



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**HPAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		19422.32
(b) Cash on Hand at Beginning of Reporting Period.....	19422.32	
(c) Total Receipts (from Line 19) .....	34500.00	34500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	53922.32	53922.32
7. Total Disbursements (from Line 31).....	52966.82	52966.82
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	955.50	955.50
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	63207.26	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

HPAC

Report Covering the Period: From: 01 / 01 / 2012 To: 03 / 31 / 2012

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	34500.00	34500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	34500.00	34500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	34500.00	34500.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	34500.00	34500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	34500.00	34500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	52966.82	52966.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	52966.82	52966.82
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	52966.82	52966.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	52966.82	52966.82

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	34500.00	34500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	34500.00	34500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	52966.82	52966.82
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	52966.82	52966.82

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
**HPAC**

**A. MS. MING CHEN HSU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 828 MASSELIN AVENUE  
 City LOS ANGELES State CA Zip Code 90036-4722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 05 / 2012  
**Transaction ID : SA11.15739**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

**B. MR. PETER B. KELLNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6801 COLLINS AVE. CR 1406  
 City MIAMI BEACH State FL Zip Code 33141-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RICHMOND GLOBAL, L.L.C. Occupation INVESTMENTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 09 / 2012  
**Transaction ID : SA11.17375**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

**C. MR. PETER MALONE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 149 RANDOLPH AVENUE  
 City MILTON State MA Zip Code 02186-3524  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CSP ASSOCIATES, INC. Occupation SENIOR MANAGING DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 01 / 09 / 2012  
**Transaction ID : SA11.17295**  
 Amount of Each Receipt this Period 2000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 12000.00  
**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 24  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
**HPAC**

**A. PETER SCOTT ODRISCOLL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 51 WEST 52ND STREET  
City NEW YORK State NY Zip Code 10019-6119  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ORRICK, HERRINGTON & SUTCLIFFE LLP Occupation LAWYER  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2000.00

Date of Receipt 01 / 09 / 2012  
**Transaction ID : SA11.17422**  
Amount of Each Receipt this Period 2000.00  
CONTRIBUTION

**B. MR. JOSHUA A. FINK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 137 WOOSTER ST. #PH1A  
City NEW YORK State NY Zip Code 10012-3197  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ENSO CAPITAL MANAGEMENT, L.L.C. Occupation C.E.O.  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 5000.00

Date of Receipt 01 / 12 / 2012  
**Transaction ID : SA11.18419**  
Amount of Each Receipt this Period 5000.00  
CONTRIBUTION

**C. MS. VICTORIA W. HSU**  
Full Name (Last, First, Middle Initial)  
Mailing Address 828 MASSELIN AVENUE  
City LOS ANGELES State CA Zip Code 90036-4722  
FEC ID number of contributing federal political committee. **C**  
Name of Employer J.T. TORI COMPANY & FOUNDATION Occupation EXECUTIVE ASSISTANT  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 5000.00

Date of Receipt 01 / 13 / 2012  
**Transaction ID : SA11.18692**  
Amount of Each Receipt this Period 5000.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... 12000.00  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 24  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. MR. JOHN STEVEN PRICE**

Mailing Address 230 EAST SOUTH TEMPLE STREET

City State Zip Code  
SALT LAKE CITY UT 84111-1205

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PRICE REALTY GROUP PRESIDENT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 13 / 2012  
**Transaction ID : SA11.18662**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ARTHUR BOURNE CHOATE**

Mailing Address 1390 S. DIXIE HIGHWAY  
SUITE 2221

City State Zip Code  
CORAL GABLES FL 33146-2946

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 30 / 2012  
**Transaction ID : SA11.18956**

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. KATHLEEN M. CONLON**

Mailing Address 42 REEDSDALE ROAD

City State Zip Code  
MILTON MA 02186-3324

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
EDWARDS ANGELL PALMER & DODGE L.L.P ATTORNEY

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 30 / 2012  
**Transaction ID : SA11.18957**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5500.00

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 24
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. JOHN PERENCHIO**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 90 PMB408

City SUN VALLEY State ID Zip Code 83353-0090

FEC ID number of contributing federal political committee. **C**

Name of Employer DECKERS Occupation DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 02 / 02 / 2012  
**Transaction ID : SA11.18963**

Amount of Each Receipt this Period 5000.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REATTRIBUTION FROM SPOUSE

**B. STEPHANIE PERENCHIO**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 90

City SUN VALLEY State ID Zip Code 83353-0090

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation PHOTOGRAPHER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 02 / 02 / 2012  
**Transaction ID : SA11.18964**

Amount of Each Receipt this Period -5000.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REATTRIBUTION TO SPOUSE

**C. CRAIG MCCAWE**  
Full Name (Last, First, Middle Initial)

Mailing Address 3410 CARILLON POINT

City KIRKLAND State WA Zip Code 98033-7317

FEC ID number of contributing federal political committee. **C**

Name of Employer EAGLE RIVER, INC. Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 02 / 03 / 2012  
**Transaction ID : SA11.19519**

Amount of Each Receipt this Period -5000.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 24  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**HPAC**

Full Name (Last, First, Middle Initial)  
**A. SUSAN MCCA**

Mailing Address 3410 CARILLON POINT

City KIRKLAND	State WA	Zip Code 98033-7317
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer COM INVESTMENTS, LLC	Occupation PRESIDENT
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	03	/	2012

**Transaction ID : SA11.19518**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

Full Name (Last, First, Middle Initial)  
**B. LYNN FORESTER DE ROTHSCHILD**

Mailing Address 711 5TH AVENUE 20TH FLOOR

City NEW YORK	State NY	Zip Code 10022-3111
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFF
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2012

**Transaction ID : SA11.18962**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	34500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. LINUS CATIGNANI**

Mailing Address 1914 19TH AVE, SOUTH

City NASHVILLE State TN Zip Code 37212

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

01 / 03 / 2012

Transaction ID : SB.10004

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. ADP**

Mailing Address 400 COVINA BLVD

City SAN DIMAS State CA Zip Code 91773

Purpose of Disbursement  
PAYROLL SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

01 / 03 / 2012

Transaction ID : SB.10000

Amount of Each Disbursement this Period

624.71

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

01 / 03 / 2012

Transaction ID : SB.10001

Amount of Each Disbursement this Period

7015.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

10139.71

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. CTM CONSULTING**

Mailing Address 7119 W. SUNSET BLVD., #444

City LOS ANGELES State CA Zip Code 90046

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 03 / 2012

**Transaction ID : SB.10003**

Amount of Each Disbursement this Period

2250.00

**B. GRAND SLAM FINANCE**

Full Name (Last, First, Middle Initial)

Mailing Address 13805 RESEARCH BLVD  
SUITE 125

City AUSTIN State TX Zip Code 78750

Purpose of Disbursement  
ACCOUNTING SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 03 / 2012

**Transaction ID : SB.10002**

Amount of Each Disbursement this Period

11250.00

**C. DEANNA HAYES**

Full Name (Last, First, Middle Initial)

Mailing Address 3200 APPENNINI WAY

City CEDAR PARK State TX Zip Code 78613

Purpose of Disbursement  
SHIPPING EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 05 / 2012

**Transaction ID : SB.10006**

Amount of Each Disbursement this Period

47.08

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

13547.08

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address PO BOX 360001

City State Zip Code  
FT LAUDERDALE FL 33336

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 05 / 2012

Transaction ID : SB.10005

Amount of Each Disbursement this Period

613.80

Full Name (Last, First, Middle Initial)

**B. GRAND SLAM FINANCE**

Mailing Address 13805 RESEARCH BLVD  
SUITE 125

City State Zip Code  
AUSTIN TX 78750

Purpose of Disbursement  
ACCOUNTING SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 17 / 2012

Transaction ID : SB.10007

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

**C. ADP**

Mailing Address 400 COVINA BLVD

City State Zip Code  
SAN DIMAS CA 91773

Purpose of Disbursement  
PAYROLL SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 30 / 2012

Transaction ID : SB.10008

Amount of Each Disbursement this Period

134.70

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

15748.50

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
**HPAC**

Full Name (Last, First, Middle Initial)

## A. ELAVON MERCHANTS

Mailing Address ONE CONCOURSE PARKWAY  
SUITE 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2012

Transaction ID : SB.10009

Amount of Each Disbursement this Period

376.45

Full Name (Last, First, Middle Initial)

## B. AMERICAN EXPRESS

Mailing Address PO BOX 360001

City FT LAUDERDALE State FL Zip Code 33336

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 06 / 2012

Transaction ID : SB.10010

Amount of Each Disbursement this Period

409.40

Full Name (Last, First, Middle Initial)

## C. GRAND SLAM FINANCE

Mailing Address 13805 RESEARCH BLVD  
SUITE 125

City AUSTIN State TX Zip Code 78750

Purpose of Disbursement  
ACCOUNTING SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2012

Transaction ID : SB.10011

Amount of Each Disbursement this Period

7500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

8285.85

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address 400 COVINA BLVD

City SAN DIMAS State CA Zip Code 91773

Purpose of Disbursement  
PAYROLL SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2012

Transaction ID : SB.10012

Amount of Each Disbursement this Period

205.73

Full Name (Last, First, Middle Initial)

**B. ARENT FOX**

Mailing Address PO BOX 758670

City BALTIMORE State MD Zip Code 21275

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 27 / 2012

Transaction ID : SB.10013

Amount of Each Disbursement this Period

1455.00

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 27 / 2012

Transaction ID : SB.10014

Amount of Each Disbursement this Period

3500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

5160.73

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address 400 COVINA BLVD

City State Zip Code  
SAN DIMAS CA 91773

Purpose of Disbursement  
PAYROLL SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 06 / 2012

**Transaction ID : SB.10015**

Amount of Each Disbursement this Period

84.95

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

84.95

52966.82



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 17 OF 24
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>LINUS CATIGNANI</b>	Nature of Debt (Purpose): FINANCE CONSULT-ORIGINAL DEBT ESTIMATED
Mailing Address 1914 19TH AVE, SOUTH	
City State Zip Code NASHVILLE TN 37212	

Outstanding Balance Beginning This Period 4044.05	<b>Transaction ID : SD.25</b>	
Amount Incurred This Period 0.00	Payment This Period 2500.00	Outstanding Balance at Close of This Period 1544.05

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>TAUSHA DINGMAN</b>	Nature of Debt (Purpose): FINANCE CONSULT-ORIGINAL DEBT ESTIMATED
Mailing Address 109 E 5300 S	
City State Zip Code OGDEN UT 84405	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD.26</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>TARA ESFAHANIAN</b>	Nature of Debt (Purpose): FINANCE CONSULT-ORIGINAL DEBT ESTIMATED
Mailing Address 177 UPHAM STREET	
City State Zip Code MELROSE MA 02176	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD.30</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1544.05
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 18 OF 24
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CLAUDIA LARSEN</b>	Nature of Debt (Purpose): FINANCE CONSULT-ORIGINAL DEBT ESTIMATED
Mailing Address 314 W CENTER #122	
City State Zip Code BOUNTIFUL UT 84010	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD.34</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>KAREN SPENCE</b>	Nature of Debt (Purpose): FINANCE CONSULTANT
Mailing Address 6190 ROSE COURT	
City State Zip Code GRANITE BAY CA 95746	

Outstanding Balance Beginning This Period 10000.00	<b>Transaction ID : SD.40</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CMDI</b>	Nature of Debt (Purpose): DATABASE PROCESSING
Mailing Address 7704 LEESBURG PIKE	
City State Zip Code FALLS CHURCH VA 22043	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD.22</b>	
Amount Incurred This Period 22265.00	Payment This Period 10015.00	Outstanding Balance at Close of This Period 12250.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	22250.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 19 OF 24
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>C2 GROUP LLC</b>	Nature of Debt (Purpose): FACILITY RENTAL
Mailing Address 325 7TH STREET, NW SUITE 400	
City State Zip Code WASHINGTON DC 20004	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD.44</b>	
Amount Incurred This Period 1000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>STRATEGIC INFORMATION CONSULTANTS</b>	Nature of Debt (Purpose): CONSULTING
Mailing Address PO BOX 13986	
City State Zip Code MAUMELLE AR 72113	

Outstanding Balance Beginning This Period 8000.00	<b>Transaction ID : SD.41</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 8000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>THE WOODS HERBERGER GROUP</b>	Nature of Debt (Purpose): FINANCE CONSULT-ORIGINAL DEBT ESTIMATED
Mailing Address 1200 ANASTASIA AVE, STE 310	
City State Zip Code CORAL GABLES FL 33134	

Outstanding Balance Beginning This Period 7500.00	<b>Transaction ID : SD.42</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7500.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	16500.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 20 OF 24
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>TOD BOWEN</b>	Nature of Debt (Purpose): FINANCE CONSULT-ORIGINAL DEBT ESTIMATED
Mailing Address 2931 E. DUBLIN-GRANVILLE RD.	
City State Zip Code COLUMBUS OH 43231	

Outstanding Balance Beginning This Period <input type="text" value="375.00"/>	<b>Transaction ID : SD.43</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="375.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>HOLLAND TAUCHER CONSULTING GROUP</b>	Nature of Debt (Purpose): FINANCE CONSULT-ORIGINAL DEBT ESTIMATED
Mailing Address PO BOX 684281	
City State Zip Code AUSTIN TX 78768	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : SD.33</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>MARRIOTT GROUP</b>	Nature of Debt (Purpose): FINANCE CONSULTANT
Mailing Address PO BOX 980847	
City State Zip Code PARK CITY UT 84098	

Outstanding Balance Beginning This Period <input type="text" value="3333.00"/>	<b>Transaction ID : SD.35</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3333.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="3708.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 21 OF 24
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>MOBY DICK AIRWAYS LTD</b>	Nature of Debt (Purpose): TRAVEL EXPENSE
Mailing Address PO BOX 77518	
City State Zip Code WASHINGTON DC 20013	

Outstanding Balance Beginning This Period 5632.00	<b>Transaction ID : SD.36</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5632.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>DMM GROUP</b>	Nature of Debt (Purpose): FINANCE CONSULT-ORIGINAL DEBT ESTIMATED
Mailing Address 444 N MICHIGAN AVE #3600	
City State Zip Code CHICAGO IL 60611	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD.29</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>GRAND SLAM FINANCE</b>	Nature of Debt (Purpose): ACCOUNTING AND COMPLIANCE
Mailing Address 13805 RESEARCH BLVD	
City State Zip Code AUSTIN TX 78750	

Outstanding Balance Beginning This Period 11250.00	<b>Transaction ID : SD.31</b>	
Amount Incurred This Period 0.00	Payment This Period 11250.00	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	5632.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 22 OF 24
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>HIGHWOOD CAPITAL</b>	Nature of Debt (Purpose): FINANCE CONSULT-ORIGINAL DEBT ESTIMATED
Mailing Address 915 E STREET, NW	
City State Zip Code WASHINGTON DC 20004	

Outstanding Balance Beginning This Period 6740.21	<b>Transaction ID : SD.32</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6740.21

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>PACIFIC FUNDRAISING GROUP</b>	Nature of Debt (Purpose): FINANCE CONSULT-ORIGINAL DEBT ESTIMATED
Mailing Address 2208 29TH STREET, SUITE 300	
City State Zip Code SACRAMENTO CA 95817	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD.37</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>PKL CONSULTING, INC</b>	Nature of Debt (Purpose): FINANCE CONSULTANT
Mailing Address 621 THORNWOOD LN	
City State Zip Code NORTHFIELD IL 60093	

Outstanding Balance Beginning This Period 3333.00	<b>Transaction ID : SD.38</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3333.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	10073.21
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 23 OF 24
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SMART INTERACTIVE</b>	Nature of Debt (Purpose): NEW MEDIA CONSULTING
Mailing Address 814 KING ST, SUITE 440	
City State Zip Code ALEXANDRIA VA 22314	

Outstanding Balance Beginning This Period 3500.00	<b>Transaction ID : SD.39</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CTM CONSULTING</b>	Nature of Debt (Purpose): FINANCE CONSULTANT
Mailing Address 7119 W. SUNSET BLVD., #444	
City State Zip Code LOS ANGELES CA 90046	

Outstanding Balance Beginning This Period 2250.00	<b>Transaction ID : SD.27</b>	
Amount Incurred This Period 0.00	Payment This Period 2250.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>DGCG LLC</b>	Nature of Debt (Purpose): FINANCE CONSULT-ORIGINAL DEBT ESTIMATED
Mailing Address 5266 COLONEL JOHNSON LN	
City State Zip Code ALEXANDRIA VA 22304	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD.28</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	3500.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 24 OF 24
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>BELLWEATHER CONSULTING</b>	Nature of Debt (Purpose): FINANCE CONSULT-ORIGINAL DEBT ESTIMATED
Mailing Address PO BOX 1253	
City State Zip Code OAKLAND FL 34760	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD.23</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>BUCKSHOT GROUP</b>	Nature of Debt (Purpose): FINANCE CONSULT-ORIGINAL DEBT ESTIMATED
Mailing Address PO BOX 30005	
City State Zip Code BETHESDA MD 20824-0000	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD.24</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	63207.26
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	63207.26