

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1 / 18
10/16/2000 15 : 49

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

4. TYPE OF REPORT

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>04/01/2000</u> through <u>09/30/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u>		14175.43
(b) Cash on Hand at Beginning of Reporting Period	25656.43	
(c) Total Receipts (from line 19)	45627.97	68097.49
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	71284.40	82272.92
7. Total Disbursements (from line 30)	25447.86	35436.38
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	45836.54	45836.54
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	For further information contact: Federal Election Commission 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 Electronically Filed by Kevin Corcoran		
Signature of Treasurer		Date 10/16/2000

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

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FEC FORM 3X
(revised 9/98)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE HUPAC		REPORT COVERING PERIOD		
		FROM 04/01/2000	TO: 06/30/2000	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:				
a. Individual/Persons Other Than Political Committees				
i. Itemized (use Schedule A)	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.	
II. Disbursements				
21. Operating Expenditures:				
a. Shared Federal/Non-Federal Activity (from Schedule H4)				
i. Federal Share	0.00	0.00	21.a.i.	
ii. Non-Federal Share	0.00	0.00	21.a.ii.	
b. Other Federal Operating Expenditures	3217.86	5581.38	21.b.	
c. Total Operating Expenditures	3217.86	5581.38	21.c.	
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.	
23. Contributions to Federal Candidates/Committees and Other Political Committees	16700.00	22200.00	23.	
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.	
26. Loan Repayments Made	0.00	0.00	26.	
27. Loans Made	0.00	0.00	27.	
28. Refunds of Contributions To:				
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28.a.	
b. Political Party Committees	0.00	0.00	28.b.	
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.	
d. Total Contributions Refunds	0.00	0.00	28.d.	
29. Other Disbursements	5530.00	8655.00	29.	
30. Total Disbursements	25447.86	36436.38	30.	
31. Total Federal Disbursements	25447.86	36436.38	31.	
III. Net Contributions / Operating Expenditures				
32. Total Contributions (other than loans) (from line 11d)	45627.97	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.	

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	3 / 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.					
NAME OF COMMITTEE (In Full) HUPAC					
Full Name, Mailing Address, and ZIP Code Thomas Beking 700 N.E. 122nd Street, Suite 1403 Oklahoma City OK 73114	Name of Employer Professional Reinsurance Mktg.	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 120.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Health Insurance Agent	Aggregate Year-to-Date > \$ 120.00			
Full Name, Mailing Address, and ZIP Code Thomas Beking 700 N.E. 122nd Street, Suite 1403 Oklahoma City OK 73114	Name of Employer Professional Reinsurance Mktg.	Date (month, day, year) 06/14/2000	Amount of Each Receipt this Period 100.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Health Insurance Agent	Aggregate Year-to-Date > \$ 220.00			
Full Name, Mailing Address, and ZIP Code Jo Anne Buris 806 N. 8th Street Sheboygan WI 53081	Name of Employer LMT Maritime Inc.	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 100.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Health Insurance Agent	Aggregate Year-to-Date > \$ 485.00			
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) 04/03/2000	Amount of Each Receipt this Period 50.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Health Insurance Agent	Aggregate Year-to-Date > \$ 425.00			
Full Name, Mailing Address, and ZIP Code D. Bailey Calvin 445 E. 5th Avenue Anchorage AK 99501	Name of Employer Calco, Inc.	Date (month, day, year) 05/02/2000	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 > \$ 475.00			
Full Name, Mailing Address, and ZIP Code D. Bailey Calvin 445 E. 5th Avenue Anchorage AK 99501	Name of Employer Calco, Inc.	Date (month, day, year) 05/31/2000	Amount of Each Receipt this Period 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Health Insurance Agent	Aggregate Year-to-Date > \$ 875.00			
Full Name, Mailing Address, and ZIP Code D. Bailey Calvin 445 E. 5th Avenue Anchorage AK 99501	Name of Employer Calco, Inc.	Date (month, day, year) 06/02/2000	Amount of Each Receipt this Period 50.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Health Insurance Agent	Aggregate Year-to-Date > \$ 1025.00			
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 / 18
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
HUPAC

Full Name, Mailing Address, and ZIP Code Teresa DeBruin 400 Interstate N. Parkway #1700 Atlanta GA 30330-5047	Name of Employer Strategic Employee Services	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 200.00
	Occupation Health Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Robert Desmond 550 Westcott #400 Houston TX 77007	Name of Employer River Oaks Benefits	Date (month, day, year) 05/08/2000	Amount of Each Receipt this Period 200.00
	Occupation Health Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Robert Desmond 550 Westcott #400 Houston TX 77007	Name of Employer River Oaks Benefits	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 200.00
	Occupation Health Insurance Agent		
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 Eugene Ebersole 405 Gretna Blvd. #103 A Gretna LA 70053-4945	Name of Employer	Date (month, day, year) 04/03/2000	Amount of Each Receipt this Period 40.00
	Occupation Health Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 215.50		
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) 05/02/2000	Amount of Each Receipt this Period 40.00
	Occupation Health Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 255.50		
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) 06/02/2000	Amount of Each Receipt this Period 40.00
	Occupation Health Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 295.50		
Full Name, Mailing Address, and ZIP Code David L. Fear 11160 Sun Center Dr. #A Rancho Cordova CA 95670	Name of Employer California Insurance Marketing	Date (month, day, year) 06/27/2000	Amount of Each Receipt this Period 100.00
	Occupation Health Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	5 / 18
					FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) HUPAC					
Full Name, Mailing Address, and ZIP Code Eva Jean Fomalont P.O. Box 27489 Albuquerque NM 87125		Name of Employer Presbyterian Health Plan		Date (month, day, year) 05/26/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurance Agent			
		Aggregate Year-to-Date > \$ 340.00			
Full Name, Mailing Address, and ZIP Code Eva Jean Fomalont P.O. Box 27489 Albuquerque NM 87125		Name of Employer Presbyterian Health Plan		Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurance Agent			
		Aggregate Year-to-Date > \$ 640.00			
Full Name, Mailing Address, and ZIP Code Bernard Frye 737 E 86th Street Indianapolis IN 46240-1803		Name of Employer Frye Brokerage Co.		Date (month, day, year) 06/09/2000	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurance Agent			
		Aggregate Year-to-Date > \$ 320.00			
Full Name, Mailing Address, and ZIP Code Bruce Glazier 1401 S. Brentwood, Suite 595 Saint Louis MO 63144		Name of Employer Benefits Just for Groups		Date (month, day, year) 05/03/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurance Agent			
		Aggregate Year-to-Date > \$ 100.00			
Full Name, Mailing Address, and ZIP Code Bruce Glazier 1401 S. Brentwood, Suite 595 Saint Louis MO 63144		Name of Employer Benefits Just for Groups		Date (month, day, year) 06/14/2000	Amount of Each Receipt this Period 120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurance Agent			
		Aggregate Year-to-Date > \$ 220.00			
Full Name, Mailing Address, and ZIP Code Michael Gray 7431 O Street Lincoln NE 68510-2444		Name of Employer Midlands Financial Benefits		Date (month, day, year) 06/12/2000	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 > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Anthony Halby 313 Railroad Avenue, #201 Nevada City CA 95959		Name of Employer Halby Insurance Agency		Date (month, day, year) 06/14/2000	Amount of Each Receipt this Period 165.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurance Agent			
		Aggregate Year-to-Date > \$ 735.00			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	6 / 18
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
HUPAC

Full Name, Mailing Address, and ZIP Code Sheila Hartman 21300 Victory Blvd #215 Woodland Hills CA 91367 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Financial Independence Co. Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code 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 > \$ 250.00	Date (month, day, year) 05/02/2000	Amount of Each Receipt this Period 50.00
Full Name, Mailing Address, and ZIP Code Timothy Hendricks 4200 East Skelly Drive #251 Tulsa OK 74135-3206 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Business Planning Group of OK Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 06/02/2000	Amount of Each Receipt this Period 50.00
Full Name, Mailing Address, and ZIP Code 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) :	Name of Employer The Bryton Companies Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 270.00	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 220.00
Full Name, Mailing Address, and ZIP Code Art Jetter 11305 Chicago Circle Omaha NE 68154-2876 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Art Jetter & Company Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 06/27/2000	Amount of Each Receipt this Period 200.00
Full Name, Mailing Address, and ZIP Code 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) :	Name of Employer Kaczmarek Insurance Services Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 200.00
Full Name, Mailing Address, and ZIP Code 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) :	Name of Employer Blue Cross of California Occupation Senior Vice President, Sales Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 06/12/2000	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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NAME OF COMMITTEE (In Full) HUPAC					
Full Name, Mailing Address, and ZIP Code Thomas Kaufman 1675 Willow Street San Jose CA 85125 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCI Insurance Services Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 780.00	Date (month, day, year) 06/08/2000	Amount of Each Receipt this Period 200.00		
Full Name, Mailing Address, and ZIP Code David Kross 3341 Harrison Avenue Cincinnati OH 45211 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer United Benefits Agency Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 440.00	Date (month, day, year) 06/14/2000	Amount of Each Receipt this Period 200.00		
Full Name, Mailing Address, and ZIP Code 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) :	Name of Employer Lancaster & Associates Ld. Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 200.00		
Full Name, Mailing Address, and ZIP Code 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) :	Name of Employer Catto & Catto Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 200.00		
Full Name, Mailing Address, and ZIP Code William Mann, Sr. 11803 Grant Road #209 Cypress TX 77429 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Robertson Mann Associates Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 340.00	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 240.00		
Full Name, Mailing Address, and ZIP Code 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		
Full Name, Mailing Address, and ZIP Code Michael Matznick P.O. Box 38248 Greensboro NC 27436 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Med/Flex Benefits Center, Inc. Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 565.00	Date (month, day, year) 04/03/2000	Amount of Each Receipt this Period 200.00		
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

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NAME OF COMMITTEE (In Full)
HUPAC

Full Name, Mailing Address, and ZIP Code Michael Matznick P.O. Box 38248 Greensboro NC 27438	Name of Employer MediFlex Benefits Center, Inc.	Date (month, day, year) 05/02/2000	Amount of Each Receipt this Period 200.00
	Occupation Health Insurance Agent	Aggregate Year-to-Date > \$ 785.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Michael Matznick P.O. Box 38248 Greensboro NC 27438	Name of Employer MediFlex Benefits Center, Inc.	Date (month, day, year) 06/02/2000	Amount of Each Receipt this Period 200.00
	Occupation Health Insurance Agent	Aggregate Year-to-Date > \$ 865.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Michael Matznick P.O. Box 38248 Greensboro NC 27438	Name of Employer MediFlex Benefits Center, Inc.	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 200.00
	Occupation Health Insurance Agent	Aggregate Year-to-Date > \$ 1165.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Dwight Mazzone 8350 E. Thomas Road, Suite 138 Scottsdale AZ 85251	Name of Employer C/M Benefits, Inc.	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 100.00
	Occupation Health Insurance Agent	Aggregate Year-to-Date > \$ 220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Sharon McDermott 11919 P Street, Suite D Omaha NE 68137	Name of Employer AFLAC District Office	Date (month, day, year) 06/14/2000	Amount of Each Receipt this Period 100.00
	Occupation Health Insurance Agent	Aggregate Year-to-Date > \$ 275.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Jerry McPeters 300 Municipal Drive Richardson TX 75080	Name of Employer GPA, Inc.	Date (month, day, year) 05/12/2000	Amount of Each Receipt this Period 300.00
	Occupation Health Insurance Agent	Aggregate Year-to-Date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code John Parker 47 Laurel Hill Drive Niantic CT 06357	Name of Employer Parker Health Plan Agency	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 120.00
	Occupation Health Insurance Agent	Aggregate Year-to-Date > \$ 120.00	
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		9 / 18
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) HUPAC				
Full Name, Mailing Address, and ZIP Code John Parker 47 Laurel Hill Drive Niantic CT 06357 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Parker Health Plan Agency Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 220.00	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code F. Jim Parks 22 West Lake Forest Drive Palmyra VA 22983 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	
Full Name, Mailing Address, and ZIP Code Nick Patras 1106 Clayton Lane #450-E Austin TX 78723 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Colonial Life & Accident Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 300.00	
Full Name, Mailing Address, and ZIP Code Frank M. Pearsal 91 Antrim Road Hillsboro NH 03244 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Advanced Benefit Design Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 225.00	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Susan Rash 8014 Midlothian Turnpike, #200 Richmond VA 23235-5291 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Benefit Consultants of VA, Inc. Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 375.00	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 200.00	
Full Name, Mailing Address, and ZIP Code Michael Rivera 12200 Northwest Freeway #662 Houston TX 77092 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Northwest General Insurance Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 04/03/2000	Amount of Each Receipt this Period 200.00	
Full Name, Mailing Address, and ZIP Code Michael Rivera 12200 Northwest Freeway #662 Houston TX 77092 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Northwest General Insurance Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 05/02/2000	Amount of Each Receipt this Period 200.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		10 / 18
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 Michael Rivera 12200 Northwest Freeway #662 Houston TX 77092	Name of Employer Northwest General Insurance Occupation Health Insurance Agent	Date (month, day, year) 06/02/2000	Amount of Each Receipt this Period 200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 700.00			
Full Name, Mailing Address, and ZIP Code Edward Roling P.O. Box 49198 Wichita KS 67201-9198	Name of Employer Delta Dental Plan of Kansas Occupation Health Insurance Agent	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 275.00			
Full Name, Mailing Address, and ZIP Code Stephen Salamon P.O. Box 4252 Timonium MD 21094	Name of Employer Heritage Financial Consultants Occupation Health Insurance Agent	Date (month, day, year) 05/24/2000	Amount of Each Receipt this Period 100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 470.00			
Full Name, Mailing Address, and ZIP Code Stephen Salamon P.O. Box 4252 Timonium MD 21094	Name of Employer Heritage Financial Consultants Occupation Health Insurance Agent	Date (month, day, year) 06/27/2000	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 > \$ 970.00			
Full Name, Mailing Address, and ZIP Code Mel Schlesinger P.O. Box 4068 Wilmington NC 28406	Name of Employer Dental Plans. Plus Occupation Health Insurance Agent	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 100.00	
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 Scott Shalek 74 Grand Avenue, Suite 104 Fox Lake IL 60020	Name of Employer Principal Financial Group Occupation Health Insurance Agent	Date (month, day, year) 05/03/2000	Amount of Each Receipt this Period 700.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1100.00			
Full Name, Mailing Address, and ZIP Code Scott Shalek 74 Grand Avenue, Suite 104 Fox Lake IL 60020	Name of Employer Principal Financial Group Occupation Health Insurance Agent	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 800.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1900.00			
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	11 / 18
			FOR LINE NUMBER 11A1

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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 > \$ 150.00	Date (month, day, year) 04/03/2000	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 > \$ 180.00	Date (month, day, year) 06/02/2000	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 > \$ 380.00	Date (month, day, year) 06/27/2000	Amount of Each Receipt this Period 200.00
Full Name, Mailing Address, and ZIP Code Gregory S. Smith 2201 Woodlawn Road Lincoln IL 62556 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
Full Name, Mailing Address, and ZIP Code Nat Smith 5311 77 Center Drive #72 Charlotte NC 28217 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Rogers Benefit Group Inc. Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 05/24/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code 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
Full Name, Mailing Address, and ZIP Code 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 > \$ 275.00	Date (month, day, year) 06/09/2000	Amount of Each Receipt this Period 200.00

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		12 / 18
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) HUPAC				
Full Name, Mailing Address, and ZIP Code Bynum Tuttle P.O. Box 1110 Denton NC 27230	Name of Employer Employee Benefit Designs Inc. Occupation Health Insurance Agent	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1100.00			
Full Name, Mailing Address, and ZIP Code Charles Westmoreland 1923 Spillway Road, Suite 194 Brandon MS 39047-6021	Name of Employer American Fidelity Assur- ce Occupation Health Insurance Agent	Date (month, day, year) 05/02/2000	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 > \$ 240.00			
Full Name, Mailing Address, and ZIP Code Charles Westmoreland 1923 Spillway Road, Suite 194 Brandon MS 39047-6021	Name of Employer American Fidelity Assur- ce Occupation Health Insurance Agent	Date (month, day, year) 06/02/2000	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 > \$ 280.00			
Full Name, Mailing Address, and ZIP Code Roberta Wiltman 1340 Treat Blvd #480 Walnut Creek CA 94596	Name of Employer California Insurance Cent- er Occupation Health Insurance Agent	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.00			
Full Name, Mailing Address, and ZIP Code Trei Wild 14800 Landmark Blvd. #700 Dallas TX 75240	Name of Employer Safeguard American Dental Occupation Health Insurance Agent	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 900.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 960.00			
Full Name, Mailing Address, and ZIP Code Harry Wiltzen 1150 Glenwood Court Vineland NJ 03861-8510	Name of Employer Medical Benefit Services Occupation Health Insurance Agent	Date (month, day, year) 06/02/2000	Amount of Each Receipt this Period 10.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 210.00			
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				13970.00

SCHEDULE B		ITEMIZED DISBURSEMENTS		13 / 18
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 21B
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) HUPAC				
Full Name, Mailing Address, and ZIP Code NOVA Information System 4020 University Avenue Fairfax VA 22030	Purpose of Disbursement Credit Card Processing Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/04/2000	Amount of Each Disbursement This Period 242.21	
Full Name, Mailing Address, and ZIP Code Lowes L'Enfant Plaza 480 L'Enfant Plaza, SW Washington DC 20024	Purpose of Disbursement Fundraiser Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/24/2000	Amount of Each Disbursement This Period 1867.25	
Full Name, Mailing Address, and ZIP Code National Association of Health Underwriters 2000 N. 14th Street, Suite 450 Arlington VA 22201	Purpose of Disbursement Reimb. Shipping, Copying and Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/23/2000	Amount of Each Disbursement This Period 359.08	
Full Name, Mailing Address, and ZIP Code NOVA Information System 4020 University Avenue Fairfax VA 22030	Purpose of Disbursement Credit Card Processing Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/02/2000	Amount of Each Disbursement This Period 321.90	
Full Name, Mailing Address, and ZIP Code National Association of Health Underwriters 2000 N. 14th Street, Suite 450 Arlington VA 22201	Purpose of Disbursement Reimb. Shipping, Copying and Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/28/2000	Amount of Each Disbursement This Period 334.90	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				3125.52

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	14 / 18 FOR LINE NUMBER 23
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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
PEOPLE WITH HART INC PO BOX 436 WEXFORD PA 15090	(House - PA - 04) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	04/12/2000	500.00
PETE SESSIONS FOR CONGRESS PO BOX 38585 DALLAS TX 75238	(House - TX - 05) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	04/17/2000	500.00
GALLEGLY FOR CONGRESS PO BOX 940001 SIMI VALLEY CA 93094	(House - CA - 23) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	04/19/2000	450.00
GOODE FOR CONGRESS 115 ORCHARD AVENUE ROCKY MOUNT VA 24151	(House - VA - 05) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	04/24/2000	500.00
NELSON 2000 10050 REGENCY CIRCLE SUITE 100 SUITE B OMAHA NE 68114	(Senate - NE - 00) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	04/26/2000	1000.00
FRIENDS OF ROY BLUNT PO BOX 278 STRAFFORD MO 65757	(House - MO - 07) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	05/01/2000	1000.00
RICK JERIC FOR CONGRESS COMMITTEE 915 ASHTON CT AURORA OH 44202	(House - OH - 13) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	05/04/2000	500.00
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE PO BOX 1631 BALTIMORE MD 21203	(House - MD - 07) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	05/09/2000	500.00
DOOLEY FOR CONGRESS PO BOX 1367 VISALIA CA 93279	(House - CA - 20) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	05/16/2000	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

FOR LINE NUMBER
23

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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
BOB GOODLATTE FOR CONGRESS COMMITTEE PO BOX 292 ROANOKE VA 24002	(House - VA - 06) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	05/23/2000	500.00
RE-ELECT BRIAN BILBRAY FOR CONGRESS 970 SEACOAST DR #7 IMPERIAL BEACH CA 91932	(House - CA - 49) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	05/24/2000	500.00
WHITFIELD FOR CONGRESS COMMITTEE P.O. BOX 391 HOPKINSVILLE KY 42241	(House - KY - 01) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	05/24/2000	500.00
CULBERSON FOR CONGRESS 2232 SUNSET BLVD HOUSTON TX 77005	(House - TX - 07) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	06/06/2000	250.00
LAZIO 2000 INC 72 EAST MAIN ST SUITE 4 C/O PICCIRILLO & LAMONT LLP BABYLON NY 11702	(House - NY - 02) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	06/06/2000	1000.00
Mike Thompson For Congress PO Box 1998 St Helena CA 94574	House - CA - 01 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	06/14/2000	500.00
ADAM SMITH FOR CONGRESS PO BOX 23626 FEDERAL WAY WA 98093	(House - WA - 09) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	06/21/2000	500.00
MCDONALD FOR CONGRESS 611 MARKET STREET SUITE 15 KIRKLAND WA 98033	(House - WA - 01) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	06/21/2000	500.00
ELLEN TAUSCHER FOR CONGRESS 20 PARK ROAD SUITE E BURLINGAME CA 94010	(House - CA - 10) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	06/22/2000	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	16 / 18
			FOR LINE NUMBER 23

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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)

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	18 / 18
			FOR LINE NUMBER 28
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NAME OF COMMITTEE (In Full) HUPAC			
Full Name, Mailing Address, and ZIP Code Don Crook 3118 Honey Tree Lane Austin TX 78746	Purpose of Disbursement Winner of a Fundraising Drawing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/07/2000	Amount of Each Disbursement This Period 4830.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			4830.00