

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
HOGAN LOVELLS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 555 THIRTEENTH STREET NW 8TH FL
WEST TOWER
 Check if different than previously reported. (ACC)
WASHINGTON DC 20004

2. **FEC IDENTIFICATION NUMBER** C00261339
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 09 01 2010 through 09 30 2010

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 W. Michael House
Signature of Treasurer Electronically Filed by W. Michael House Date 10 07 2010

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

| | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | | |
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FEC FORM 3X
(Rev. 12/2004)

A. Form/Schedule : **F3XN**

Transaction ID :

Line 21(b) and (c) regarding Federal Operating Expenditures are charges for supplies, secretarial services, use of space, photocopy and messenger that are billed to the Hogan Lovells US LLP PAC by the law firm of Hogan Lovells US LLP at standard rates charged to clients. Management of the Hogan Lovells US LLP PAC is undertaken by the Treasurer and Assistant Treasurer who provide their services to the PAC on a volunteer basis.

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
HOGAN LOVELLS POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 0 | 9 |

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| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 1 | 0 | | 67271.87 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 1 | 0 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 102172.95 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 18423.66 | 174357.58 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 120596.61 | 241629.45 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 27049.20 | 148082.04 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 93547.41 | 93547.41 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

HOGAN LOVELLS POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| 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) | 18418.64 | 167263.16 |
| (ii) Unitemized | 0.00 | 2051.50 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 18418.64 | 169314.66 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 5000.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 18418.64 | 174314.66 |
| 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.) | 5.02 | 42.92 |
| 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 Transfer (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)) | 18423.66 | 174357.58 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 18423.66 | 174357.58 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) Shared 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..... | 49.20 | 2582.04 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 49.20 | 2582.04 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 27000.00 | 145500.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (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) Shared 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)).. | 27049.20 | 148082.04 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 27049.20 | 148082.04 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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| 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) | 18418.64 | 174314.66 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 18418.64 | 174314.66 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 49.20 | 2582.04 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 49.20 | 2582.04 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 25
(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 |

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)
HOGAN LOVELLS POLITICAL ACTION COMMITTEE

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Lee A. Alexander</p> <p>Mailing Address 9325 Sprinklewood Lane</p> <p>City State Zip Code Potomac MD 20854</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Hogan Lovells</p> <p>Occupation Attorney</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1416.66</p> | <p>Date of Receipt 09 / 30 / 2010</p> <p>Transaction ID: SA11AI.6735</p> <p>Amount of Each Receipt this Period 708.33</p> |
|---|--|

| | |
|--|---|
| <p>B. Full Name (Last, First, Middle Initial) Jeanne S. Archibald</p> <p>Mailing Address 1480 Waterfront Road</p> <p>City State Zip Code Reston VA 20194</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Hogan Lovells US LLP</p> <p>Occupation Attorney</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1500.00</p> | <p>Date of Receipt 09 / 30 / 2010</p> <p>Transaction ID: SA11AI.6742</p> <p>Amount of Each Receipt this Period 1500.00</p> |
|--|---|

| | |
|--|--|
| <p>C. Full Name (Last, First, Middle Initial) James T. Banks</p> <p>Mailing Address 4441 Hawthorne Street NW</p> <p>City State Zip Code Washington DC 20016</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Hogan Lovells LLP</p> <p>Occupation Attorney</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1005.00</p> | <p>Date of Receipt 09 / 30 / 2010</p> <p>Transaction ID: SA11AI.6726</p> <p>Amount of Each Receipt this Period 335.00</p> |
|--|--|

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|--|---|
| SUBTOTAL of Receipts This Page (optional) | 2543.33 |
| 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 / 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HOGAN LOVELLS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Stanley J Brown

Mailing Address 100 Riverside Blvd
Apt. 19G

City State Zip Code
New York NY 10069

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

Name of Employer Hogan Lovells Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 533.32

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.6728

Amount of Each Receipt this Period
266.66

B. Full Name (Last, First, Middle Initial)
Daniel M. Davidson

Mailing Address 5609 Ontario Circle

City State Zip Code
Bethesda MD 20816

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

Name of Employer Hogan Lovells LLP Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1099.98

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.6737

Amount of Each Receipt this Period
366.66

C. Full Name (Last, First, Middle Initial)
David Dunn

Mailing Address 1049 Park Avenue, Apt. 11-A

City State Zip Code
New York NY 10028

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

Name of Employer Hogan Lovells LLP Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.6731

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **933.32**

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 9 / 25

(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)
HOGAN LOVELLS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Prentiss E. Feagles

Mailing Address 10417 Masters Terrace

City State Zip Code
Potomac MD 20854

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

Name of Employer Occupation
Hogan Lovells LLP Attorney

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.6729

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Bruce W. Gilchrist

Mailing Address 1321 31st Street NW

City State Zip Code
Washington DC 20007

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

Name of Employer Occupation
Hogan Lovells LLP Attorney

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.6736

Amount of Each Receipt this Period
750.00

C.

Full Name (Last, First, Middle Initial)
Robert Glennon

Mailing Address 2425 L Street, N.W
Apt. 207

City State Zip Code
Washington DC 20037

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

Name of Employer Occupation
Hogan Lovells LLP Attorney

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3333.32

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.6727

Amount of Each Receipt this Period
1666.66

SUBTOTAL of Receipts This Page (optional)

3416.66

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 10 / 25 |
| | <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)
HOGAN LOVELLS POLITICAL ACTION COMMITTEE

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Mark L. Heimlich | Date of Receipt MM / DD / YYYY 09 / 30 / 2010 |
| | Mailing Address 23 Jersey Street | Transaction ID: SA11AI.6730 |
| | City State Zip Code Denver CO 80220 | Amount of Each Receipt this Period 125.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: Hogan Lovells US LLP Occupation: Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) Henry D. Kahn | Date of Receipt MM / DD / YYYY 09 / 30 / 2010 |
| | Mailing Address 7702 Crossland Road | Transaction ID: SA11AI.6732 |
| | City State Zip Code Baltimore MD 21208 | Amount of Each Receipt this Period 333.33 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: Hogan Lovells LLP Occupation: Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 999.99 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) Steven M. Kaufman | Date of Receipt MM / DD / YYYY 09 / 30 / 2010 |
| | Mailing Address 6806 Rannoch Road | Transaction ID: SA11AI.6743 |
| | City State Zip Code Bethesda MD 20817 | Amount of Each Receipt this Period 1250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: Hogan Lovells US LLP Occupation: Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1708.33 |
| 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 11 / 25
(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)
HOGAN LOVELLS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Raymond A. Kurz

Mailing Address 5205 Burke Drive

City State Zip Code
Alexandria VA 22309

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

Name of Employer: Hogan Lovells LLP Occupation: Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: SA11AI.6734
Amount of Each Receipt this Period: 750.00

B. Full Name (Last, First, Middle Initial)
Philip C. Larson

Mailing Address 3400 Legation Street NW

City State Zip Code
Washington DC 20015

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

Name of Employer: Hogan Lovells LLP Occupation: Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: SA11AI.6738
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Lewis E. Leibowitz

Mailing Address 3712 Leland Street

City State Zip Code
Chevy Chase MD 20815

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

Name of Employer: Hogan Lovells US LLP Occupation: Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: SA11AI.6720
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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 12 / 25 |
| | <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 | |

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NAME OF COMMITTEE (In Full)
HOGAN LOVELLS POLITICAL ACTION COMMITTEE

| | | | | | |
|-----------|---|------------------------|---|--|--|
| A. | Full Name (Last, First, Middle Initial) Joseph A. Levitt | | Date of Receipt MM / DD / YYYY 09 / 30 / 2010 | | |
| | Mailing Address 10604 Cloverbrooke Drive | | Transaction ID: SA11AI.6670 | | |
| | City Potomac | State MD | Zip Code 20854 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Hogan Lovells US LLP | Occupation Attorney | Aggregate Year-to-Date 250.00 | | |

| | | | | | |
|-----------|---|------------------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) Mark E. Mazo | | Date of Receipt MM / DD / YYYY 09 / 30 / 2010 | | |
| | Mailing Address 3719 Cardiff Road | | Transaction ID: SA11AI.6739 | | |
| | City Chevy Chase | State MD | Zip Code 20815 | Amount of Each Receipt this Period 708.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Hogan Lovells LLP | Occupation Attorney | Aggregate Year-to-Date 2124.00 | | |

| | | | | | |
|-----------|---|------------------------|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Thomas L. McGovern | | Date of Receipt MM / DD / YYYY 09 / 30 / 2010 | | |
| | Mailing Address 1110 Kelso Road | | Transaction ID: SA11AI.6721 | | |
| | City Great Falls | State VA | Zip Code 22066 | Amount of Each Receipt this Period 1300.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Hogan Lovells US LLP | Occupation Attorney | Aggregate Year-to-Date 2500.00 | | |

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| SUBTOTAL of Receipts This Page (optional) | 2258.00 |
| 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 13 / 25
(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)
HOGAN LOVELLS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Elizabeth Roberts

Mailing Address 4733 Berkeley Terrace, NW

City Washington State DC Zip Code 20007

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

Name of Employer Hogan Lovells US LLP Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 328.00

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11AI.6725

Amount of Each Receipt this Period 164.00

B.

Full Name (Last, First, Middle Initial)
Jeffrey N. Shane

Mailing Address 5015 Rockwood Parkway NW

City Washington State DC Zip Code 20016

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

Name of Employer Hogan Lovells US LLP Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11AI.6671

Amount of Each Receipt this Period 850.00

C.

Full Name (Last, First, Middle Initial)
Stuart G. Stein

Mailing Address 11403 Ridge Mist Terrace

City Potomac State MD Zip Code 20854

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

Name of Employer Hogan Lovells US LLP Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11AI.6724

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2014.00

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 14 / 25
(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)
HOGAN LOVELLS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Clifford D. Stromberg

Mailing Address 4501 N. Chelsea Lane

City State Zip Code
Bethesda MD 20814

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

Name of Employer: Hogan Lovells LLP
Occupation: Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: SA11AI.6722
Amount of Each Receipt this Period: 2250.00

B.

Full Name (Last, First, Middle Initial)
Reid P.F. Stuntz

Mailing Address 3708 Fort Worth Avenue

City State Zip Code
Alexandria VA 22304

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

Name of Employer: Hogan Lovells US LLP
Occupation: Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: SA11AI.6723
Amount of Each Receipt this Period: 1000.00

C.

Full Name (Last, First, Middle Initial)
Mary Anne Sullivan

Mailing Address 2850 Allendale Place NW

City State Zip Code
Washington DC 20008

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

Name of Employer: Hogan Lovells US LLP
Occupation: Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.50

Date of Receipt: 09 / 30 / 2010
Transaction ID: SA11AI.6740
Amount of Each Receipt this Period: 83.50

SUBTOTAL of Receipts This Page (optional) ► **3333.50**

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 15 / 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HOGAN LOVELLS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
John Davidson Thomas

Mailing Address 7305 Burdette Court

City State Zip Code
Bethesda MD 20817

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

Name of Employer: Hogan Lovells US LLP Occupation: Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: SA11AI.6733
Amount of Each Receipt this Period: 84.00

B. Full Name (Last, First, Middle Initial)
Patrick Traylor

Mailing Address 800 John Carlyle Street Apt. 501

City State Zip Code
Alexandria VA 22314

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

Name of Employer: Hogan Lovells US LLP Occupation: Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 382.50

Date of Receipt: 09 / 30 / 2010
Transaction ID: SA11AI.6741
Amount of Each Receipt this Period: 127.50

SUBTOTAL of Receipts This Page (optional) ► 211.50

TOTAL This Period (last page this line number only) ► 18418.64

**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)

PAGE 16 / 25

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <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)
HOGAN LOVELLS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Hogan Lovells US LLP

Transaction ID: SB21B.6699
Date of Disbursement

Mailing Address 555 13th Street, N.W.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 7 | | 2 | 0 | 1 | 0 |

City State Zip Code
Washington DC 20004

Amount of Each Disbursement this Period

| |
|-------|
| 49.20 |
|-------|

Purpose of Disbursement
Secy svcs./space/photocopy/supplies

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

| |
|-------|
| 49.20 |
|-------|

TOTAL This Period (last page this line number only) ►

| |
|-------|
| 49.20 |
|-------|

**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)

PAGE 17 / 25

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" 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)
HOGAN LOVELLS POLITICAL ACTION COMMITTEE

| | |
|---|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) A LOT OF PEOPLE WHO SUPPORT JEFF BINGAMAN</p> <p>Mailing Address PO BOX 16210</p> <p>City ALBUQUERQUE State NM Zip Code 87191</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name JEFF BINGAMAN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.6675</p> <p>Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS</p> <p>Mailing Address P.O. Box 261060</p> <p>City Los Angeles State CA Zip Code 90026</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name XAVIER BECERRA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.6672</p> <p>Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) BIG EASY COMMITTEE</p> <p>Mailing Address 607 14th Street, NW, Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name MARY L LANDRIEU</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.6687</p> <p>Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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 type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" 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)
HOGAN LOVELLS POLITICAL ACTION COMMITTEE

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) BRADY FOR CONGRESS Mailing Address P.O. Box 8277 City The Woodlands State TX Zip Code 77387 Purpose of Disbursement Candidate Name KEVIN PATRICK BRADY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 08 | Transaction ID: SB23.6690 Date of Disbursement 09 / 21 / 2010 |
| | Amount of Each Disbursement this Period 1000.00 |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | Category/ Type |

| | |
|--|--|
| B. Full Name (Last, First, Middle Initial) BRIGHT FOR CONGRESS.COM Mailing Address P.O.Box 2106 City Montgomery State AL Zip Code 36102 Purpose of Disbursement Candidate Name BOBBY NEAL SR BRIGHT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02 | Transaction ID: SB23.6686 Date of Disbursement 09 / 21 / 2010 |
| | Amount of Each Disbursement this Period 1000.00 |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | Category/ Type |

| | |
|--|--|
| C. Full Name (Last, First, Middle Initial) DAN 10 Mailing Address 1088 BISHOP STREET SUITE 1009 City HONOLULU State HI Zip Code 96813 Purpose of Disbursement Candidate Name DANIEL K INOUE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 00 | Transaction ID: SB23.6693 Date of Disbursement 09 / 22 / 2010 |
| | Amount of Each Disbursement this Period 1000.00 |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | Category/ Type |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3000.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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 type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" 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)
HOGAN LOVELLS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
DEMINT FOR SENATE COMMITTEE INC

Mailing Address PO BOX 12425

City COLUMBIA State SC Zip Code 29211

Purpose of Disbursement

Candidate Name
JAMES W DEMINT

Office Sought: House
 Senate
 President
State: SC District: 00

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.6694
Date of Disbursement

09 / 27 / 2010

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
DONALD A. MANZULLO FOR CONGRESS

Mailing Address PO Box 7783
PO Box 7783

City Rockford State IL Zip Code 61126

Purpose of Disbursement

Candidate Name
DONALD A. MANZULLO

Office Sought: House
 Senate
 President
State: IL District: 16

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.6707
Date of Disbursement

09 / 28 / 2010

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
DREIER FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 505

City UPLAND State CA Zip Code 91785

Purpose of Disbursement

Candidate Name
DAVID DREIER

Office Sought: House
 Senate
 President
State: CA District: 26

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.6692
Date of Disbursement

09 / 21 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

**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 type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" 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)
HOGAN LOVELLS POLITICAL ACTION COMMITTEE

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS <hr/> Mailing Address P.O. Box 9336 <hr/> City Fargo State ND Zip Code 58106 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name EARL RALPH POMEROY <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.6678 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 1000.00 |
| | Category/ Type |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) FRIENDS OF BARBARA BOXER <hr/> Mailing Address PO BOX 641751 <hr/> City LOS ANGELES State CA Zip Code 90064 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name BARBARA BOXER <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.6673 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 1000.00 |
| | Category/ Type |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) FRIENDS OF DAVE REICHERT <hr/> Mailing Address P. O. Box 53322 <hr/> City Bellevue State WA Zip Code 98015 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name DAVE REICHERT <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.6679 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 1000.00 |
| | Category/ Type |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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)

PAGE 21 / 25

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" 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)
HOGAN LOVELLS POLITICAL ACTION COMMITTEE

| | | |
|-----------|---|--|
| A. | Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARRASSO <hr/> Mailing Address PO BOX 52008 <hr/> City CASPER State WY Zip Code 82605 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name JOHN A BARRASSO Category/Type <input type="text"/> <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WY District: 00 | Transaction ID: SB23.6701 Date of Disbursement <input type="text" value="09"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/> <hr/> Amount of Each Disbursement this Period <input type="text" value="1000.00"/> |
| B. | Full Name (Last, First, Middle Initial) IKE SKELTON FOR CONGRESS COMMITTEE <hr/> Mailing Address P.O. Box A <hr/> City Harrisonville State MO Zip Code 64701 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name IKE SKELTON Category/Type <input type="text"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District: 04 | Transaction ID: SB23.6695 Date of Disbursement <input type="text" value="09"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/> <hr/> Amount of Each Disbursement this Period <input type="text" value="1000.00"/> |
| C. | Full Name (Last, First, Middle Initial) JOHN D. DINGELL FOR CONGRESS COMMITTEE <hr/> Mailing Address 607 14th Street N.W. Suite 800 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name JOHN D MR. DINGELL Category/Type <input type="text"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 15 | Transaction ID: SB23.6685 Date of Disbursement <input type="text" value="09"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/> <hr/> Amount of Each Disbursement this Period <input type="text" value="1000.00"/> |

| | |
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| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="3000.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

**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 type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" 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)
HOGAN LOVELLS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
JOHN SALAZAR FOR CONGRESS

Mailing Address PO Box 534

City Pueblo State CO Zip Code 81002

Purpose of Disbursement

Candidate Name
JOHN T SALAZAR

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CO District: 03

Transaction ID: SB23.6708

Date of Disbursement

09 / 29 / 2010

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
KAY GRANGER CAMPAIGN FUND

Mailing Address 715 Jones Street Suite 101

City Fort Worth State TX Zip Code 76102

Purpose of Disbursement

Candidate Name
KAY GRANGER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: TX District: 12

Transaction ID: SB23.6719

Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
MARKEY COMMITTEE, THE

Mailing Address PO Box 526

City Medford State MA Zip Code 02155

Purpose of Disbursement

Candidate Name
EDWARD J MR. MARKEY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MA District: 07

Transaction ID: SB23.6698

Date of Disbursement

09 / 27 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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 type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" 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)
HOGAN LOVELLS POLITICAL ACTION COMMITTEE

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) MARSHA BLACKBURN FOR CONGRESS INC.</p> <p>Mailing Address PO Box 682185</p> <p>City Franklin State TN Zip Code 37068</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name MARSHA MRS. BLACKBURN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.6689</p> <p>Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type</p> |
| <p>B. Full Name (Last, First, Middle Initial) MARTIN HEINRICH FOR CONGRESS, INC.</p> <p>Mailing Address 2118 CENTRAL AVENUE SE #71</p> <p>City Albuquerque State NM Zip Code 87106</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name MARTIN HEINRICH</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.6716</p> <p>Date of Disbursement 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type</p> |
| <p>C. Full Name (Last, First, Middle Initial) PERLMUTTER FOR CONGRESS</p> <p>Mailing Address 3440 Youngfield Street #264</p> <p>City Wheat Ridge State CO Zip Code 80033</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name EDWIN G PERLMUTTER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.6709</p> <p>Date of Disbursement 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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 type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" 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)
HOGAN LOVELLS POLITICAL ACTION COMMITTEE

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMMITTEE</p> <p>Mailing Address P.O. Box 8331</p> <p>City Fremont State CA Zip Code 94537</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name PETE STARK Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 13</p> | <p>Transaction ID: SB23.6674 Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) ROBERT ADERHOLT FOR CONGRESS</p> <p>Mailing Address P. O. Box 1158 940 HWY 13</p> <p>City Haleyville State AL Zip Code 35565</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name ROBERT B. ADERHOLT Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District: 04</p> | <p>Transaction ID: SB23.6704 Date of Disbursement 09 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) ROSKAM FOR CONGRESS COMMITTEE</p> <p>Mailing Address P. O. Box 713</p> <p>City Wheaton State IL Zip Code 60187</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name PETER ROSKAM Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 06</p> | <p>Transaction ID: SB23.6681 Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" 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)
HOGAN LOVELLS POLITICAL ACTION COMMITTEE

| | | | |
|-----------|---|--|--|
| A. | Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS | Transaction ID: SB23.6680 Date of Disbursement 09 / 20 / 2010 | |
| | Mailing Address 2021 E Dublin Granville Road Suite 2000 | | |
| | City Columbus State OH Zip Code 43229 | Amount of Each Disbursement this Period 500.00 | |
| | Purpose of Disbursement Candidate Name PATRICK J TIBERI Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type | |
| B. | Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS | Transaction ID: SB23.6700 Date of Disbursement 09 / 21 / 2010 | |
| | Mailing Address 2021 E Dublin Granville Road Suite 2000 | | |
| | City Columbus State OH Zip Code 43229 | Amount of Each Disbursement this Period 500.00 | |
| | Purpose of Disbursement Candidate Name PATRICK J TIBERI Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type | |
| C. | Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS | Transaction ID: SB23.6682 Date of Disbursement 09 / 20 / 2010 | |
| | Mailing Address P.O. BOX 661 PO BOX 5458 | | |
| | City COLLINSVILLE State IL Zip Code 62234 | Amount of Each Disbursement this Period 1000.00 | |
| | Purpose of Disbursement Candidate Name JOHN M SHIMKUS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 2000.00 |
| TOTAL This Period (last page this line number only) ▶ | 27000.00 |