

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

1 / 14  
07/13/2000 08 : 54

<b>1. NAME OF COMMITTEE (in full)</b> <b>HUPAC</b>	
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported 2000 14TH STREET SUITE 450	<b>2. FEC IDENTIFICATION NUMBER</b> C00263135
<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:
- February 20       June 20                       October 20  
 July 15 Quarterly Report                       March 20                       July 20                       November 20  
 October 15 Quarterly Report                       April 20                       August 20                       December 20  
 January 31 Year End Report                       May 20                       September 20                       January 31
- July 31 Mid-Year Report (Non-election Year Only)                       Twelfth day report preceding \_\_\_\_\_  
(election type)  
 election on \_\_\_\_\_ In the State of \_\_\_\_\_
- Termination report                      on \_\_\_\_\_ In the State of \_\_\_\_\_
- (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>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	For further information contact: Federal Election Commission 989 E Street, NW Washington, DC 20463  Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.		Toll Free 800-424-9530 Local 202-219-3420
Type or Print Name of Treasurer <b>Electronically Filed by HUPAC</b>		
Signature of Treasurer	Date 07/13/2000	

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) .....	10395.00	15740.00	11.a.i.
ii. Unitemized .....	35232.97	52357.49	11.a.ii.
iii. Total .....	45627.97	68097.49	11.a.iii.
b. Political Party Committees .....	0.00	0.00	11.b.
c. Other Political Committees (such as PACs) .....	0.00	0.00	11.c.
d. Total Contributions .....	45627.97	68097.49	11.d.
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00	12.
13. All Loans Received .....	0.00	0.00	13.
14. Loan Repayments Received .....	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00	17.
18. Transfers From Nonfederal Account for Joint Activity .....	0.00	0.00	18.
19. Total Receipts .....	45627.97	68097.49	19.
20. Total Federal Receipts .....	45627.97	68097.49	20.
<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	68097.49	32.
33. Total Contribution Refunds (from line 28d) .....	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32) .....	45627.97	68097.49	34.
35. Total Federal Operating Expenditures .....	3217.86	5581.38	35.
36. Offsets to Operating Expenditures (from line 15) .....	0.00	0.00	36.
37. Net Operating Expenditures .....	3217.86	5581.38	37.

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>3 / 14</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> 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 #662  Houston TX 77092  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Northwest General Insurance  Occupation Health Insurance Agent  Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 04/03/2000	Amount of Each Receipt this Period 200.00
<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 > \$ 25.00	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 Tretter  700 South Street  Pittsfield MA 01201  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Berkshire Life  Occupation Health Insurance Agent  Aggregate Year-to-Date > \$ 75.00	Date (month, day, year) 04/20/2000	Amount of Each Receipt this Period 75.00
<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
<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 > \$ 785.00	Date (month, day, year) 05/02/2000	Amount of Each Receipt this Period 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>		Use separate schedule(s) for each category of the Detailed Summary Page	4 / 14
				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> Michael Rivera  12200 Northwest Freeway #662  Houston TX 77092	<b>Name of Employer</b> Northwest General Insurance	<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> > \$ 400.00			
<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>Full Name, Mailing Address, and ZIP Code</b> Robert Desmond  550 Westcott #400  Houston TX 77007	<b>Name of Employer</b> River Oaks Benefits	<b>Date (month, day, year)</b> 05/08/2000	<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> > \$ 200.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Jerry McPeters  300 Municipal Drive  Richardson TX 75080	<b>Name of Employer</b> GPA, Inc.	<b>Date (month, day, year)</b> 05/12/2000	<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> Stephen Salamon  P.O. Box 4252  Timonium MD 21094	<b>Name of Employer</b> Heritage Financial Consultants	<b>Date (month, day, year)</b> 05/24/2000	<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> > \$ 470.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Nat Smith  5311 77 Center Drive #72  Charlotte NC 28217	<b>Name of Employer</b> Rogers Benefit Group Inc.	<b>Date (month, day, year)</b> 05/24/2000	<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> > \$ 500.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

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<b>NAME OF COMMITTEE (In Full)</b> <b>HUPAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> Eva Jean Fomelont  P.O. Box 27489  Albuquerque NM 87125	<b>Name of Employer</b> Presbyterian Health Plan	<b>Date (month, day, year)</b> 05/26/2000	<b>Amount of Each Receipt this Period</b> 100.00		
<b>Receipt For:</b> <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> > \$ 340.00			
<b>Full Name, Mailing Address, and ZIP Code</b> D. Bailey Calvin  445 E. 5th Avenue  Anchorage AK 99501	<b>Name of Employer</b> Calco, Inc.	<b>Date (month, day, year)</b> 05/31/2000	<b>Amount of Each Receipt this Period</b> 500.00		
<b>Receipt For:</b> <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> > \$ 875.00			
<b>Full Name, Mailing Address, and ZIP Code</b> D. Bailey Calvin  445 E. 5th Avenue  Anchorage AK 99501	<b>Name of Employer</b> Calco, Inc.	<b>Date (month, day, year)</b> 06/02/2000	<b>Amount of Each Receipt this Period</b> 50.00		
<b>Receipt For:</b> <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> > \$ 1025.00			
<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> 06/02/2000	<b>Amount of Each Receipt this Period</b> 200.00		
<b>Receipt For:</b> <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> > \$ 965.00			
<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 Insurance	<b>Date (month, day, year)</b> 06/02/2000	<b>Amount of Each Receipt this Period</b> 200.00		
<b>Receipt For:</b> <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> > \$ 600.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Roger Skinner  5548 Shorewood Drive  Indianapolis IN 46220	<b>Name of Employer</b> GroupLink, Inc.	<b>Date (month, day, year)</b> 06/02/2000	<b>Amount of Each Receipt this Period</b> 25.00		
<b>Receipt For:</b> <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> > \$ 50.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Robert Traiter  700 South Street  Pittsfield MA 01201	<b>Name of Employer</b> Berkshire Life	<b>Date (month, day, year)</b> 06/09/2000	<b>Amount of Each Receipt this Period</b> 200.00		
<b>Receipt For:</b> <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>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>6 / 14</b>
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**NAME OF COMMITTEE (In Full)**  
**HUPAC**

<b>Full Name, Mailing Address, and ZIP Code</b> Thomas Bekling  700 N.E. 122nd Street, Suite 1403  Oklahoma City                      OK    73114  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<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>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> > \$    490.00	<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 Fornalont  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> > \$    840.00	<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> Shella Hartman  21300 Victory Blvd #215  Woodland Hills                                      CA    91367  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<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  1466 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> > \$    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> 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> > \$    240.00	<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 38248  Greensboro    NC    27436  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

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

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

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<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  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Parker Health Plan Agency  <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>Full Name, Mailing Address, and ZIP Code</b> Nick Patras  1108 Clayton Lane #450-E  Austin TX 78723  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Colonial Life & Accident  <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> 300.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Scott Shalek  74 Grand Avenue, Suite 104  Fox Lake IL 60020  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Principal Financial Group  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 1900.00	<b>Date (month, day, year)</b> 06/12/2000	<b>Amount of Each Receipt this Period</b> 800.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Bynum Tuttle  P.O. Box 1110  Denton NC 27239  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> > \$ 1000.00	<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> > \$ 800.00	<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 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> > \$ 220.00	<b>Date (month, day, year)</b> 06/14/2000	<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	<b>8 / 14</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**HUPAC**

<b>Full Name, Mailing Address, and ZIP Code</b> Bruce Glazier  1401 S. Brentwood, Suite 5B5  Saint Louis MO 63144  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<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> Stephen Salamon  P.O. Box 4252  Timonium MD 21094  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Heritage Financial Consultants  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 870.00	<b>Date (month, day, year)</b> 06/27/2000	<b>Amount of Each Receipt this Period</b>  500.00
<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) :	<b>Name of Employer</b> GroupLink, Inc.  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 06/27/2000	<b>Amount of Each Receipt this Period</b>  200.00
<b>Full Name, Mailing Address, and ZIP Code</b> John Parker  47 Laurel Hill Drive  Niantic CT 06357  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Parker Health Plan Agency  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 06/30/2000	<b>Amount of Each Receipt this Period</b>  100.00

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<b>SUBTOTALS</b> of Receipts This Page (Optional) .....	
<b>TOTALS</b> This Period (last page this line number only) .....	<b>10395.00</b>

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

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**NAME OF COMMITTEE (In Full)**  
**HUPAC**

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

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<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>13 / 14</b>
			FOR LINE NUMBER <b>23</b>
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<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>

<b>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>14 / 14</b>
			FOR LINE NUMBER <b>28</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>HUPAC</b>			
<b>Full Name, Mailing Address, and ZIP Code</b> Don Crook  3118 Honey Tree Lane  Austin TX 78746	<b>Purpose of Disbursement</b> Winner of a Fundraising Drawing  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 06/07/2000	<b>Amount of Each Disbursement This Period</b> 4830.00
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			<b>4830.00</b>