

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

1 / 20  
10/16/2000 15 : 39

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

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- Termination 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  |
- Twelfth day report preceding \_\_\_\_\_  
(election type) \_\_\_\_\_  
election on \_\_\_\_\_ In the State of \_\_\_\_\_
- Thirtieth day report following the General Election  
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	07/01/2000 through 09/30/2000		
6. (a) Cash on Hand, January 1, 2000	.....		14175.43
(b) Cash on Hand at Beginning of Reporting Period	.....	45836.54	
(c) Total Receipts (from line 19)	.....	6115.34	74212.83
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	.....	51951.88	88388.26
7. Total Disbursements (from line 30)	.....	44426.65	80863.03
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	.....	7525.23	7525.23
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	.....	0.00	For further information contact: Federal Election Commission 989 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	.....	0.00	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.			
Type or Print Name of Treasurer <b>Electronically Filed by Kevin Corcoran</b>			
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 <b>HUPAC</b>	REPORT COVERING PERIOD		
	FROM 07/01/2000	TO: 09/30/2000	
<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) .....	3250.00	22585.00	11.a.i.
ii. Unitemized .....	2865.34	51647.83	11.a.ii.
iii. Total .....	6115.34	74212.83	11.a.iii.
b. Political Party Committees .....	0.00	0.00	11.b.
c. Other Political Committees (such as PACs) .....	0.00	0.00	11.c.
d. Total Contributions .....	6115.34	74212.83	11.d.
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00	12.
13. All Loans Received .....	0.00	0.00	13.
14. Loan Repayments Received .....	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00	17.
18. Transfers From Nonfederal Account for Joint Activity .....	0.00	0.00	18.
19. Total Receipts .....	6115.34	74212.83	19.
20. Total Federal Receipts .....	6115.34	74212.83	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 .....	5272.22	10853.80	21.b.
c. Total Operating Expenditures .....	5272.22	10853.80	21.c.
22. Transfers to Affiliated/Other Party Committees .....	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	36154.43	56354.43	23.
24. Independent Expenditures (use Schedule E) .....	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made .....	0.00	0.00	26.
27. Loans Made .....	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees .....	0.00	0.00	28.a.
b. Political Party Committees .....	0.00	0.00	28.b.
c. Other Political Committees (such as PACs) .....	0.00	0.00	28.c.
d. Total Contributions Refunds .....	0.00	0.00	28.d.
29. Other Disbursements .....	3000.00	11655.00	29.
30. Total Disbursements .....	44426.65	80863.03	30.
31. Total Federal Disbursements .....	44426.65	80863.03	31.
<b>III. Net Contributions / Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d) .....	6115.34	74212.83	32.
33. Total Contribution Refunds (from line 28d) .....	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32) .....	6115.34	74212.83	34.
35. Total Federal Operating Expenditures .....	5272.22	10853.80	35.
36. Offsets to Operating Expenditures (from line 15) .....	0.00	0.00	36.
37. Net Operating Expenditures .....	5272.22	10853.80	37.

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	3 / 20
				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> Tim Byme  3113 W. Balline Highway  Madison WI 53713	<b>Name of Employer</b> Mortenson, Matzelle & Met- drum	<b>Date (month, day, year)</b> 08/04/2000	<b>Amount of Each Receipt this Period</b> 25.00		
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> D. Bailey Calvin  445 E. 5th Avenue  Anchorage AK 99501	<b>Name of Employer</b> Calco, Inc.	<b>Date (month, day, year)</b> 07/03/2000	<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> > \$ 1075.00			
<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> 08/02/2000	<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> > \$ 1125.00			
<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> 09/04/2000	<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> > \$ 1175.00			
<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>	<b>Date (month, day, year)</b> 07/03/2000	<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> > \$ 335.50			
<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>	<b>Date (month, day, year)</b> 06/02/2000	<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> > \$ 375.50			
<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>	<b>Date (month, day, year)</b> 09/04/2000	<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> > \$ 415.50			
<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 / 20
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<b>NAME OF COMMITTEE (In Full)</b> <b>HUPAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> Rose Englund  7400 York Road #200  Towson MD 21204-7540		Name of Employer The Dental Network		Date (month, day, year) 08/04/2000	Amount of Each Receipt this Period 20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurance Agent			
		Aggregate Year-to-Date > \$ 220.00			
<b>Full Name, Mailing Address, and ZIP Code</b> David L. Fear  11160 Sun Center Dr. #A  Rancho Cordova CA 95670		Name of Employer California Insurance Marketing		Date (month, day, year) 07/03/2000	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurance Agent			
		Aggregate Year-to-Date > \$ 275.00			
<b>Full Name, Mailing Address, and ZIP Code</b> David L. Fear  11160 Sun Center Dr. #A  Rancho Cordova CA 95670		Name of Employer California Insurance Marketing		Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurance Agent			
		Aggregate Year-to-Date > \$ 300.00			
<b>Full Name, Mailing Address, and ZIP Code</b> David L. Fear  11160 Sun Center Dr. #A  Rancho Cordova CA 95670		Name of Employer California Insurance Marketing		Date (month, day, year) 09/04/2000	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurance Agent			
		Aggregate Year-to-Date > \$ 325.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Eva Jean Fornalont  P.O. Box 27489  Albuquerque NM 87125		Name of Employer Presbyterian Health Plan		Date (month, day, year) 09/28/2000	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 > \$ 640.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Robert Grundman  7412 Karl Drive  Lincoln NE 68516-4388		Name of Employer Senior Benefit Strategies		Date (month, day, year) 09/04/2000	Amount of Each Receipt this Period 20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurance Agent			
		Aggregate Year-to-Date > \$ 220.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Timothy Handricks  4200 East Skelly Drive #251  Tulsa OK 74135-3206		Name of Employer Business Planning Group of OK		Date (month, day, year) 07/03/2000	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 > \$ 350.00			
<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> 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) :	<b>Name of Employer</b> Business Planning Group of OK  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 400.00	<b>Date (month, day, year)</b> 08/02/2000	<b>Amount of Each Receipt this Period</b> 50.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Donna Hill  PO Box 724  Snelville GA 30078  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> DDH Associates  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 210.00	<b>Date (month, day, year)</b> 08/02/2000	<b>Amount of Each Receipt this Period</b> 30.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Donna Hill  PO Box 724  Snelville GA 30078  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> DDH Associates  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 240.00	<b>Date (month, day, year)</b> 08/04/2000	<b>Amount of Each Receipt this Period</b> 30.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Donna Hill  PO Box 724  Snelville GA 30078  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> DDH Associates  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 290.00	<b>Date (month, day, year)</b> 09/18/2000	<b>Amount of Each Receipt this Period</b> 20.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Hallie Johnson  525 East Capitol Street Suite 407 Jackson MS 39201  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Mississippi Health Connection  <b>Occupation</b> Executive Director  <b>Aggregate Year-to-Date</b> > \$ 210.00	<b>Date (month, day, year)</b> 09/18/2000	<b>Amount of Each Receipt this Period</b> 10.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Ronald (David) Knight  PO Box 507  Carrollton GA 30117-0507  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> J. Smith Lanier & Company  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 09/18/2000	<b>Amount of Each Receipt this Period</b> 20.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Ronald Levine  1 Piedmont Center #400  Atlanta GA 30305  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Employees, Inc.  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 210.00	<b>Date (month, day, year)</b> 07/03/2000	<b>Amount of Each Receipt this Period</b> 20.00		
<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 / 20</b>
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**NAME OF COMMITTEE (In Full)**  
**HUPAC**

<b>Full Name, Mailing Address, and ZIP Code</b> Ronald Levine  1 Piedmont Center, #400  Atlanta GA 30305  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Employease, Inc.  Occupation Health Insurance Agent  Aggregate Year-to-Date > \$ 230.00	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period  20.00
<b>Full Name, Mailing Address, and ZIP Code</b> Ronald Levine  1 Piedmont Center, #400  Atlanta GA 30305  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Employease, Inc.  Occupation Health Insurance Agent  Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 09/04/2000	Amount of Each Receipt this Period  20.00
<b>Full Name, Mailing Address, and ZIP Code</b> James Machock  PO Box 885  Fort Wayne IN 46801-0885  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Acordia  Occupation Health Insurance Agent  Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 07/03/2000	Amount of Each Receipt this Period  40.00
<b>Full Name, Mailing Address, and ZIP Code</b> James Machock  PO Box 885  Fort Wayne IN 46801-0885  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Acordia  Occupation Health Insurance Agent  Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period  40.00
<b>Full Name, Mailing Address, and ZIP Code</b> James Machock  PO Box 885  Fort Wayne IN 46801-0885  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Acordia  Occupation Health Insurance Agent  Aggregate Year-to-Date > \$ 280.00	Date (month, day, year) 09/04/2000	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 MedFlex Benefits Center, Inc.  Occupation Health Insurance Agent  Aggregate Year-to-Date > \$ 1365.00	Date (month, day, year) 07/03/2000	Amount of Each Receipt this Period  200.00
<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 MedFlex Benefits Center, Inc.  Occupation Health Insurance Agent  Aggregate Year-to-Date > \$ 1565.00	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period  200.00

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

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		7 / 20
		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> Michael Matznick  P.O. Box 38248  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> > \$ 1765.00	<b>Date (month, day, year)</b> 09/04/2000	<b>Amount of Each Receipt this Period</b>  200.00	
<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) :	<b>Name of Employer</b> Med/Flex Benefits Center, Inc.  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 1830.00	<b>Date (month, day, year)</b> 09/16/2000	<b>Amount of Each Receipt this Period</b>  65.00	
<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> > \$ 240.00	<b>Date (month, day, year)</b> 07/03/2000	<b>Amount of Each Receipt this Period</b>  20.00	
<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> > \$ 260.00	<b>Date (month, day, year)</b> 08/02/2000	<b>Amount of Each Receipt this Period</b>  20.00	
<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> > \$ 280.00	<b>Date (month, day, year)</b> 09/04/2000	<b>Amount of Each Receipt this Period</b>  20.00	
<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> > \$ 245.00	<b>Date (month, day, year)</b> 09/25/2000	<b>Amount of Each Receipt this Period</b>  25.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Ron Powell  PO Box 7611  Monroe LA 71211-7611  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Ron Powell Agency  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 300.00	<b>Date (month, day, year)</b> 07/28/2000	<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 / 20</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> Ron Powell  PO Box 7511  Monroe LA 71211-7511  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Ron Powell Agency  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 400.00	<b>Date (month, day, year)</b> 08/22/2000	<b>Amount of Each Receipt this Period</b> 100.00
<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) :	<b>Name of Employer</b> Northwest General Insurance  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 800.00	<b>Date (month, day, year)</b> 07/03/2000	<b>Amount of Each Receipt this Period</b> 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) :	<b>Name of Employer</b> Northwest General Insurance  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 1100.00	<b>Date (month, day, year)</b> 08/02/2000	<b>Amount of Each Receipt this Period</b> 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) :	<b>Name of Employer</b> Northwest General Insurance  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 1300.00	<b>Date (month, day, year)</b> 09/04/2000	<b>Amount of Each Receipt this Period</b> 200.00
<b>Full Name, Mailing Address, and ZIP Code</b> William T. Robinson  PO Box 691006  West Hollywood CA 90069-1006  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> National Business Insurance Agency  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 200.00	<b>Date (month, day, year)</b> 07/03/2000	<b>Amount of Each Receipt this Period</b> 20.00
<b>Full Name, Mailing Address, and ZIP Code</b> William T. Robinson  PO Box 691006  West Hollywood CA 90069-1006  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> National Business Insurance Agency  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 220.00	<b>Date (month, day, year)</b> 06/02/2000	<b>Amount of Each Receipt this Period</b> 20.00
<b>Full Name, Mailing Address, and ZIP Code</b> William T. Robinson  PO Box 691006  West Hollywood CA 90069-1006  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> National Business Insurance Agency  <b>Occupation</b> Health Insurance Agent  <b>Aggregate Year-to-Date</b> > \$ 240.00	<b>Date (month, day, year)</b> 09/04/2000	<b>Amount of Each Receipt this Period</b> 20.00
<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 / 20</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> Eugene Rowe  16000 Venutra Blvd, #1103  Encino CA 91436-2767 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Rowe Group  Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 210.00	Date (month, day, year) 07/03/2000	Amount of Each Receipt this Period 30.00
<b>Full Name, Mailing Address, and ZIP Code</b> Eugene Rowe  16000 Venutra Blvd, #1103  Encino CA 91436-2767 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Rowe Group  Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 30.00
<b>Full Name, Mailing Address, and ZIP Code</b> Eugene Rowe  16000 Venutra Blvd, #1103  Encino CA 91436-2767 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Rowe Group  Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 270.00	Date (month, day, year) 09/04/2000	Amount of Each Receipt this Period 30.00
<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 > \$ 405.00	Date (month, day, year) 07/03/2000	Amount of Each Receipt this Period 25.00
<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 > \$ 430.00	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 25.00
<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 > \$ 455.00	Date (month, day, year) 09/04/2000	Amount of Each Receipt this Period 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) :	Name of Employer American Fidelity Assurance Occupation Health Insurance Agent Aggregate Year-to-Date > \$ 320.00	Date (month, day, year) 07/03/2000	Amount of Each Receipt this Period 40.00

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

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

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>10 / 20</b>
Use separate schedule(s) for each category of the Detailed Summary Page			<b>FOR LINE NUMBER 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> Charles Westmoreland  1923 Spillway Road, Suite 194  Brandon MS 39047-6021	<b>Name of Employer</b> American Fidelity Assurance  <b>Occupation</b> Health Insurance Agent	<b>Date (month, day, year)</b> 08/02/2000	<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>Aggregate Year-to-Date</b> > \$ 360.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Charles Westmoreland  1923 Spillway Road, Suite 194  Brandon MS 39047-6021	<b>Name of Employer</b> American Fidelity Assurance  <b>Occupation</b> Health Insurance Agent	<b>Date (month, day, year)</b> 09/04/2000	<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>Aggregate Year-to-Date</b> > \$ 400.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Roberta Whitman  1340 Trael Blvd #480  Walnut Creek CA 94596	<b>Name of Employer</b> California Insurance Center  <b>Occupation</b> Health Insurance Agent	<b>Date (month, day, year)</b> 08/01/2000	<b>Amount of Each Receipt this Period</b>  250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 470.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Sue Wilson  3555 NW 58th Street, Suite 310  Oklahoma City OK 73112	<b>Name of Employer</b> Sue Wilson Brokerage, Inc.  <b>Occupation</b> Health Insurance Agent	<b>Date (month, day, year)</b> 07/03/2000	<b>Amount of Each Receipt this Period</b>  25.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 175.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Sue Wilson  3555 NW 58th Street, Suite 310  Oklahoma City OK 73112	<b>Name of Employer</b> Sue Wilson Brokerage, Inc.  <b>Occupation</b> Health Insurance Agent	<b>Date (month, day, year)</b> 08/02/2000	<b>Amount of Each Receipt this Period</b>  25.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 200.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Sue Wilson  3555 NW 58th Street, Suite 310  Oklahoma City OK 73112	<b>Name of Employer</b> Sue Wilson Brokerage, Inc.  <b>Occupation</b> Health Insurance Agent	<b>Date (month, day, year)</b> 09/04/2000	<b>Amount of Each Receipt this Period</b>  25.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 225.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Harry Witsen  1150 Glenwood Court  Vineland NJ 08361-8510	<b>Name of Employer</b> Medical Benefit Services  <b>Occupation</b> Health Insurance Agent	<b>Date (month, day, year)</b> 07/03/2000	<b>Amount of Each Receipt this Period</b>  10.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<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>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>11 / 20</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> Harry Wilsen  1150 Glenwood Court  Vineland NJ 03861-8510	<b>Name of Employer</b> Medical Benefit Services	<b>Date (month, day, year)</b> 08/02/2000	<b>Amount of Each Receipt this Period</b>  10.00	
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> > 5    230.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Harry Wilsen  1150 Glenwood Court  Vineland NJ 03861-8510	<b>Name of Employer</b> Medical Benefit Services	<b>Date (month, day, year)</b> 09/04/2000	<b>Amount of Each Receipt this Period</b>  10.00	
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> > 8    240.00		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				<b>3250.00</b>

<b>SCHEDULE B</b>		<b>ITEMIZED DISBURSEMENTS</b>		<b>12 / 20</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> 07/05/2000	<b>Amount of Each Disbursement This Period</b> 458.74	
<b>Full Name, Mailing Address, and ZIP Code</b> Internal Revenue Service  Philadelphia PA 19255	<b>Purpose of Disbursement</b> Withholding Taxes For Fundraiser Winner  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 07/20/2000	<b>Amount of Each Disbursement This Period</b> 2170.00	
<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> Reimbursed Administrative Expenses  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 08/17/2000	<b>Amount of Each Disbursement This Period</b> 2003.85	
<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> Reimbursed Administrative Expenses  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 09/15/2000	<b>Amount of Each Disbursement This Period</b> 588.43	
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				<b>5221.02</b>

<b>SCHEDULE B</b>		<b>ITEMIZED DISBURSEMENTS</b>		<b>13 / 20</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		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.				
<b>NAME OF COMMITTEE (In Full)</b> <b>HUPAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> ANNE NORTHUP FOR CONGRESS  PO BOX 7313  LOUISVILLE KY 40257	<b>Purpose of Disbursement</b>  (House - KY - 03) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 07/07/2000	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> DOYLE FOR CONGRESS COMMITTEE  2227 HAMPTON STREET  PITTSBURGH PA 15218	<b>Purpose of Disbursement</b>  (House - PA - 18) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 07/07/2000	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> EARL POMEROY FOR CONGRESS  POST OFFICE BOX 746  BISMARCK ND 58502	<b>Purpose of Disbursement</b>  (House - ND - 00) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 07/07/2000	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> FRIENDS OF CONGRESSMAN TIM HOLODEN  P.O. BOX 37  ST. CLAIR PA 17370	<b>Purpose of Disbursement</b>  (House - PA - 06) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 07/07/2000	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> FRIENDS OF DON SHERWOOD  PO BOX 188  WYALUSING PA 18853	<b>Purpose of Disbursement</b>  (House - PA - 10) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 07/07/2000	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> KUYKENDALL CONGRESSIONAL COMMITTEE  888 S FIGUEROA ST #860  LOS ANGELES CA 90017	<b>Purpose of Disbursement</b>  (House - CA - 36) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 07/07/2000	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> ROGAN FOR CONGRESS COMMITTEE  P O BOX 36  MONTROSE CA 91021	<b>Purpose of Disbursement</b>  (House - CA - 27) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 07/10/2000	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> HAYES FOR CONGRESS  PO BOX 2000  CONCORD NC 28026	<b>Purpose of Disbursement</b>  (House - NC - 08) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 07/19/2000	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> MOORE FOR CONGRESS  PO BOX 14631  SHAWNEE MISSION KS 66285	<b>Purpose of Disbursement</b>  (House - KS - 03) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 07/19/2000	<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>SCHEDULE B</b>		<b>ITEMIZED DISBURSEMENTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	14 / 20
					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.					
<b>NAME OF COMMITTEE (In Full)</b> <b>HUPAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> FRIENDS OF JOHN BOEHNER  790&I CINCINNATI DAYTON ROAD  WEST CHESTER OH 45069	<b>Purpose of Disbursement</b>  (House - OH - 08)		Date (month, day, year) 07/27/2000	Amount of Each Disbursement This Period 500.00	
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
<b>Full Name, Mailing Address, and ZIP Code</b> TIBERI 2000  211 SOUTH FIFTH ST  COLUMBUS OH 43215	<b>Purpose of Disbursement</b>  (House - OH - 12)		Date (month, day, year) 07/27/2000	Amount of Each Disbursement This Period 500.00	
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
<b>Full Name, Mailing Address, and ZIP Code</b> ASHCROFT 2000  8229 CLAYTON ROAD SUITE 200  ST LOUIS MO 63117	<b>Purpose of Disbursement</b>  (Senate - MO - 00)		Date (month, day, year) 07/28/2000	Amount of Each Disbursement This Period 1000.00	
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
<b>Full Name, Mailing Address, and ZIP Code</b> BERKLEY 2000  3069 CONQUISTA COURT  LAS VEGAS NV 89121	<b>Purpose of Disbursement</b>  (House - NV - 01)		Date (month, day, year) 07/28/2000	Amount of Each Disbursement This Period 500.00	
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
<b>Full Name, Mailing Address, and ZIP Code</b> CITIZENS FOR TOM PETRI  PO BOX 270  FOND DU LAC WI 54935	<b>Purpose of Disbursement</b>  (House - WI - 06)		Date (month, day, year) 07/28/2000	Amount of Each Disbursement This Period 500.00	
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
<b>Full Name, Mailing Address, and ZIP Code</b> J D HAYWORTH FOR CONGRESS  107&9 N 90TH STREET SUITE 102  SCOTTSDALE AZ 85260	<b>Purpose of Disbursement</b>  (House - AZ - 08)		Date (month, day, year) 07/28/2000	Amount of Each Disbursement This Period 500.00	
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
<b>Full Name, Mailing Address, and ZIP Code</b> ROD GRAMS FOR US SENATE  2013 SECOND AVENUE N SUITE B2  ANOKA MN 55303	<b>Purpose of Disbursement</b>  (Senate - MN - 00)		Date (month, day, year) 07/28/2000	Amount of Each Disbursement This Period 1000.00	
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
<b>Full Name, Mailing Address, and ZIP Code</b> DONALD A. MANZULLO FOR CONGRE- SS PO BOX 7783  ROCKFORD IL 61125	<b>Purpose of Disbursement</b>  (House - IL - 18)		Date (month, day, year) 08/08/2000	Amount of Each Disbursement This Period 250.00	
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
<b>Full Name, Mailing Address, and ZIP Code</b> ENSIGN FOR SENATE  9904 GLENROCK DRIVE  LAS VEGAS NV 89134	<b>Purpose of Disbursement</b>  (Senate - NV - 00)		Date (month, day, year) 08/08/2000	Amount of Each Disbursement This Period 500.00	
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....					
<b>TOTALS</b> 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	15 / 20
					FOR LINE NUMBER 23
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<b>NAME OF COMMITTEE (In Full)</b> <b>HUPAC</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> FRIENDS OF DAVE WELDON  PO BOX 968  MELBOURNE FL 32902		<b>Purpose of Disbursement</b>  (House - FL - 15) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Date (month, day, year)</b> 08/08/2000	<b>Amount of Each Disbursement This Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> HOOSIERS FOR TIM ROEMER  P.O.BOX 4400  SOUTH BEND IN 46634		<b>Purpose of Disbursement</b>  (House - IN - 03) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Date (month, day, year)</b> 08/08/2000	<b>Amount of Each Disbursement This Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> RE-ELECT NANCY JOHNSON TO CONGRESS COMMITTEE PO BOX 1986  NEW BRITAIN CT 06050		<b>Purpose of Disbursement</b>  (House - CT - 06) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Date (month, day, year)</b> 08/08/2000	<b>Amount of Each Disbursement This Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> REPUBLICAN MAJORITY FUND  1155 21ST STREET NW #300  WASHINGTON DC 20036		<b>Purpose of Disbursement</b> For Sen. Don Nickles (Senate-O-K-00)  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Date (month, day, year)</b> 08/09/2000	<b>Amount of Each Disbursement This Period</b> 1000.00
<b>Full Name, Mailing Address, and ZIP Code</b> BILL MCCOLLUM FOR US SENATE POST OFFICE BOX 532015  ORLANDO FL 32853		<b>Purpose of Disbursement</b>  (Senate - FL - 00) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Date (month, day, year)</b> 08/11/2000	<b>Amount of Each Disbursement This Period</b> 1000.00
<b>Full Name, Mailing Address, and ZIP Code</b> LEE TERRY FOR CONGRESS  PO BOX 540098  OMAHA NE 68154		<b>Purpose of Disbursement</b>  (House - NE - 02) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Date (month, day, year)</b> 08/11/2000	<b>Amount of Each Disbursement This Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> BASS VICTORY 2000 COMMITTEE  PO BOX 3451  CONCORD NH 03302		<b>Purpose of Disbursement</b>  (House - NH - 02) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Date (month, day, year)</b> 08/16/2000	<b>Amount of Each Disbursement This Period</b> 1000.00
<b>Full Name, Mailing Address, and ZIP Code</b> BILL SUBLETTE FOR US CONGRESS CAMPAIGN COMMITTEE 25 SOUTH MAGNOLIA ST  ORLANDO FL 32801		<b>Purpose of Disbursement</b>  (House - FL - 06) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Date (month, day, year)</b> 08/16/2000	<b>Amount of Each Disbursement This Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> SUNUNU FOR CONGRESS  PO BOX 500  RYE NH 03870		<b>Purpose of Disbursement</b>  (House - NH - 01) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Date (month, day, year)</b> 08/16/2000	<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>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>16 / 20</b>
			FOR LINE NUMBER 23

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

<b>Full Name, Mailing Address, and ZIP Code</b> FRIENDS OF CONRAD BURNS - 2000  PO BOX 1532  BILLINGS MT 59103	Purpose of Disbursement  (Senate - MT - 00)	Date (month, day, year) 08/17/2000	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> BOB NEY FOR CONGRESS  PO BOX 490  ST CLAIRSVILLE OH 43950	Purpose of Disbursement  (House - OH - 18)	Date (month, day, year) 08/18/2000	Amount of Each Disbursement This Period 500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> CUNNEEN FOR CONGRESS  5339 PROSPECT RD PMB 151  SAN JOSE CA 95129	Purpose of Disbursement  (House - CA - 15)	Date (month, day, year) 08/18/2000	Amount of Each Disbursement This Period 500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> TRENT MATSON FOR CONGRESS 2000  855 TROSPER RD #108-126  OLYMPIA WA 98516	Purpose of Disbursement  (House - WA - 03)	Date (month, day, year) 08/18/2000	Amount of Each Disbursement This Period 500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> ALASKANS FOR DON YOUNG  P O BOX 100298  ANCHORAGE AK 99510	Purpose of Disbursement  (House - AK - 00)	Date (month, day, year) 08/21/2000	Amount of Each Disbursement This Period 500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> GERALD C 'JERRY' WELLER FOR CONGRESS  PO BOX 15283  WASHINGTON DC 20003	Purpose of Disbursement  (House - IL - 11)	Date (month, day, year) 08/21/2000	Amount of Each Disbursement This Period 500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> HEATHER WILSON FOR CONGRESS  PO BOX 14070  ALBUQUERQUE NM 87191	Purpose of Disbursement  (House - NM - 01)	Date (month, day, year) 08/21/2000	Amount of Each Disbursement This Period 500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> UPTON FOR ALL OF US  PO BOX 490  ST JOSEPH MI 49085	Purpose of Disbursement  (House - MI - 06)	Date (month, day, year) 08/21/2000	Amount of Each Disbursement This Period 500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
<b>Full Name, Mailing Address, and ZIP Code</b> BOB ETHERIDGE FOR CONGRESS COMMITTEE  POST OFFICE BOX 28001  RALEIGH NC 27611	Purpose of Disbursement  (House - NC - 02)	Date (month, day, year) 08/22/2000	Amount of Each Disbursement This Period 500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		

**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

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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 OF GEORGE ALLEN 801 EAST MAIN STREET SUITE 520 RICHMOND VA 23219	(Senate - VA - 00) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	08/22/2000	1000.00
NATIONAL REPUBLICAN CONGRESSIO- NAL COMMITTEE 320 FIRST STREET, SE WASHINGTON DC 20003	For Rep. Jim Greenwood (House- PA-8) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	08/22/2000	500.00
BOB BARR-CONGRESS PO BOX 4323 MARIETTA GA 30061	(House - GA - 07) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	08/23/2000	500.00
BEN CARDIN FOR CONGRESS 100 EAST PRATT STREET 27TH FLOOR BALTIMORE MD 21202	(House - MD - 03) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	08/24/2000	500.00
BILLY TAUZIN CONGRESSIONAL CO- MMITTEE 550 SOUTH VAN HOUMA LA 70361	(House - LA - 03) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	08/24/2000	1000.00
COMMITTEE FOR THE PRESERVATION OF CAPITALISM POST OFFICE BOX 22614 ALEXANDRIA VA 22304	For Rep. Jim McCrery (House-LA- 4) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	08/24/2000	500.00
CONGRESSMAN BART GORDON COMMI- TTEE P O BOX 2008 MURFREESBORO TN 37133	(House - TN - 06) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	08/24/2000	500.00
DIANA DEGETTE FOR CONGRESS INC PO BOX 61337 DENVER CO 80206	(House - CO - 01) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	08/24/2000	500.00
ABRAHAM SENATE 2000 26555 EVERGREEN ROAD SUITE 1220 SOUTHFIELD MI 48076	(Senate - MI - 00) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	08/30/2000	1000.00

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

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

<b>SCHEDULE B</b> <span style="float: right;"><b>ITEMIZED DISBURSEMENTS</b></span>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>18 / 20</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> LEADERSHIP PAC 2000  515 KING STREET #420  ALEXANDRIA VA 22314	<b>Purpose of Disbursement</b> For Rep. Mike Oxley (House-OH-4)  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 08/30/2000	<b>Amount of Each Disbursement This Period</b> 1000.00
<b>Full Name, Mailing Address, and ZIP Code</b> STENHOLM FOR CONGRESS COMMITTEE BOX 1032  STAMFORD TX 79553	<b>Purpose of Disbursement</b> (House - TX - 17)  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 08/30/2000	<b>Amount of Each Disbursement This Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> National Republican Club of Capitol Hill 300 First Street, SE  Washington DC 20003	<b>Purpose of Disbursement</b> In-kind Cont.-Rep. Ehrlich (House-MD-2)  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 09/15/2000	<b>Amount of Each Disbursement This Period</b> 1054.43
<b>Full Name, Mailing Address, and ZIP Code</b> FLETCHER FOR CONGRESS  PO BOX 4703  LEXINGTON KY 40544	<b>Purpose of Disbursement</b> (House - KY - 06)  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 09/21/2000	<b>Amount of Each Disbursement This Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> LARSON FOR CONGRESS  29 RUFF CIRCLE  GLASTONBURY CT 06033	<b>Purpose of Disbursement</b> (House - CT - 01)  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 09/21/2000	<b>Amount of Each Disbursement This Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> MIKE MCINTYRE FOR CONGRESS  3780 BERKLEY LANE  LUMBERTON NC 28358	<b>Purpose of Disbursement</b> (House - NC - 07)  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 09/21/2000	<b>Amount of Each Disbursement This Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> ANNE NORTHUP FOR CONGRESS  PO BOX 7313  LOUISVILLE KY 40257	<b>Purpose of Disbursement</b> (House - KY - 03)  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 09/25/2000	<b>Amount of Each Disbursement This Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> FRIENDS OF BARON HILL  PO BOX 1071  SEYMOUR IN 47274	<b>Purpose of Disbursement</b> (House - IN - 09)  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 09/25/2000	<b>Amount of Each Disbursement This Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> GREENLEAF FOR CONGRESS  1555 TERWOOD RD  HUNTINGDON VALLEY PA 19006	<b>Purpose of Disbursement</b> (House - PA - 13)  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 09/25/2000	<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>SCHEDULE B</b>		<b>ITEMIZED DISBURSEMENTS</b>		<b>19 / 20</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		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> JEFF FLAKE FOR CONGRESS  4222 EAST MCLELLAN RD #19  MESA AZ 85205	<b>Purpose of Disbursement</b>  (House - AZ - 01) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 09/25/2000	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> LAUREN BETH GASH FOR CONGRESS  1345 FOREST  HIGHLAND PARK IL 60035	<b>Purpose of Disbursement</b>  (House - IL - 10) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 09/25/2000	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> NATIONAL REPUBLICAN CONGRESSI- ONAL COMMITTEE 320 FIRST STREET, SE  WASHINGTON DC 20003	<b>Purpose of Disbursement</b> For Rep. John Hostetter (House- IN-8) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 09/25/2000	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> OTTER FOR IDAHO  PO BOX 1456  BOISE ID 83701	<b>Purpose of Disbursement</b>  (House - ID - 01) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 09/25/2000	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> REHBERG FOR CONGRESS  PO BOX 1597  HELENA MT 59624	<b>Purpose of Disbursement</b>  (House - MT - 00) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 09/25/2000	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> ROGERS FOR CONGRESS  PO BOX 581  BRIGHTON MI 48116	<b>Purpose of Disbursement</b>  (House - MI - 06) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 09/25/2000	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> TANCREDO FOR CONGRESS COMMITTEE INC 5471 S ESTES ST  LITTLETON CO 80123	<b>Purpose of Disbursement</b>  (House - CO - 08) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 09/25/2000	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> LUCAS FOR CONGRESS 2000  P.O. BOX 17344  COVINGTON KY 41017	<b>Purpose of Disbursement</b>  (House - KY - 04) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 09/26/2000	<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>36054.43</b>

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

<b>Full Name, Mailing Address, and ZIP Code</b> John Davidson  8050 SW Warm Springs St. #120  Tualatin OR 97062	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) 07/07/2000	Amount of Each Disbursement This Period 2000.00
<b>Full Name, Mailing Address, and ZIP Code</b> William Donahoe  7720 Southdown Road  Alexandria VA 22308	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) 07/07/2000	Amount of Each Disbursement This Period 1000.00

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<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....	
<b>TOTALS</b> This Period (last page this line number only) .....	<b>3000.00</b>