, Suite 104  Fox Lake IL 60020	<b>Name of Employer</b> Principal Financial Group	<b>Date (month, day, year)</b> 05/03/2000	<b>Amount of Each Receipt this Period</b> 700.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Health Insurance Agent	<b>Aggregate Year-to-Date</b> > \$ 1100.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

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**HUPAC**

<b>Full Name, Mailing Address, and ZIP Code</b> 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
<b>Full Name, Mailing Address, and ZIP Code</b> 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
<b>Full Name, Mailing Address, and ZIP Code</b> F. Jim Parks  22 West Lake Forest Drive  Palmyra VA 22963  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer F. Jim Parks Agency  Occupation Health Insurance Agent  Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 05/24/2000	Amount of Each Receipt this Period  100.00
<b>Full Name, Mailing Address, and ZIP Code</b> 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
<b>Full Name, Mailing Address, and ZIP Code</b> Gregory S. Smith  2201 Woodlawn Road  Lincoln IL 62856  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Group Marketing Services, Inc.  Occupation Health Insurance Agent  Aggregate Year-to-Date > \$ 225.00	Date (month, day, year) 05/24/2000	Amount of Each Receipt this Period  100.00
<b>Full Name, Mailing Address, and ZIP Code</b> 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
<b>Full Name, Mailing Address, and ZIP Code</b> 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 > \$ 340.00	Date (month, day, year) 05/26/2000	Amount of Each Receipt this Period  100.00

**SUBTOTALS** of Receipts This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....

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**HUPAC**

<b>Full Name, Mailing Address, and ZIP Code</b> Dennis Mather  10540 York Road  Cockeysville MD 21030  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Mather Companies  Occupation Health Insurance Agent  Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 05/26/2000	Amount of Each Receipt this Period 100.00
<b>Full Name, Mailing Address, and ZIP Code</b> 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 > \$ 875.00	Date (month, day, year) 05/31/2000	Amount of Each Receipt this Period 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> 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 > \$ 1025.00	Date (month, day, year) 06/02/2000	Amount of Each Receipt this Period 50.00
<b>Full Name, Mailing Address, and ZIP Code</b> Eugene Ebersole  405 Gretna Blvd. #103 A Gretna LA 70053-4945  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer   Occupation Health Insurance Agent  Aggregate Year-to-Date > \$ 295.50	Date (month, day, year) 06/02/2000	Amount of Each Receipt this Period 40.00
<b>Full Name, Mailing Address, and ZIP Code</b> Timothy Hendricks  4200 East Skelly Drive #251  Tulsa OK 74135-3206  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Business Planning Group of OK  Occupation Health Insurance Agent  Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 06/02/2000	Amount of Each Receipt this Period 50.00
<b>Full Name, Mailing Address, and ZIP Code</b> Michael Matznick  P.O. Box 38246  Greensboro NC 27438  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer MedFlex Benefits Center, Inc.  Occupation Health Insurance Agent  Aggregate Year-to-Date > \$ 865.00	Date (month, day, year) 06/02/2000	Amount of Each Receipt this Period 200.00
<b>Full Name, Mailing Address, and ZIP Code</b> 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 > \$ 700.00	Date (month, day, year) 06/02/2000	Amount of Each Receipt this Period 200.00

**SUBTOTALS** of Receipts This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....

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		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>HUPAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> Roger Skinner  5546 Shorewood Drive  Indianapolis IN 46220  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> GroupLink, Inc.  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 180.00	<b>Date (month, day, year)</b> 06/02/2000	<b>Amount of Each Receipt this Period</b>  25.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Charles Westmoreland  1923 Spillway Road, Suite 194  Brandon MS 39047-6021  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> American Fidelity Assur- ce  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 290.00	<b>Date (month, day, year)</b> 06/02/2000	<b>Amount of Each Receipt this Period</b>  40.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Harry Witsen  1150 Glenwood Court  Vineland NJ 03861-9510  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Medical Benefit Services  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 210.00	<b>Date (month, day, year)</b> 06/02/2000	<b>Amount of Each Receipt this Period</b>  10.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Bernard Frye  737 E 86th Street  Indianapolis IN 46240-1803  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Frye Brokerage Co.  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 320.00	<b>Date (month, day, year)</b> 06/09/2000	<b>Amount of Each Receipt this Period</b>  200.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Thomas Kaufman  1675 Willow Street  San Jose CA 95125  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> BCI Insurance Services  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 780.00	<b>Date (month, day, year)</b> 06/09/2000	<b>Amount of Each Receipt this Period</b>  200.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Robert Trotter  700 South Street  Pittsfield MA 01201  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Berkshire Life  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 275.00	<b>Date (month, day, year)</b> 06/09/2000	<b>Amount of Each Receipt this Period</b>  200.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Thomas Belding  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) :	<b>Name of Employer</b> Professional Reinsurance Mktg.  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 120.00	<b>Date (month, day, year)</b> 06/12/2000	<b>Amount of Each Receipt this Period</b>  120.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>8 / 18</b>
				FOR LINE NUMBER <b>11A1</b>	
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.					
<b>NAME OF COMMITTEE (In Full)</b> <b>HUPAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> Jo Anna Burris  806 N. 8th Street  Sheboygan WI 53081  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> LMT Maritime Inc.  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 485.00	<b>Date (month, day, year)</b> 06/12/2000	<b>Amount of Each Receipt this Period</b>  100.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Teresa DeBruin  400 Interstate N. Parkway #1700  Atlanta GA 30339-5047  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Strategic Employee Services  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 290.00	<b>Date (month, day, year)</b> 06/12/2000	<b>Amount of Each Receipt this Period</b>  200.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Robert Desmond  550 Westcott #400  Houston TX 77007  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> River Oaks Benefits  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 480.00	<b>Date (month, day, year)</b> 06/12/2000	<b>Amount of Each Receipt this Period</b>  280.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Eva Jean Fomelant  P.O. Box 27489  Albuquerque NM 87125  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Presbyterian Health Plan  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 640.00	<b>Date (month, day, year)</b> 06/12/2000	<b>Amount of Each Receipt this Period</b>  300.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Michael Gray  7431 O Street  Lincoln NE 68510-2444  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Midlands Financial Benefits  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 06/12/2000	<b>Amount of Each Receipt this Period</b>  200.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Shelia Hartman  21300 Victory Blvd #215  Woodland Hills CA 91367  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Financial Independence Co.  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 06/12/2000	<b>Amount of Each Receipt this Period</b>  500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Jo Ellen Hill  1486 28th Street  West Des Moines IA 50266  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> The Bryton Companies  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 270.00	<b>Date (month, day, year)</b> 06/12/2000	<b>Amount of Each Receipt this Period</b>  220.00		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>9 / 18</b>
				FOR LINE NUMBER	<b>11A1</b>
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.					
<b>NAME OF COMMITTEE (In Full)</b> <b>HUPAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> Lawrence Kaczmarek  2633 State Route 59, Suite B  Ravenna OH 44266-1684  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Kaczmarek Insurance Serv- ces  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 300.00	<b>Date (month, day, year)</b> 06/12/2000	<b>Amount of Each Receipt this Period</b> 200.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Alan Katz, JD  2000 Corporate Center Drive  Newbury Park CA 91320  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Blue Cross of California  <b>Occupation</b> Senior Vice President, Sales  <b>Aggregate Year-to-Date</b> > \$ 350.00	<b>Date (month, day, year)</b> 06/12/2000	<b>Amount of Each Receipt this Period</b> 100.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Timothy Lancaster  PO Box 214529  Auburn Hills MI 48321-4259  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Lancaster & Associates L- d.  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 06/12/2000	<b>Amount of Each Receipt this Period</b> 200.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Gary Looney  110 East Crockett  San Antonio TX 78205-2612  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Catto & Catto  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 300.00	<b>Date (month, day, year)</b> 06/12/2000	<b>Amount of Each Receipt this Period</b> 200.00		
<b>Full Name, Mailing Address, and ZIP Code</b> 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) :	<b>Name of Employer</b> Robertson Mann Associates  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 340.00	<b>Date (month, day, year)</b> 06/12/2000	<b>Amount of Each Receipt this Period</b> 240.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Michael Matznick  P.O. Box 38246  Greensboro NC 27438  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Med/Flex Benefits Center, Inc.  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 1165.00	<b>Date (month, day, year)</b> 06/12/2000	<b>Amount of Each Receipt this Period</b> 200.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Dwight Mazzone  6350 E. Thomas Road, Suite 138  Scottsdale AZ 85251  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> C/M Benefits, Inc.  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 06/12/2000	<b>Amount of Each Receipt this Period</b> 100.00		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	10 / 18
					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.					
<b>NAME OF COMMITTEE (In Full)</b> <b>HUPAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> John Parker  47 Laurel Hill Drive  Niantic CT 06357		<b>Name of Employer</b> Parker Health Plan Agency		<b>Date (month, day, year)</b> 06/12/2000	<b>Amount of Each Receipt this Period</b> 120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Health Insurance Agent			
		<b>Aggregate Year-to-Date</b> > \$ 120.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Nick Patras  1108 Clayton Lane #450-E  Austin TX 78723		<b>Name of Employer</b> Colonial Life & Accident		<b>Date (month, day, year)</b> 06/12/2000	<b>Amount of Each Receipt this Period</b> 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Health Insurance Agent			
		<b>Aggregate Year-to-Date</b> > \$ 300.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Frank M. Pearsal  91 Antrim Road  Hillsboro NH 03244		<b>Name of Employer</b> Advanced Benefit Design		<b>Date (month, day, year)</b> 06/12/2000	<b>Amount of Each Receipt this Period</b> 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Health Insurance Agent			
		<b>Aggregate Year-to-Date</b> > \$ 225.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Susan Resh  8014 Midlothian Turnpike, #200  Richmond VA 23235-5291		<b>Name of Employer</b> Benefit Consultants of VA, Inc.		<b>Date (month, day, year)</b> 06/12/2000	<b>Amount of Each Receipt this Period</b> 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Health Insurance Agent			
		<b>Aggregate Year-to-Date</b> > \$ 375.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Edward Roling  P.O. Box 49198  Wichita KS 67201-9198		<b>Name of Employer</b> Delta Dental Plan of Kansas		<b>Date (month, day, year)</b> 06/12/2000	<b>Amount of Each Receipt this Period</b> 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Health Insurance Agent			
		<b>Aggregate Year-to-Date</b> > \$ 275.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Mel Schlesinger  P.O. Box 4086  Wilmington NC 28406		<b>Name of Employer</b> Dental Plans, Plus		<b>Date (month, day, year)</b> 06/12/2000	<b>Amount of Each Receipt this Period</b> 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Health Insurance Agent			
		<b>Aggregate Year-to-Date</b> > \$ 320.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Scott Shalek  74 Grand Avenue, Suite 104  Fox Lake IL 60020		<b>Name of Employer</b> Principal Financial Group		<b>Date (month, day, year)</b> 06/12/2000	<b>Amount of Each Receipt this Period</b> 800.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Health Insurance Agent			
		<b>Aggregate Year-to-Date</b> > \$ 1900.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>11 / 18</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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.				
<b>NAME OF COMMITTEE (In Full)</b> <b>HUPAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> Bynum Tuttle  P.O. Box 1110  Denton NC 27230  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Employee Benefit Designs Inc.  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 1100.00	<b>Date (month, day, year)</b> 06/12/2000	<b>Amount of Each Receipt this Period</b>  1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Roberta Whitman  1340 Treat Blvd #480  Walnut Creek CA 94596  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> California Insurance Center  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 06/12/2000	<b>Amount of Each Receipt this Period</b>  220.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Trei Wild  14800 Landmark Blvd. #700  Dallas TX 75240  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Safeguard American Dental  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 960.00	<b>Date (month, day, year)</b> 06/12/2000	<b>Amount of Each Receipt this Period</b>  900.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Thomas Beking  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) :	<b>Name of Employer</b> Professional Reinsurance Mktg.  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 06/14/2000	<b>Amount of Each Receipt this Period</b>  100.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Bruce Glazier  1401 S. Brentwood, Suite 585  Saint Louis MO 63144  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Benefits Just for Groups  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 06/14/2000	<b>Amount of Each Receipt this Period</b>  120.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Anthony Halby  313 Railroad Avenue. #201  Nevada City CA 95959  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Halby Insurance Agency  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 735.00	<b>Date (month, day, year)</b> 06/14/2000	<b>Amount of Each Receipt this Period</b>  165.00	
<b>Full Name, Mailing Address, and ZIP Code</b> David Kross  3341 Harrison Avenue  Cincinnati OH 45211  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> United Benefits Agency  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 440.00	<b>Date (month, day, year)</b> 06/14/2000	<b>Amount of Each Receipt this Period</b>  200.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>12 / 18</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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.				
<b>NAME OF COMMITTEE (In Full)</b> <b>HUPAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> Sharon McDermott  11818 P Street, Suite D  Omaha NE 68137	<b>Name of Employer</b> AFLAC District Office	<b>Date (month, day, year)</b> 06/14/2000	<b>Amount of Each Receipt this Period</b> 100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Health Insurance Agent	<b>Aggregate Year-to-Date</b> > \$ 275.00		
<b>Full Name, Mailing Address, and ZIP Code</b> David L. Fear  11180 Sun Center Dr. #A  Rancho Cordova CA 95870	<b>Name of Employer</b> California Insurance Marketing	<b>Date (month, day, year)</b> 06/27/2000	<b>Amount of Each Receipt this Period</b> 100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Health Insurance Agent	<b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Art Jetter  11305 Chicago Circle  Omaha NE 68154-2676	<b>Name of Employer</b> Art Jetter & Company	<b>Date (month, day, year)</b> 06/27/2000	<b>Amount of Each Receipt this Period</b> 200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Health Insurance Agent	<b>Aggregate Year-to-Date</b> > \$ 300.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Stephen Salamon  P.O. Box 4252  Timonium MD 21094	<b>Name of Employer</b> Heritage Financial Consultants	<b>Date (month, day, year)</b> 06/27/2000	<b>Amount of Each Receipt this Period</b> 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Health Insurance Agent	<b>Aggregate Year-to-Date</b> > \$ 970.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Roger Skinner  5546 Shorewood Drive  Indianapolis IN 46220	<b>Name of Employer</b> GroupLink, Inc.	<b>Date (month, day, year)</b> 06/27/2000	<b>Amount of Each Receipt this Period</b> 200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Health Insurance Agent	<b>Aggregate Year-to-Date</b> > \$ 380.00		
<b>Full Name, Mailing Address, and ZIP Code</b> John Parker  47 Laurel Hill Drive  Niantic CT 06357	<b>Name of Employer</b> Parker Health Plan Agency	<b>Date (month, day, year)</b> 06/30/2000	<b>Amount of Each Receipt this Period</b> 100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Health Insurance Agent	<b>Aggregate Year-to-Date</b> > \$ 220.00		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				<b>13970.00</b>

<b>SCHEDULE B</b>		<b>ITEMIZED DISBURSEMENTS</b>		<b>13 / 18</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>21B</b>
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.				
<b>NAME OF COMMITTEE (In Full)</b> <b>HUPAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> NOVA Information System  4020 University Avenue  Fairfax VA 22030	<b>Purpose of Disbursement</b> Credit Card Processing Fees  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 04/04/2000	<b>Amount of Each Disbursement This Period</b> 242.21	
<b>Full Name, Mailing Address, and ZIP Code</b> Lowes L'Enfant Plaza  480 L'Enfant Plaza, SW  Washington DC 20024	<b>Purpose of Disbursement</b> Fundraiser Expenses  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 04/24/2000	<b>Amount of Each Disbursement This Period</b> 1867.25	
<b>Full Name, Mailing Address, and ZIP Code</b> National Association of Health Underwriters 2000 N. 14th Street, Suite 450  Arlington VA 22201	<b>Purpose of Disbursement</b> Reimb. Shipping, Copying and Postage  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 05/23/2000	<b>Amount of Each Disbursement This Period</b> 359.08	
<b>Full Name, Mailing Address, and ZIP Code</b> NOVA Information System  4020 University Avenue  Fairfax VA 22030	<b>Purpose of Disbursement</b> Credit Card Processing Fees  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 06/02/2000	<b>Amount of Each Disbursement This Period</b> 321.90	
<b>Full Name, Mailing Address, and ZIP Code</b> National Association of Health Underwriters 2000 N. 14th Street, Suite 450  Arlington VA 22201	<b>Purpose of Disbursement</b> Reimb. Shipping, Copying and Postage  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 06/28/2000	<b>Amount of Each Disbursement This Period</b> 334.90	
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				<b>3125.52</b>





<b>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>16 / 18</b>
			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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS FOR SLADE GORTON PO BOX 3348 BELLEVUE WA 98009	(Senate - WA - 00) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	06/22/2000	1000.00
TOM DELAY CONGRESSIONAL COMMITTEE 10707 CORPORATE DRIVE SUITE 130 STAFFORD TX 77477	(House - TX - 22) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	06/23/2000	1000.00
BILL SUBLETTE FOR US CONGRESS CAMPAIGN COMMITTEE 25 SOUTH MAGNOLIA ST ORLANDO FL 32801	(House - FL - 06) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	06/28/2000	500.00
JOHN SHADEGG FOR CONGRESS P O BOX 45444 PHOENIX AZ 85064	(House - AZ - 04) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	06/28/2000	500.00
PAT TOOMEY FOR CONGRESS COMMITTEE 3615 CONGRESS STREET ALLENTOWN PA 18104	(House - PA - 15) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	06/28/2000	500.00
Pirozzi For Congress P. O. BOX 2303 RANCHO CUCAMONGA CA 91729	(House - CA - 42) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	06/28/2000	500.00
ROBERT ADERHOLT FOR CONGRESS PO BOX 1158 HALEYVILLE AL 35565	(House - AL - 04) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	06/28/2000	500.00
ROTH SENATE COMMITTEE P.O. BOX 105 WILMINGTON DE 19899	(Senate - DE - 00) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	06/28/2000	1000.00
RYAN FOR CONGRESS PO BOX 1919 JANESVILLE WI 53547	(House - WI - 01) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	06/28/2000	500.00

**SUBTOTALS** of Disbursements This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....



<b>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>17 / 18</b>
			FOR LINE NUMBER <b>23</b>
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.			
<b>NAME OF COMMITTEE (In Full)</b> <b>HUPAC</b>			
<b>Full Name, Mailing Address, and ZIP Code</b> SHARPLESS 2000 PO BOX 260050 MADISON WI 53726	<b>Purpose of Disbursement</b>  (House - 101 - 02) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 06/28/2000	<b>Amount of Each Disbursement This Period</b> 500.00
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			<b>16700.00</b>

