



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
HUCK PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	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>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		80089.03
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	48173.23									
(c) Total Receipts (from Line 19) .....	519346.74	824020.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	567519.97	904109.53								
7. Total Disbursements (from Line 31) .....	375368.73	711958.29								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	192151.24	192151.24								
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) .....	19272.14									

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  
HUCK PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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) .....	138980.34	223063.79
(ii) Unitemized .....	374821.70	589710.69
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	513802.04	812774.48
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	5000.00	10250.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	518802.04	823024.48
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) .....	544.70	996.02
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 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)) .....	519346.74	824020.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	519346.74	824020.50

## DETAILED SUMMARY PAGE

of Disbursements

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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.....	350368.73	668200.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	350368.73	668200.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	20000.00
24. Independent Expenditure (use Schedule E) .....	0.00	1155.00
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	102.50
(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	102.50
29. Other Disbursements.....	15000.00	22500.00
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))..	375368.73	711958.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	375368.73	711958.29

**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) .....	518802.04	823024.48
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	102.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	518802.04	822921.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	350368.73	668200.79
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	544.70	996.02
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	349824.03	667204.77

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Steven Abramow

Mailing Address 76 Alpine Court

City Deemarest State NJ Zip Code 07627

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

Name of Employer MPA, Inc. Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 10 / 2009  
Transaction ID: SA11AI.57712  
Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Leon Adams

Mailing Address 7132 Highway 141 South

City Jonesboro State AR Zip Code 72401

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 ▼ 250.00

Date of Receipt: 10 / 02 / 2009  
Transaction ID: SA11AI.53300  
Amount of Each Receipt this Period: 100.00

**C.**

Full Name (Last, First, Middle Initial)  
Leon Adams

Mailing Address 7132 Highway 141 South

City Jonesboro State AR Zip Code 72401

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 ▼ 275.00

Date of Receipt: 11 / 23 / 2009  
Transaction ID: SA11AI.62455  
Amount of Each Receipt this Period: 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 375.00

**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 7 / 319
	<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)  
HUCK PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) John Agnew	Date of Receipt MM / DD / YYYY 12 / 11 / 2009
	Mailing Address 6749 Connecticut Colony Circle	<b>Transaction ID:</b> SA11AI.63944
	City State Zip Code Mentor OH 44060	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 225.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Shelley Ahlersmeyer	Date of Receipt MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 1690 S. Walnut Drive	<b>Transaction ID:</b> SA11AI.43172
	City State Zip Code Warsaw IN 46580	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Refior Law Office Occupation Paralegal Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 530.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Shelley Ahlersmeyer	Date of Receipt MM / DD / YYYY 08 / 23 / 2009
	Mailing Address 1690 S. Walnut Drive	<b>Transaction ID:</b> SA11AI.43960
	City State Zip Code Warsaw IN 46580	Amount of Each Receipt this Period 54.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Refior Law Office Occupation Paralegal Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 584.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	104.00
<b>TOTAL</b> 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 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Shelley Ahlersmeyer

Mailing Address 1690 S. Walnut Drive

City State Zip Code  
Warsaw IN 46580

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

Name of Employer Refior Law Office Occupation Paralegal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 609.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 15 / 2009

Transaction ID: SA11AI.46021

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Shelley Ahlersmeyer

Mailing Address 1690 S. Walnut Drive

City State Zip Code  
Warsaw IN 46580

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

Name of Employer Refior Law Office Occupation Paralegal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 634.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 24 / 2009

Transaction ID: SA11AI.46973

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Shelley Ahlersmeyer

Mailing Address 1690 S. Walnut Drive

City State Zip Code  
Warsaw IN 46580

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

Name of Employer Refior Law Office Occupation Paralegal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 645.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 01 / 2009

Transaction ID: SA11AI.52237

Amount of Each Receipt this Period  
11.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **61.00**

**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 9 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Shelley Ahlersmeyer  
 Mailing Address 1690 S. Walnut Drive  
 City State Zip Code  
 Warsaw IN 46580  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Refior Law Office Occupation Paralegal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 656.00  
 Date of Receipt 10 / 02 / 2009  
**Transaction ID:** SA11AI.53114  
 Amount of Each Receipt this Period 11.00

**B.** Full Name (Last, First, Middle Initial)  
Shelley Ahlersmeyer  
 Mailing Address 1690 S. Walnut Drive  
 City State Zip Code  
 Warsaw IN 46580  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Refior Law Office Occupation Paralegal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 706.00  
 Date of Receipt 11 / 10 / 2009  
**Transaction ID:** SA11AI.58016  
 Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
Shelley Ahlersmeyer  
 Mailing Address 1690 S. Walnut Drive  
 City State Zip Code  
 Warsaw IN 46580  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Refior Law Office Occupation Paralegal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 731.00  
 Date of Receipt 12 / 09 / 2009  
**Transaction ID:** SA11AI.63639  
 Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 86.00  
**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 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Susan Aleshire

Mailing Address 4930 SW 198 Terrace

City State Zip Code  
Southwest Ranches FL 33332

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

Name of Employer Debonair Mechanical, Inc. Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
09 / 24 / 2009

**Transaction ID:** SA11AI.47430

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
David E. Anderson

Mailing Address 9026 Manordale Lane

City State Zip Code  
Ellicott City MD 21042

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

Name of Employer National Institutes of Health Occupation Research Physiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2009

**Transaction ID:** SA11AI.43181

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 9026 Manordale Lane

City State Zip Code  
Ellicott City MD 21042

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

Name of Employer National Institutes of Health Occupation Research Physiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
MM / DD / YYYY  
12 / 04 / 2009

**Transaction ID:** SA11AI.65010

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

**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 11 / 319  
(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)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jill Anderson</p> <p>Mailing Address 3109 Blueberry Trail</p> <p>City State Zip Code Granbury TX 76048</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Homemaker Homemaker</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">201.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">07 / 18 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.43119</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">20.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Jill Anderson</p> <p>Mailing Address 3109 Blueberry Trail</p> <p>City State Zip Code Granbury TX 76048</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Homemaker Homemaker</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">221.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">08 / 22 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.43948</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">20.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Jill Anderson</p> <p>Mailing Address 3109 Blueberry Trail</p> <p>City State Zip Code Granbury TX 76048</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Homemaker Homemaker</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">246.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">09 / 24 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.47112</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">25.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">65.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Jill Anderson

Date of Receipt  
MM / DD / YYYY  
12 / 25 / 2009

Mailing Address 3109 Blueberry Trail

Transaction ID: SA11AI.65821

City State Zip Code  
Granbury TX 76048

Amount of Each Receipt this Period  
10.00

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 256.00

**B.**

Full Name (Last, First, Middle Initial)  
Lynn Anderson

Date of Receipt  
MM / DD / YYYY  
11 / 09 / 2009

Mailing Address 3740 Burton Lane

Transaction ID: SA11AI.56589

City State Zip Code  
Denver NC 28037

Amount of Each Receipt this Period  
100.00

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

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Lynn Anderson

Date of Receipt  
MM / DD / YYYY  
12 / 11 / 2009

Mailing Address 3740 Burton Lane

Transaction ID: SA11AI.63886

City State Zip Code  
Denver NC 28037

Amount of Each Receipt this Period  
100.00

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

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 210.00

**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 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Douglas Backus

Mailing Address 18010 Via Bellamare Lane

City State Zip Code  
Miromar Lakes FL 33913

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

Name of Employer Self-Employed Occupation  
Realtor/Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.56936

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Bobai Bahk

Mailing Address 171 Moultrie Street  
MSC 96

City State Zip Code  
Charleston SC 29409

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

Name of Employer The Citadel Occupation  
Library Specialist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.08

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.64742

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Judy Baker

Mailing Address 3230 Greenhead

City State Zip Code  
Katy TX 77493

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

Name of Employer Cameron Occupation  
Executive Assistant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.63771

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **175.00**

**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 14 / 319
	<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)  
HUCK PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard Baker		Date of Receipt
	Mailing Address 4258 Blackwood Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 24 / 2009
	City	State	Zip Code
	Newbury Park	CA	91320
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.44221
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 154.00
		<input type="text"/> 254.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard Baker		Date of Receipt
	Mailing Address 4258 Blackwood Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 11 / 22 / 2009
	City	State	Zip Code
	Newbury Park	CA	91320
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.59338
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 304.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Kenneth Balentine		Date of Receipt
	Mailing Address Requested		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 11 / 19 / 2009
	City	State	Zip Code
	Lakeland	FL	33801
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.58962
Name of Employer Requested		Occupation Requested	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 454.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 319  
(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)  
HUCK PAC

**A.**

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

Mailing Address 3374 Pedley Avenue

City Norco State CA Zip Code 92860

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

Name of Employer CNUSD Occupation Teacher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 2 4 / 2 0 0 9

**Transaction ID:** SA11AI.44222

Amount of Each Receipt this Period  
 54.00

**B.**

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

Mailing Address 3374 Pedley Avenue

City Norco State CA Zip Code 92860

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

Name of Employer CNUSD Occupation Teacher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 0 7 / 2 0 0 9

**Transaction ID:** SA11AI.56206

Amount of Each Receipt this Period  
 11.00

**C.**

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

Mailing Address 3374 Pedley Avenue

City Norco State CA Zip Code 92860

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

Name of Employer CNUSD Occupation Teacher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.10

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 9

**Transaction ID:** SA11AI.67280

Amount of Each Receipt this Period  
 20.10

**SUBTOTAL** of Receipts This Page (optional) ..... ► **85.10**

**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 16 / 319
	<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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial) Bill Barnes		Date of Receipt
Mailing Address P.O. Box 1268		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code Mount Ida AR 71957		<input type="text"/> 07 / <input type="text"/> 20 / <input type="text"/> 2009
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		<b>Transaction ID:</b> SA11AI.43137
Name of Employer Occupation Mountain Harbor Resort Resort Owner		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 100.00
Aggregate Year-to-Date ▼ <input type="text"/> 600.00		

**B.**

Full Name (Last, First, Middle Initial) Bill Barnes		Date of Receipt
Mailing Address P.O. Box 1268		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code Mount Ida AR 71957		<input type="text"/> 10 / <input type="text"/> 06 / <input type="text"/> 2009
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		<b>Transaction ID:</b> SA11AI.54825
Name of Employer Occupation Mountain Harbor Resort Resort Owner		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 100.00
Aggregate Year-to-Date ▼ <input type="text"/> 700.00		

**C.**

Full Name (Last, First, Middle Initial) Bill Barnes		Date of Receipt
Mailing Address P.O. Box 1268		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code Mount Ida AR 71957		<input type="text"/> 12 / <input type="text"/> 31 / <input type="text"/> 2009
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		<b>Transaction ID:</b> SA11AI.67196
Name of Employer Occupation Mountain Harbor Resort Resort Owner		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 100.00
Aggregate Year-to-Date ▼ <input type="text"/> 800.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 300.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 319

(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Sylvia Bates

Mailing Address 3631 Howell Wood Trail

City State Zip Code  
Duluth GA 30096

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

Name of Employer Occupation  
ERA Sunrise Realty Realtor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.63881

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
John Beebe

Mailing Address 203 Neel St.

City State Zip Code  
El Dorado AR 71730

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 ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.43376

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
John Beebe

Mailing Address 203 Neel St.

City State Zip Code  
El Dorado AR 71730

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 ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.66342

Amount of Each Receipt this Period

200.00

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

550.00

**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 18 / 319
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Billie Beeman	Date of Receipt MM / DD / YYYY 11 / 09 / 2009
	Mailing Address 3525 Chelwood Park NE	<b>Transaction ID:</b> SA11AI.56587
	City State Zip Code Albuquerque NM 87111	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Charles R. Beeson, M.D.	Date of Receipt MM / DD / YYYY 11 / 09 / 2009
	Mailing Address 413 San Juan Manor	<b>Transaction ID:</b> SA11AI.56996
	City State Zip Code Carlsbad NM 88220	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 211.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Bennett	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 109 Lei Lani Drive	<b>Transaction ID:</b> SA11AI.55078
	City State Zip Code Lebanon TN 37087	Amount of Each Receipt this Period 5.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Lebanon-Wilson County Library Occupation Library Aide Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 205.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	80.00
<b>TOTAL</b> 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 20 / 319  
(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)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Michael Bennett

Mailing Address 109 Lei Lani Drive

City Lebanon State TN Zip Code 37087

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

Name of Employer: Lebanon-Wilson County Library  
Occupation: Library Aide

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt: 12 / 22 / 2009  
Transaction ID: SA11AI.65779  
Amount of Each Receipt this Period: 50.00

**B.** Full Name (Last, First, Middle Initial)  
Ernie Bianco

Mailing Address 8902 Eagle Point Loop Road SW

City Lakewood State WA Zip Code 98498

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 ▼ 225.00

Date of Receipt: 12 / 21 / 2009  
Transaction ID: SA11AI.65710  
Amount of Each Receipt this Period: 50.00

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

Mailing Address 6110 W. Hedgehog Place

City Phoenix State AZ Zip Code 85083

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

Name of Employer: Signature Dental  
Occupation: Dental Tech

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt: 12 / 31 / 2009  
Transaction ID: SA11AI.67279  
Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00

**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 21 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

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

Mailing Address 5107 Cerro Vista

City San Antonio State TX Zip Code 78233

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 ▼ 245.00

Date of Receipt: 09 / 29 / 2009  
Transaction ID: SA11AI.50547  
Amount of Each Receipt this Period: 100.00

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

Mailing Address 5107 Cerro Vista

City San Antonio State TX Zip Code 78233

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 ▼ 270.00

Date of Receipt: 11 / 10 / 2009  
Transaction ID: SA11AI.58052  
Amount of Each Receipt this Period: 25.00

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

Mailing Address P.O. Box 1232

City Marblehead State MA Zip Code 01945

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

Name of Employer Student Occupation Student

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 09 / 24 / 2009  
Transaction ID: SA11AI.50005  
Amount of Each Receipt this Period: 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00

**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 22 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ann Bouchard

Mailing Address P.O. Box 1232

City State Zip Code  
Marblehead MA 01945

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

Name of Employer Student Occupation Student

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
11 / 03 / 2009

**Transaction ID:** SA11AI.59699

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Ann Bouchard

Mailing Address P.O. Box 1232

City State Zip Code  
Marblehead MA 01945

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

Name of Employer Student Occupation Student

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
11 / 18 / 2009

**Transaction ID:** SA11AI.60647

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Ann Bouchard

Mailing Address P.O. Box 1232

City State Zip Code  
Marblehead MA 01945

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

Name of Employer Student Occupation Student

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
12 / 16 / 2009

**Transaction ID:** SA11AI.64819

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **75.00**

**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 23 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Beverly Bounds

Mailing Address 14180 Centralia Road

City State Zip Code  
Brooksville FL 34614

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 ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

**Transaction ID:** SA11AI.56117

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Lillie Bowers

Mailing Address 88 The Bluff

City State Zip Code  
Morganton GA 30560

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 ▼ 216.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 9

**Transaction ID:** SA11AI.58817

Amount of Each Receipt this Period  
25.00

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

Mailing Address 382 Beechcrest

City State Zip Code  
Austintown OH 44515

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

Name of Employer Boyer Home Improvement Occupation Contractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 213.12

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 9 / 2 0 0 9

**Transaction ID:** SA11AI.56680

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 250.00

**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 24 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mike Boyer

Mailing Address 382 Beechcrest

City State Zip Code  
Austintown OH 44515

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

Name of Employer Boyer Home Improvement Occupation Contractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 224.12

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

**Transaction ID:** SA11AI.65017

Amount of Each Receipt this Period  
11.00

**B.**

Full Name (Last, First, Middle Initial)  
Mike Boyer

Mailing Address 382 Beechcrest

City State Zip Code  
Austintown OH 44515

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

Name of Employer Boyer Home Improvement Occupation Contractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 244.24

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

**Transaction ID:** SA11AI.63813

Amount of Each Receipt this Period  
20.12

**C.**

Full Name (Last, First, Middle Initial)  
Mike Boyer

Mailing Address 382 Beechcrest

City State Zip Code  
Austintown OH 44515

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

Name of Employer Boyer Home Improvement Occupation Contractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 264.36

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

**Transaction ID:** SA11AI.65891

Amount of Each Receipt this Period  
20.12

**SUBTOTAL** of Receipts This Page (optional) ..... ► **51.24**

**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 25 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Dale Brown

Mailing Address 2150 Stone Oak

City Fredericksburg State TX Zip Code 78624

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 ▼ 500.00

Date of Receipt 09 / 18 / 2009  
Transaction ID: SA11AI.49693  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Lynn Brubaker

Mailing Address 11622 50th Street Northwest

City Ray State ND Zip Code 58849

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 ▼ 250.00

Date of Receipt 09 / 25 / 2009  
Transaction ID: SA11AI.48006  
Amount of Each Receipt this Period 50.00

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

Mailing Address 11622 50th Street Northwest

City Ray State ND Zip Code 58849

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 ▼ 300.00

Date of Receipt 12 / 09 / 2009  
Transaction ID: SA11AI.63614  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 600.00

**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 26 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Larry Buck

Mailing Address 5908 Terrace Oaks Lane

City State Zip Code  
Fort Worth TX 76112

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

Name of Employer Occupation  
Victory Industries CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
11 / 10 / 2009

**Transaction ID:** SA11AI.57449

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Gary Bunger

Mailing Address 332 S. 36th Street

City State Zip Code  
Quincy IL 62301

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

Name of Employer Occupation  
Self-Employed Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID:** SA11AI.67249

Amount of Each Receipt this Period  
100.00

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

Mailing Address 111 Center Street

City State Zip Code  
Little Rock AR 72201

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

Name of Employer Occupation  
The Stephen's Group, LLC Vice Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
10 / 02 / 2009

**Transaction ID:** SA11AI.50839

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5600.00

**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 27 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Lisa Campbell

Mailing Address 2578 Falling Star Loop

City Cheyenne State WY Zip Code 82009

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

Name of Employer Self-Employed Occupation Lay Ministry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 10 / 01 / 2009  
Transaction ID: SA11AI.52164  
Amount of Each Receipt this Period: 25.00

**B.**

Full Name (Last, First, Middle Initial)  
Lisa Campbell

Mailing Address 2578 Falling Star Loop

City Cheyenne State WY Zip Code 82009

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

Name of Employer Self-Employed Occupation Lay Ministry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 11 / 10 / 2009  
Transaction ID: SA11AI.57739  
Amount of Each Receipt this Period: 100.00

**C.**

Full Name (Last, First, Middle Initial)  
Don Carter

Mailing Address 4757 Frank Luke Road

City Addison State TX Zip Code 75001

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: 09 / 25 / 2009  
Transaction ID: SA11AI.47930  
Amount of Each Receipt this Period: 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5125.00**

**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 28 / 319  
(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)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
William Cellon

Mailing Address P.O. Box 77

City State Zip Code  
LaCrosse FL 32658

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

Name of Employer Occupation  
Nationwide Insurance Insurance Underwriter

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
12 / 15 / 2009

Transaction ID: SA11AI.64314

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Jeannie Chambers

Mailing Address 1215 NE 43rd Terrace

City State Zip Code  
Kansas City MO 64116

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 ▼ 345.00

Date of Receipt  
MM / DD / YYYY  
07 / 02 / 2009

Transaction ID: SA11AI.43028

Amount of Each Receipt this Period  
50.00

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

Mailing Address 1215 NE 43rd Terrace

City State Zip Code  
Kansas City MO 64116

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 ▼ 395.00

Date of Receipt  
MM / DD / YYYY  
07 / 28 / 2009

Transaction ID: SA11AI.43155

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00

**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 29 / 319  
(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)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jeannie Chambers</p> <p>Mailing Address 1215 NE 43rd Terrace</p> <p>City State Zip Code Kansas City MO 64116</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">445.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">08 / 22 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.43951</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">50.00</span></p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Jeannie Chambers</p> <p>Mailing Address 1215 NE 43rd Terrace</p> <p>City State Zip Code Kansas City MO 64116</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">495.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">09 / 17 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.46181</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">50.00</span></p>
--	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Jeannie Chambers</p> <p>Mailing Address 1215 NE 43rd Terrace</p> <p>City State Zip Code Kansas City MO 64116</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">520.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">09 / 24 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.47330</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">25.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">125.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 30 / 319  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Jeannie Chambers  
Mailing Address 1215 NE 43rd Terrace  
City State Zip Code  
Kansas City MO 64116  
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 ▼ 545.00  
Date of Receipt: 10 / 02 / 2009  
Transaction ID: SA11AI.53384  
Amount of Each Receipt this Period: 25.00

**B.** Full Name (Last, First, Middle Initial)  
Jeannie Chambers  
Mailing Address 1215 NE 43rd Terrace  
City State Zip Code  
Kansas City MO 64116  
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 ▼ 595.00  
Date of Receipt: 10 / 25 / 2009  
Transaction ID: SA11AI.56024  
Amount of Each Receipt this Period: 50.00

**C.** Full Name (Last, First, Middle Initial)  
Jeannie Chambers  
Mailing Address 1215 NE 43rd Terrace  
City State Zip Code  
Kansas City MO 64116  
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 ▼ 645.00  
Date of Receipt: 11 / 14 / 2009  
Transaction ID: SA11AI.58431  
Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 125.00  
**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 31 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Jeannie Chambers  
Mailing Address 1215 NE 43rd Terrace  
City State Zip Code  
Kansas City MO 64116  
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 ▼ 670.00  
Date of Receipt 12 / 12 / 2009  
Transaction ID: SA11AI.63967  
Amount of Each Receipt this Period 25.00

**B.** Full Name (Last, First, Middle Initial)  
Hong Chen  
Mailing Address 11818 Seven Locks Rd.  
City State Zip Code  
Potomac MD 20854  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Chwen-Jing Chen, DMD Occupation Administrative Assistant  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 10 / 14 / 2009  
Transaction ID: SA11AI.55141  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Janis Cherry  
Mailing Address 5 Peninsula Road  
City State Zip Code  
Belvedere CA 94920  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Source Realty Occupation Real Estate  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00  
Date of Receipt 08 / 27 / 2009  
Transaction ID: SA11AI.44574  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 625.00  
**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 32 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Barbara Cleveland  
Mailing Address 10701 York Rd.  
City Lexington State OK Zip Code 73051  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Business Owner  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 07 / 06 / 2009  
Transaction ID: SA11AI.43183  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Michael K. Clifford  
Mailing Address 323 Cantle Lane  
City Encinitas State CA Zip Code 92024  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Clifford Capital Occupation Chairman  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 11 / 02 / 2009  
Transaction ID: SA11AI.56144  
Amount of Each Receipt this Period 5000.00

**C.** Full Name (Last, First, Middle Initial)  
Mary A. Cole  
Mailing Address 199 Chelmsford Apt. 120  
City Chelmsford State MA Zip Code 01824  
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 ▼ 212.00  
Date of Receipt 09 / 24 / 2009  
Transaction ID: SA11AI.47267  
Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5525.00  
**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 33 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Mary A. Cole

Mailing Address 199 Chelmsford Apt. 120

City Chelmsford State MA Zip Code 01824

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 ▼ 217.00

Date of Receipt: MM / DD / YYYY 11 / 23 / 2009

Transaction ID: SA11AI.61921

Amount of Each Receipt this Period 5.00

**B.** Full Name (Last, First, Middle Initial)  
Sheryl Collmer

Mailing Address 1688 Tonini Drive #49

City San Luis Obispo State CA Zip Code 93405

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

Name of Employer Spyglass Trading LP Occupation CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 254.00

Date of Receipt: MM / DD / YYYY 08 / 24 / 2009

Transaction ID: SA11AI.44084

Amount of Each Receipt this Period 54.00

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

Mailing Address 1688 Tonini Drive #49

City San Luis Obispo State CA Zip Code 93405

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

Name of Employer Spyglass Trading LP Occupation CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 279.00

Date of Receipt: MM / DD / YYYY 09 / 10 / 2009

Transaction ID: SA11AI.45011

Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 84.00

**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 34 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Kenneth Cooper

Mailing Address 6564 Valleybrook Dr

City State Zip Code  
Dallas TX 75254

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

Name of Employer Occupation  
Cooper Clinic Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.51384

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Paula Corsaro

Mailing Address 28 Rowan Avenue

City State Zip Code  
Staten Island NY 10306

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

Name of Employer Occupation  
Proskauer Rosé, LLP Attorney

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 545.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.43074

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
Paula Corsaro

Mailing Address 28 Rowan Avenue

City State Zip Code  
Staten Island NY 10306

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

Name of Employer Occupation  
Proskauer Rosé, LLP Attorney

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 695.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.43171

Amount of Each Receipt this Period

150.00

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

1175.00

**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 35 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial) Paula Corsaro		Date of Receipt MM / DD / YYYY 08 / 05 / 2009
Mailing Address 28 Rowan Avenue		<b>Transaction ID:</b> SA11AI.43635
City Staten Island	State NY	Zip Code 10306
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Proskauer Rosé, LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

**B.**

Full Name (Last, First, Middle Initial) Paula Corsaro		Date of Receipt MM / DD / YYYY 08 / 26 / 2009
Mailing Address 28 Rowan Avenue		<b>Transaction ID:</b> SA11AI.44432
City Staten Island	State NY	Zip Code 10306
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Proskauer Rosé, LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 820.00	

**C.**

Full Name (Last, First, Middle Initial) Paula Corsaro		Date of Receipt MM / DD / YYYY 09 / 13 / 2009
Mailing Address 28 Rowan Avenue		<b>Transaction ID:</b> SA11AI.45904
City Staten Island	State NY	Zip Code 10306
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Proskauer Rosé, LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 845.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.00
<b>TOTAL</b> 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 36 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Paula Corsaro

Mailing Address 28 Rowan Avenue

City State Zip Code  
Staten Island NY 10306

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

Name of Employer Occupation  
Proskauer Rosé, LLP Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 870.00

Date of Receipt  
MM / DD / YYYY  
09 / 23 / 2009

**Transaction ID:** SA11AI.46895

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Paula Corsaro

Mailing Address 28 Rowan Avenue

City State Zip Code  
Staten Island NY 10306

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

Name of Employer Occupation  
Proskauer Rosé, LLP Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 881.00

Date of Receipt  
MM / DD / YYYY  
10 / 01 / 2009

**Transaction ID:** SA11AI.52018

Amount of Each Receipt this Period  
11.00

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

Mailing Address 28 Rowan Avenue

City State Zip Code  
Staten Island NY 10306

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

Name of Employer Occupation  
Proskauer Rosé, LLP Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 906.00

Date of Receipt  
MM / DD / YYYY  
11 / 08 / 2009

**Transaction ID:** SA11AI.56250

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 61.00

**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 37 / 319

(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Paula Corsaro

Mailing Address 28 Rowan Avenue

City State Zip Code  
Staten Island NY 10306

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

Name of Employer Occupation  
Proskauer Rosé, LLP Attorney

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 931.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.64992

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
Paula Corsaro

Mailing Address 28 Rowan Avenue

City State Zip Code  
Staten Island NY 10306

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

Name of Employer Occupation  
Proskauer Rosé, LLP Attorney

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1031.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.63644

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
Paula Corsaro

Mailing Address 28 Rowan Avenue

City State Zip Code  
Staten Island NY 10306

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

Name of Employer Occupation  
Proskauer Rosé, LLP Attorney

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1131.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.66053

Amount of Each Receipt this Period

100.00

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

225.00

**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 38 / 319

(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

John Courtney

Mailing Address P.O. Box 22790

City State Zip Code  
Knoxville TN 37933

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

Name of Employer Business Manager Occupation  
Business Manager Consultant

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	0	9

Transaction ID: SA11AI.59658

Amount of Each Receipt this Period

100.00
--------

**B.**

Full Name (Last, First, Middle Initial)

John Courtney

Mailing Address P.O. Box 22790

City State Zip Code  
Knoxville TN 37933

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

Name of Employer Business Manager Occupation  
Business Manager Consultant

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: SA11AI.66347

Amount of Each Receipt this Period

25.00
-------

**C.**

Full Name (Last, First, Middle Initial)

Melvin E. Cowart

Mailing Address P.O. Box 1457

City State Zip Code  
Pasadena TX 77501

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

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	9

Transaction ID: SA11AI.50759

Amount of Each Receipt this Period

225.00
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**SUBTOTAL** of Receipts This Page (optional) ..... ▶

350.00
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**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: PAGE 39 / 319

(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
E.L. Daniell

Mailing Address 355 Old Mill Court

City State Zip Code  
Fayetteville GA 30214

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

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.62527

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
Walter Dennis

Mailing Address 1797 Scioto Pointe Drive

City State Zip Code  
Columbus OH 43221

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

Name of Employer Occupation  
HFI, LLC Executive President

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.55544

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Trudy Dilling

Mailing Address P.O. Box 514

City State Zip Code  
Vero Beach FL 32961

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

Name of Employer Occupation  
Dilling Business Services Business Consultant

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.64082

Amount of Each Receipt this Period

100.00

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

5125.00

**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 40 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
William Dragan  
 Mailing Address 85 Burr Street  
 City Easton State CT Zip Code 06612  
 Date of Receipt 08 / 25 / 2009  
**Transaction ID:** SA11AI.44322  
 Amount of Each Receipt this Period 100.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 250.00

**B.** Full Name (Last, First, Middle Initial)  
William Dragan  
 Mailing Address 85 Burr Street  
 City Easton State CT Zip Code 06612  
 Date of Receipt 11 / 10 / 2009  
**Transaction ID:** SA11AI.57599  
 Amount of Each Receipt this Period 50.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 300.00

**C.** Full Name (Last, First, Middle Initial)  
Tamara Dunaev  
 Mailing Address 743 Peach Tree Lane  
 City Franklin Lakes State NJ Zip Code 07417  
 Date of Receipt 08 / 27 / 2009  
**Transaction ID:** SA11AI.44441  
 Amount of Each Receipt this Period 200.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Self-Employed Occupation Business Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 350.00  
**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 41 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Tamara Dunaev

Mailing Address 743 Peach Tree Lane

City State Zip Code  
Franklin Lakes NJ 07417

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

Name of Employer Self-Employed Occupation  
Business Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 04 / 2009

**Transaction ID:** SA11AI.54400

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
William Dunklin

Mailing Address P.O. Box 8

City State Zip Code  
Dumas AR 71639

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

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID:** SA11AI.66869

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 118 Echo Lane West

City State Zip Code  
Fairhope AL 36532

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

Name of Employer Xerox Occupation Bid Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 212.50

Date of Receipt  
MM / DD / YYYY  
11 / 17 / 2009

**Transaction ID:** SA11AI.58489

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5125.00**

**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 42 / 319
	<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)  
HUCK PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Rich Dunwoodie	Date of Receipt MM / DD / YYYY 12 / 22 / 2009
	Mailing Address 118 Echo Lane West	<b>Transaction ID:</b> SA11AI.65768
	City State Zip Code Fairhope AL 36532	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Xerox Bid Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237.50	

<b>B.</b>	Full Name (Last, First, Middle Initial) Cherry Dyer	Date of Receipt MM / DD / YYYY 09 / 24 / 2009
	Mailing Address 2222 Westerland Drive	<b>Transaction ID:</b> SA11AI.46935
	City State Zip Code Houston TX 77063	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Transwestern Accounting Asst.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 263.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Cherry Dyer	Date of Receipt MM / DD / YYYY 10 / 01 / 2009
	Mailing Address 2222 Westerland Drive	<b>Transaction ID:</b> SA11AI.51972
	City State Zip Code Houston TX 77063	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Transwestern Accounting Asst.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 363.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	225.00
<b>TOTAL</b> 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 43 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Donald Edgar

Mailing Address P.O. Box 508

City State Zip Code  
Eufaula OK 74432

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 ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 27 / 2009

Transaction ID: SA11AI.44505

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Melissa Edwards

Mailing Address 35 Lake Forest Boulevard

City State Zip Code  
Huntsville AL 35824

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

Name of Employer Window World of Huntsville/North Atlan Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
09 / 10 / 2009

Transaction ID: SA11AI.45134

Amount of Each Receipt this Period  
1500.00

**C.**

Full Name (Last, First, Middle Initial)  
Janet Elgersma

Mailing Address 3134 Sara Lane

City State Zip Code  
Hamilton MI 49419

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 ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
09 / 10 / 2009

Transaction ID: SA11AI.45050

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1850.00**

**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 44 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ramona Elkins

Mailing Address 77810 Calle Temecula

City State Zip Code  
La Quinta CA 92253

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

Name of Employer Occupation  
Vintage Associates, Inc. Payroll Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
09 / 10 / 2009

**Transaction ID:** SA11AI.45167

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Barbara Elmlinger

Mailing Address 8560 Cirrus Court

City State Zip Code  
Colorado Springs CO 80920

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 ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
11 / 19 / 2009

**Transaction ID:** SA11AI.58886

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Maria P. Emanuel

Mailing Address 3 Pebble Creek Road

City State Zip Code  
Saint Louis MO 63124

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

Name of Employer Occupation  
Parkcrest Ortho Doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
11 / 06 / 2009

**Transaction ID:** SA11AI.59992

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **575.00**

**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 45 / 319
	<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)  
HUCK PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Noah Erickson		Date of Receipt MM / DD / YYYY 12 / 29 / 2009		
	Mailing Address 1905 Forsythe Avenue		<b>Transaction ID:</b> SA11AI.65860		
	City Monroe	State LA	Zip Code 71201	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed		Occupation Petroleum Landman		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 211.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Peggy Erickson		Date of Receipt MM / DD / YYYY 08 / 23 / 2009		
	Mailing Address 15923 Winterwood Trail		<b>Transaction ID:</b> SA11AI.43959		
	City Brainerd	State MN	Zip Code 56401	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Retired		Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 223.09			

<b>C.</b>	Full Name (Last, First, Middle Initial) Peggy Erickson		Date of Receipt MM / DD / YYYY 09 / 24 / 2009		
	Mailing Address 15923 Winterwood Trail		<b>Transaction ID:</b> SA11AI.47247		
	City Brainerd	State MN	Zip Code 56401	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Retired		Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 248.09			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	100.00
<b>TOTAL</b> 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 46 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Peggy Erickson

Mailing Address 15923 Winterwood Trail

City Brainerd State MN Zip Code 56401

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 ▼ 259.09

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 9

**Transaction ID:** SA11AI.52035

Amount of Each Receipt this Period  
11.00

**B.**

Full Name (Last, First, Middle Initial)  
Peggy Erickson

Mailing Address 15923 Winterwood Trail

City Brainerd State MN Zip Code 56401

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 ▼ 284.09

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 9 / 2 0 0 9

**Transaction ID:** SA11AI.56492

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Peggy Erickson

Mailing Address 15923 Winterwood Trail

City Brainerd State MN Zip Code 56401

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 ▼ 319.09

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

**Transaction ID:** SA11AI.64687

Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 71.00

**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 47 / 319
	<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)  
HUCK PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Gregg Esakoff		Date of Receipt MM / DD / YYYY 11 / 23 / 2009		
	Mailing Address 818 Dakota Place		<b>Transaction ID:</b> SA11AI.62062		
	City Whitefish	State MT	Zip Code 59937	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation Engineer Consultant			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Andrew Ewing		Date of Receipt MM / DD / YYYY 07 / 06 / 2009		
	Mailing Address 3008 River Oaks		<b>Transaction ID:</b> SA11AI.43185		
	City Muskogee	State OK	Zip Code 74403	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Retired	Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Diane Falck		Date of Receipt MM / DD / YYYY 12 / 29 / 2009		
	Mailing Address 1007 E. 1400 N. Rd.		<b>Transaction ID:</b> SA11AI.66245		
	City Melvin	State IL	Zip Code 60952	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Retired	Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1050.00
<b>TOTAL</b> 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 48 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
David Fischer

Mailing Address 435 Winter Road

City State Zip Code  
Delaware OH 43015

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

Name of Employer Greif, Inc. Occupation COO/President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: MM / DD / YYYY  
10 / 29 / 2009

Transaction ID: SA11AI.56095

Amount of Each Receipt this Period: 5000.00

**B.** Full Name (Last, First, Middle Initial)  
Janis Fitzgerald

Mailing Address 4834 Elkhorn Hill Drive

City State Zip Code  
Suwanee GA 30024

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 ▼ 600.00

Date of Receipt: MM / DD / YYYY  
09 / 26 / 2009

Transaction ID: SA11AI.48436

Amount of Each Receipt this Period: 500.00

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

Mailing Address 15699 Otsego Pike

City State Zip Code  
Weston OH 43569

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 ▼ 225.00

Date of Receipt: MM / DD / YYYY  
11 / 20 / 2009

Transaction ID: SA11AI.59056

Amount of Each Receipt this Period: 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5700.00

**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 49 / 319
	<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)  
HUCK PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Maurice Ford		Date of Receipt	
	Mailing Address 2080 Gusher Road		M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.66064
	Levelland	TX	79336	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		600.00	
Name of Employer Lubbock County Texas		Occupation Probation Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) John Fox		Date of Receipt	
	Mailing Address 5400 B Street		M M / D D / Y Y Y Y Y 1 1 / 2 5 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.62855
	Little Rock	AR	72205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer Retired		Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) John Fry		Date of Receipt	
	Mailing Address 7765 Dogwood		M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.48941
	Germantown	TN	38138	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		50.00	
Name of Employer Ardent Music LLC		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	600.00
<b>TOTAL</b> 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 50 / 319
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
John Fry

Mailing Address 7765 Dogwood

City State Zip Code  
Germantown TN 38138

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

Name of Employer Occupation  
Ardent Music LLC Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 9

**Transaction ID:** SA11AI.52531

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
John Fry

Mailing Address 7765 Dogwood

City State Zip Code  
Germantown TN 38138

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

Name of Employer Occupation  
Ardent Music LLC Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

**Transaction ID:** SA11AI.63827

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Sheryl Fry

Mailing Address 404 Mitti Road

City State Zip Code  
Shillington PA 19607

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

Name of Employer Occupation  
NetPrivateer, LLC Office Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 9

**Transaction ID:** SA11AI.52364

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **125.00**

**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 51 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial) Dean Fulton		Date of Receipt MM / DD / YYYY 11 / 18 / 2009
Mailing Address 8750 NW 68th Court		<b>Transaction ID:</b> SA11AI.58563
City Parkland	State FL	Zip Code 33067
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Requested	Occupation Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Robert Gabriel		Date of Receipt MM / DD / YYYY 08 / 24 / 2009
Mailing Address 5106 High Point Drive		<b>Transaction ID:</b> SA11AI.44024
City San Angelo	State TX	Zip Code 76904
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) Jerry Galloway		Date of Receipt MM / DD / YYYY 11 / 19 / 2009
Mailing Address 2502 Hanover Court		<b>Transaction ID:</b> SA11AI.58783
City Rowlett	State TX	Zip Code 75088
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Elliott's Hardware	Occupation Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	800.00
<b>TOTAL</b> 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 52 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Garry Garner

Mailing Address 10678 S & G Circle

City State Zip Code  
Harvey AR 72841

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

Name of Employer Self-Employed Occupation  
Small Business Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

**Transaction ID:** SA11AI.67264

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Garry Garner

Mailing Address 10678 S & G Circle

City State Zip Code  
Harvey AR 72841

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

Name of Employer Self-Employed Occupation  
Small Business Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

**Transaction ID:** SA11AI.67266

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Sheila Garner

Mailing Address 10678 S & G Circle

City State Zip Code  
Harvey AR 72841

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 ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

**Transaction ID:** SA11AI.67265

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

**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 53 / 319
	<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)  
HUCK PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Sheila Garner		Date of Receipt
	Mailing Address 10678 S & G Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 3 1 / 2 0 0 9
	City	State	Zip Code
	Harvey	AR	72841
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.67267
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Carole Genatt		Date of Receipt
	Mailing Address 280 Sweetmans Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 1 2 / 2 0 0 9
	City	State	Zip Code
	Millstone Township	NJ	08535
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.63962
Name of Employer Self-Employed		Occupation Real Estate Rentals	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 229.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Brad Giedd		Date of Receipt
	Mailing Address 3626 Supreme Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 2 4 / 2 0 0 9
	City	State	Zip Code
	Apopka	FL	32703
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.44214
Name of Employer Eye Associates of Winter Park		Occupation Optometrist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 54.00
		<input type="text"/> 304.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 604.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial) Brad Giedd		Date of Receipt MM / DD / YYYY 09 / 23 / 2009
Mailing Address 3626 Supreme Court		<b>Transaction ID:</b> SA11AI.46884
City Apopka	State FL	Zip Code 32703
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Eye Associates of Winter Park	Occupation Optometrist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 354.00	

**B.**

Full Name (Last, First, Middle Initial) Brad Giedd		Date of Receipt MM / DD / YYYY 12 / 29 / 2009
Mailing Address 3626 Supreme Court		<b>Transaction ID:</b> SA11AI.66244
City Apopka	State FL	Zip Code 32703
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Eye Associates of Winter Park	Occupation Optometrist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 404.00	

**C.**

Full Name (Last, First, Middle Initial) Austin Gilbert		Date of Receipt MM / DD / YYYY 09 / 10 / 2009
Mailing Address P.O. Box 3009		<b>Transaction ID:</b> SA11AI.44985
City Florence	State SC	Zip Code 29502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Gilbert Construction	Occupation Building Contractor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	200.00
<b>TOTAL</b> 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 55 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Austin Gilbert

Mailing Address P.O. Box 3009

City State Zip Code  
Florence SC 29502

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

Name of Employer Occupation  
Gilbert Construction Building Contractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 25 / 2009

**Transaction ID:** SA11AI.47656

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Austin Gilbert

Mailing Address P.O. Box 3009

City State Zip Code  
Florence SC 29502

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

Name of Employer Occupation  
Gilbert Construction Building Contractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 725.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 09 / 2009

**Transaction ID:** SA11AI.56507

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Austin Gilbert

Mailing Address P.O. Box 3009

City State Zip Code  
Florence SC 29502

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

Name of Employer Occupation  
Gilbert Construction Building Contractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 825.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 19 / 2009

**Transaction ID:** SA11AI.58810

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **300.00**

**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 56 / 319

(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Austin Gilbert

Mailing Address P.O. Box 3009

City State Zip Code  
Florence SC 29502

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

Name of Employer Occupation  
Gilbert Construction Building Contractor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 925.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.64006

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Marilyn C. Glaser

Mailing Address 3119 University Court

City State Zip Code  
Elko NV 89801

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 ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.59647

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Deborah Goss

Mailing Address 11064 Sheffield St

City State Zip Code  
Midwest City OK 73130

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

Name of Employer Occupation  
US Air Force Financial Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 775.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.43059

Amount of Each Receipt this Period

500.00

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

625.00

**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 57 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Deborah Goss  
Mailing Address 11064 Sheffield St  
City State Zip Code  
Midwest City OK 73130  
FEC ID number of contributing federal political committee. **C**  
Name of Employer US Air Force Occupation Financial Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 800.00  
Date of Receipt MM / DD / YYYY  
09 / 27 / 2009  
Transaction ID: SA11AI.48663  
Amount of Each Receipt this Period 25.00

**B.** Full Name (Last, First, Middle Initial)  
Deborah Goss  
Mailing Address 11064 Sheffield St  
City State Zip Code  
Midwest City OK 73130  
FEC ID number of contributing federal political committee. **C**  
Name of Employer US Air Force Occupation Financial Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 850.00  
Date of Receipt MM / DD / YYYY  
11 / 15 / 2009  
Transaction ID: SA11AI.58460  
Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
Deborah Goss  
Mailing Address 11064 Sheffield St  
City State Zip Code  
Midwest City OK 73130  
FEC ID number of contributing federal political committee. **C**  
Name of Employer US Air Force Occupation Financial Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 855.00  
Date of Receipt MM / DD / YYYY  
11 / 23 / 2009  
Transaction ID: SA11AI.62528  
Amount of Each Receipt this Period 5.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 80.00  
**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 58 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Deborah Goss

Mailing Address 11064 Sheffield St

City State Zip Code  
Midwest City OK 73130

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

Name of Employer Occupation  
US Air Force Financial Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 880.00

Date of Receipt  
MM / DD / YYYY  
12 / 12 / 2009

Transaction ID: SA11AI.63977

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Leon Greenberg

Mailing Address 467 Bluff Road

City State Zip Code  
Fort Lee NJ 07024

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

Name of Employer Occupation  
Self-Employed Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

Transaction ID: SA11AI.66298

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Kimberly Griffin

Mailing Address 6 Masters Circle

City State Zip Code  
Little Rock AR 72212

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

Name of Employer Occupation  
Self-Employed Attorney (Inactive)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 16 / 2009

Transaction ID: SA11AI.43106

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 625.00

**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 59 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Sandra Hamilton

Mailing Address 301 Eagle Drive

City Boerne State TX Zip Code 78006

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 ▼ 325.00

Date of Receipt: 09 / 24 / 2009  
**Transaction ID:** SA11AI.47085  
 Amount of Each Receipt this Period: 25.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael Hamm

Mailing Address 18404 Clyde Road

City Homewood State IL Zip Code 60430

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

Name of Employer Sungard Investment Systems Occupation Programmer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 12 / 15 / 2009  
**Transaction ID:** SA11AI.64334  
 Amount of Each Receipt this Period: 50.00

**C.**

Full Name (Last, First, Middle Initial)  
Michael Hamm

Mailing Address 18404 Clyde Road

City Homewood State IL Zip Code 60430

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

Name of Employer Sungard Investment Systems Occupation Programmer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 20 / 2009  
**Transaction ID:** SA11AI.65575  
 Amount of Each Receipt this Period: 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 100.00

**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 60 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
John Hansen

Mailing Address 2320 Duneville Street

City State Zip Code  
Las Vegas NV 89146

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

Name of Employer Occupation  
AV Vegas Audio Visual Services

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	0	9

Transaction ID: SA11AI.58764

Amount of Each Receipt this Period

250.00
--------

**B.**

Full Name (Last, First, Middle Initial)  
Carol Hansford

Mailing Address 6542 Arborcrest Lane

City State Zip Code  
Loveland OH 45140

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 ▼  
435.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	4	/	2	0	0	9

Transaction ID: SA11AI.43965

Amount of Each Receipt this Period

100.00
--------

**C.**

Full Name (Last, First, Middle Initial)  
Carol Hansford

Mailing Address 6542 Arborcrest Lane

City State Zip Code  
Loveland OH 45140

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 ▼  
535.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	1	/	2	0	0	9

Transaction ID: SA11AI.45618

Amount of Each Receipt this Period

100.00
--------

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

450.00
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**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: PAGE 61 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Carol Hansford  
 Mailing Address 6542 Arborcrest Lane  
 City Loveland State OH Zip Code 45140  
 Date of Receipt 09 / 24 / 2009  
**Transaction ID:** SA11AI.46947  
 Amount of Each Receipt this Period 35.00  
 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 ▼ 570.00

**B.** Full Name (Last, First, Middle Initial)  
Carol Hansford  
 Mailing Address 6542 Arborcrest Lane  
 City Loveland State OH Zip Code 45140  
 Date of Receipt 11 / 23 / 2009  
**Transaction ID:** SA11AI.61167  
 Amount of Each Receipt this Period 25.00  
 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 ▼ 595.00

**C.** Full Name (Last, First, Middle Initial)  
Carol Hansford  
 Mailing Address 6542 Arborcrest Lane  
 City Loveland State OH Zip Code 45140  
 Date of Receipt 12 / 11 / 2009  
**Transaction ID:** SA11AI.63880  
 Amount of Each Receipt this Period 50.00  
 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 ▼ 645.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 110.00  
**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 62 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Carol Hansford  
Mailing Address 6542 Arborcrest Lane  
City Loveland State OH Zip Code 45140  
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 ▼ 695.00  
Date of Receipt 12 / 16 / 2009  
Transaction ID: SA11AI.64417  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Knut Hansston  
Mailing Address 11218 Mountain View Drive  
City Madera State CA Zip Code 93636  
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 ▼ 500.00  
Date of Receipt 12 / 07 / 2009  
Transaction ID: SA11AI.63568  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Kenneth Harper  
Mailing Address 556 Third Street  
City Macon State GA Zip Code 31201  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vein Specialists of the South, LLC Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 09 / 26 / 2009  
Transaction ID: SA11AI.48493  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00  
**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 63 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Patrick Harris

Mailing Address 10234 Western Trails

City State Zip Code  
Springdale AR 72762

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

Name of Employer Occupation  
Merrill Lynch Financial Advisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 01 / 2009

**Transaction ID:** SA11AI.52439

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Sharan Harrison

Mailing Address P.O. Box 1043

City State Zip Code  
Rancho Santa Fe CA 92067

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

Name of Employer Occupation  
Self-Employed Real Estate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
07 / 24 / 2009

**Transaction ID:** SA11AI.43145

Amount of Each Receipt this Period  
200.00

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

Mailing Address P.O. Box 65

City State Zip Code  
Omaha NE 68045

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 ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
12 / 29 / 2009

**Transaction ID:** SA11AI.66242

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

**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 64 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Allen Hartman

Mailing Address 2909 Hillcroft Suite 420

City Houston State TX Zip Code 77057

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

Name of Employer Hi-Reit Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY 10 / 30 / 2009

Transaction ID: SA11AI.51866

Amount of Each Receipt this Period 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Roy Hedman

Mailing Address 4995 Robert E Lee Terrace

City Sandsprings State OK Zip Code 74063

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

Name of Employer Hillcrest Medical Center Occupation Registration

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 201.00

Date of Receipt: MM / DD / YYYY 08 / 02 / 2009

Transaction ID: SA11AI.43611

Amount of Each Receipt this Period 10.00

**C.**

Full Name (Last, First, Middle Initial)  
Roy Hedman

Mailing Address 4995 Robert E Lee Terrace

City Sandsprings State OK Zip Code 74063

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

Name of Employer Hillcrest Medical Center Occupation Registration

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 211.00

Date of Receipt: MM / DD / YYYY 08 / 07 / 2009

Transaction ID: SA11AI.43644

Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1020.00

**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 65 / 319

(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Roy Hedman

Mailing Address 4995 Robert E Lee Terrace

City State Zip Code  
Sandsprings OK 74063

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

Name of Employer  
Hillcrest Medical Center

Occupation  
Registration

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
221.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	0	9

Transaction ID: SA11AI.43939

Amount of Each Receipt this Period

10.00
-------

**B.**

Full Name (Last, First, Middle Initial)  
Robin Herrman

Mailing Address 971 Dilling Lane

City State Zip Code  
Connell WA 99326

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

Name of Employer  
Herrman Northwest, Inc.

Occupation  
Farm Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: SA11AI.66507

Amount of Each Receipt this Period

500.00
--------

**C.**

Full Name (Last, First, Middle Initial)  
Julie Hilgers

Mailing Address 4935 Hidden Meadows Lane

City State Zip Code  
Eureka CA 95503

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

Name of Employer  
James P. Hilgers, DDS

Occupation  
Dental Hygenist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.87

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	0	9

Transaction ID: SA11AI.43158

Amount of Each Receipt this Period

10.00
-------

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

520.00

**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 66 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Julie Hilgers

Mailing Address 4935 Hidden Meadows Lane

City State Zip Code  
Eureka CA 95503

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

Name of Employer James P. Hilgers, DDS Occupation Dental Hygenist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 211.87

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 29 / 2009

Transaction ID: SA11AI.43161

Amount of Each Receipt this Period  
10.00

**B.**

Full Name (Last, First, Middle Initial)  
Julie Hilgers

Mailing Address 4935 Hidden Meadows Lane

City State Zip Code  
Eureka CA 95503

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

Name of Employer James P. Hilgers, DDS Occupation Dental Hygenist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 221.87

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 29 / 2009

Transaction ID: SA11AI.43162

Amount of Each Receipt this Period  
10.00

**C.**

Full Name (Last, First, Middle Initial)  
Julie Hilgers

Mailing Address 4935 Hidden Meadows Lane

City State Zip Code  
Eureka CA 95503

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

Name of Employer James P. Hilgers, DDS Occupation Dental Hygenist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 246.87

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 17 / 2009

Transaction ID: SA11AI.43757

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 67 / 319
	<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)  
HUCK PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Julie Hilgers	Date of Receipt MM / DD / YYYY 08 / 23 / 2009
	Mailing Address 4935 Hidden Meadows Lane	<b>Transaction ID:</b> SA11AI.43957
	City State Zip Code Eureka CA 95503	Amount of Each Receipt this Period 54.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer James P. Hilgers, DDS      Occupation Dental Hygenist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General      Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼      300.87	

<b>B.</b>	Full Name (Last, First, Middle Initial) Julie Hilgers	Date of Receipt MM / DD / YYYY 09 / 25 / 2009
	Mailing Address 4935 Hidden Meadows Lane	<b>Transaction ID:</b> SA11AI.47805
	City State Zip Code Eureka CA 95503	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer James P. Hilgers, DDS      Occupation Dental Hygenist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General      Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼      325.87	

<b>C.</b>	Full Name (Last, First, Middle Initial) Julie Hilgers	Date of Receipt MM / DD / YYYY 11 / 20 / 2009
	Mailing Address 4935 Hidden Meadows Lane	<b>Transaction ID:</b> SA11AI.59136
	City State Zip Code Eureka CA 95503	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer James P. Hilgers, DDS      Occupation Dental Hygenist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General      Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼      345.87	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	99.00
<b>TOTAL</b> 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 68 / 319  
(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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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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial) Julie Hilgers		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 4935 Hidden Meadows Lane		<b>Transaction ID:</b> SA11AI.67285
City Eureka	State CA	Zip Code 95503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer James P. Hilgers, DDS	Occupation Dental Hygenist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.87	

**B.**

Full Name (Last, First, Middle Initial) Nelson Holt		Date of Receipt MM / DD / YYYY 12 / 16 / 2009
Mailing Address 724 Sharpsburg Dr.		<b>Transaction ID:</b> SA11AI.64810
City Davisonville	State MD	Zip Code 21035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Requested	Occupation Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**C.**

Full Name (Last, First, Middle Initial) Maria Honaski		Date of Receipt MM / DD / YYYY 12 / 30 / 2009
Mailing Address 15414 Escapade Street		<b>Transaction ID:</b> SA11AI.66098
City Corpus Christi	State TX	Zip Code 78418
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Christus Health System	Occupation Physical Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1095.00
<b>TOTAL</b> 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 69 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Mike Huckabee  
 Mailing Address 1134 Silverwood Trail  
 City State Zip Code  
 North Little Rock AR 72116  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 0 / 2 0 0 9  
**Transaction ID:** SA11AI.64931  
 Amount of Each Receipt this Period  
 3500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation  
 Public Speaker/Author  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 3546.32

**B.** Full Name (Last, First, Middle Initial)  
Carey Humphrey  
 Mailing Address 39105 Hardesty Rd.  
 City State Zip Code  
 Shawnee OK 74801  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 8 / 2 0 0 9  
**Transaction ID:** SA11AI.51173  
 Amount of Each Receipt this Period  
 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Municipal Accounting Systems Occupation  
 Manager  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Carey Humphrey  
 Mailing Address 39105 Hardesty Rd.  
 City State Zip Code  
 Shawnee OK 74801  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 3 / 2 0 0 9  
**Transaction ID:** SA11AI.61406  
 Amount of Each Receipt this Period  
 25.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Municipal Accounting Systems Occupation  
 Manager  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 1025.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4525.00**  
**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 70 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
W. Thomas Hunzicker

Mailing Address 12909 Green Valley Drive

City State Zip Code  
Oklahoma City OK 73120

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
A&TH, Inc. Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
07 / 07 / 2009

**Transaction ID:** SA11AI.43066

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Elizabeth Hurt

Mailing Address 1868 E. FM 515

City State Zip Code  
Winnsboro TX 75494

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt M M / D D / Y Y Y Y  
11 / 23 / 2009

**Transaction ID:** SA11AI.61767

Amount of Each Receipt this Period 100.00

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

Mailing Address 156 Winding Hill Drive

City State Zip Code  
Elgin IL 60124

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
First United Methodist Church-Elgin Lead Pastor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y  
07 / 31 / 2009

**Transaction ID:** SA11AI.43179

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... 450.00

**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 71 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Jonathan Hutchison  
 Mailing Address 156 Winding Hill Drive  
 City State Zip Code  
 Elgin IL 60124  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 25 2009  
**Transaction ID:** SA11AI.44263  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First United Methodist Church-Elgin Lead Pastor  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

**B.** Full Name (Last, First, Middle Initial)  
Daniel Hyslop  
 Mailing Address 1921 Lake Avenue  
 City State Zip Code  
 Whiting IN 46394  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 20 2009  
**Transaction ID:** SA11AI.55546  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired Retired  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

**C.** Full Name (Last, First, Middle Initial)  
John Indest  
 Mailing Address 312 Marie Street  
 City State Zip Code  
 New Iberia LA 70563  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 30 2009  
**Transaction ID:** SA11AI.66082  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LHC Group, Inc. President  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 300.00  
**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 72 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert Iriana

Mailing Address 5 Edenwod Ln.

City State Zip Code  
North Little Rock AR 72116

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

Name of Employer Occupation  
Self-Employed Insurance

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 27 / 2009

Transaction ID: SA11AI.43592

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Pamela Johnson

Mailing Address 2001 Roebuck Street

City State Zip Code  
Dothan AL 36301

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 26 / 2009

Transaction ID: SA11AI.65830

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

David Jones

Mailing Address 6567 Ashby Grove Loop

City State Zip Code  
Haymarket VA 20169

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

Name of Employer Occupation  
St. Paul's Episcopal Church Minister

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 230.00

Date of Receipt

M M / D D / Y Y Y Y  
11 / 09 / 2009

Transaction ID: SA11AI.56646

Amount of Each Receipt this Period

50.00

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

600.00

**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: <span style="float: right;">PAGE 73 / 319</span>
	(check only one)
<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"/>	<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)  
HUCK PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Kyungae Kim	Date of Receipt MM / DD / YYYY 08 / 26 / 2009
	Mailing Address 19486 E. 58th Circle	<b>Transaction ID:</b> SA11AI.44440
	City Aurora State CO Zip Code 80019	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: University of Colorado Hospital Occupation: Medical Technologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kyungae Kim	Date of Receipt MM / DD / YYYY 09 / 16 / 2009
	Mailing Address 19486 E. 58th Circle	<b>Transaction ID:</b> SA11AI.46172
	City Aurora State CO Zip Code 80019	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: University of Colorado Hospital Occupation: Medical Technologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Kyungae Kim	Date of Receipt MM / DD / YYYY 11 / 18 / 2009
	Mailing Address 19486 E. 58th Circle	<b>Transaction ID:</b> SA11AI.58530
	City Aurora State CO Zip Code 80019	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: University of Colorado Hospital Occupation: Medical Technologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>150.00</b>
<b>TOTAL</b> 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 74 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Kyungae Kim  
Mailing Address 19486 E. 58th Circle  
City Aurora State CO Zip Code 80019  
FEC ID number of contributing federal political committee. **C**  
Name of Employer University of Colorado Hospital Occupation Medical Technologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 12 / 09 / 2009  
Transaction ID: SA11AI.63673  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Donna Kimbel  
Mailing Address 15250 Kern Road  
City Mishawaka State IN Zip Code 46544  
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 ▼ 250.00  
Date of Receipt 11 / 10 / 2009  
Transaction ID: SA11AI.57422  
Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
Michael Kinstler  
Mailing Address 2193 N. Decatur Road  
City Decatur State GA Zip Code 30033  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Michael J. Kinstler, MD Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00  
Date of Receipt 11 / 23 / 2009  
Transaction ID: SA11AI.62343  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 200.00  
**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 75 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Michael Kinstler

Mailing Address 2193 N. Decatur Road

City State Zip Code  
Decatur GA 30033

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

Name of Employer Michael J. Kinstler, MD Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.63817

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael Kinstler

Mailing Address 2193 N. Decatur Road

City State Zip Code  
Decatur GA 30033

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

Name of Employer Michael J. Kinstler, MD Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.67190

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Larry Kirk

Mailing Address 905 Jefferson

City State Zip Code  
Berryville AR 72613

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

Name of Employer Self-Employed Occupation Interviewer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 233.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.45873

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 650.00

**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 76 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Larry Kirk

Mailing Address 905 Jefferson

City Berryville State AR Zip Code 72613

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

Name of Employer Self-Employed Occupation Interviewer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 258.00

Date of Receipt 09 / 23 / 2009  
Transaction ID: SA11AI.46555  
Amount of Each Receipt this Period 25.00

**B.** Full Name (Last, First, Middle Initial)  
Larry Kirk

Mailing Address 905 Jefferson

City Berryville State AR Zip Code 72613

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

Name of Employer Self-Employed Occupation Interviewer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 269.00

Date of Receipt 10 / 01 / 2009  
Transaction ID: SA11AI.52137  
Amount of Each Receipt this Period 11.00

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

Mailing Address 905 Jefferson

City Berryville State AR Zip Code 72613

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

Name of Employer Self-Employed Occupation Interviewer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 319.00

Date of Receipt 11 / 10 / 2009  
Transaction ID: SA11AI.58075  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 86.00

**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 77 / 319  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Larry Kirk

Mailing Address 905 Jefferson

City State Zip Code  
Berryville AR 72613

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

Name of Employer Self-Employed Occupation  
Self-Employed Interviewer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 369.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 9

**Transaction ID:** SA11AI.63975

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Larry Kirk

Mailing Address 905 Jefferson

City State Zip Code  
Berryville AR 72613

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

Name of Employer Self-Employed Occupation  
Self-Employed Interviewer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 444.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.66097

Amount of Each Receipt this Period  
75.00

**C.**

Full Name (Last, First, Middle Initial)  
Grace S. Klaassen

Mailing Address 6733 S. Emma Creek Road

City State Zip Code  
Sedgwick KS 67135

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

Name of Employer Self-Employed Occupation  
Self-Employed Farmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 224.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 4 / 2 0 0 9

**Transaction ID:** SA11AI.54051

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00

**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 78 / 319

(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Grace S. Klaassen

Mailing Address 6733 S. Emma Creek Road

City State Zip Code  
Sedgwick KS 67135

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

Name of Employer Occupation  
Self-Employed Farmer

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 239.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.62192

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)  
Sharon Knutson-Felix

Mailing Address 3302 N. 63rd Street

City State Zip Code  
Scottsdale AZ 85251

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

Name of Employer Occupation  
100 Club of Arizona Executive Director

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.46201

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Taylora Koch

Mailing Address 945 San Ildefonso Road  
#58

City State Zip Code  
Los Alamos NM 87544

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

Name of Employer Occupation  
LANS, LLC Security Specialist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.52426

Amount of Each Receipt this Period

500.00

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

1015.00

**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 79 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Wayland Lankford

Mailing Address 1612 Alvarmar Drive

City State Zip Code  
Lawrence KS 66047

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 ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 10 / 2009

**Transaction ID:** SA11AI.44986

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Wayland Lankford

Mailing Address 1612 Alvarmar Drive

City State Zip Code  
Lawrence KS 66047

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 ▼ 235.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 19 / 2009

**Transaction ID:** SA11AI.58863

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Wayland Lankford

Mailing Address 1612 Alvarmar Drive

City State Zip Code  
Lawrence KS 66047

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 ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 10 / 2009

**Transaction ID:** SA11AI.63777

Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **85.00**

**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 80 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial) David Laudermitch		Date of Receipt MM / DD / YYYY 08 / 24 / 2009
Mailing Address 1828 Emily Drive		<b>Transaction ID:</b> SA11AI.44198
City Winter Haven	State FL	Zip Code 33884
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer KBR	Occupation Project Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) David Laudermitch		Date of Receipt MM / DD / YYYY 09 / 23 / 2009
Mailing Address 1828 Emily Drive		<b>Transaction ID:</b> SA11AI.46869
City Winter Haven	State FL	Zip Code 33884
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer KBR	Occupation Project Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

**C.**

Full Name (Last, First, Middle Initial) David Laudermitch		Date of Receipt MM / DD / YYYY 10 / 01 / 2009
Mailing Address 1828 Emily Drive		<b>Transaction ID:</b> SA11AI.52719
City Winter Haven	State FL	Zip Code 33884
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer KBR	Occupation Project Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	300.00
<b>TOTAL</b> 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 81 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Jonathan Lewis

Mailing Address 124 Thrush Avenue

City Pekin State IL Zip Code 61554

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

Name of Employer Home School Enrichment, Inc. Occupation Editor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 25 / 2009

Transaction ID: SA11AI.47686

Amount of Each Receipt this Period: 150.00

**B.**

Full Name (Last, First, Middle Initial)  
Jonathan Lewis

Mailing Address 124 Thrush Avenue

City Pekin State IL Zip Code 61554

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

Name of Employer Home School Enrichment, Inc. Occupation Editor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 01 / 2009

Transaction ID: SA11AI.52547

Amount of Each Receipt this Period: 100.00

**C.**

Full Name (Last, First, Middle Initial)  
Jonathan Lewis

Mailing Address 124 Thrush Avenue

City Pekin State IL Zip Code 61554

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

Name of Employer Home School Enrichment, Inc. Occupation Editor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 04 / 2009

Transaction ID: SA11AI.65011

Amount of Each Receipt this Period: 150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **400.00**

**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 82 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial) Jonathan Lewis		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 124 Thrush Avenue		<b>Transaction ID:</b> SA11AI.67236
City Pekin	State IL	Zip Code 61554
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Home School Enrichment, Inc.	Occupation Editor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

**B.**

Full Name (Last, First, Middle Initial) Julianne Loth		Date of Receipt MM / DD / YYYY 12 / 10 / 2009
Mailing Address 5027 Observer Lane		<b>Transaction ID:</b> SA11AI.63772
City Woodbridge	State VA	Zip Code 22192
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 35.00
Name of Employer Homemaker	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.94	

**C.**

Full Name (Last, First, Middle Initial) Patricia Maloney		Date of Receipt MM / DD / YYYY 12 / 15 / 2009
Mailing Address 139 North Saltair		<b>Transaction ID:</b> SA11AI.64333
City Los Angeles	State CA	Zip Code 90049
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Homemaker	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>335.00</b>
<b>TOTAL</b> 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 83 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Alma Martin

Mailing Address 241 This Ain't It Road

City State Zip Code  
Dadeville AL 36853

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 23 / 2009

**Transaction ID:** SA11AI.46546

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
Alma Martin

Mailing Address 241 This Ain't It Road

City State Zip Code  
Dadeville AL 36853

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 31 / 2009

**Transaction ID:** SA11AI.66353

Amount of Each Receipt this Period  
25.00

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

Mailing Address 1710 Grouse Court

City State Zip Code  
Abilene TX 79605

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

Name of Employer Occupation  
USAF Jet Maintainer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 248.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 01 / 2009

**Transaction ID:** SA11AI.52122

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 60.00

**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 84 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Michael Martin</p> <p>Mailing Address 1710 Grouse Court</p> <p>City State Zip Code Abilene TX 79605</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation USAF Jet Maintainer</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 298.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 09 / 2009</p> <p><b>Transaction ID:</b> SA11AI.56815</p> <p>Amount of Each Receipt this Period 50.00</p>
--	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) Rod D. Martin</p> <p>Mailing Address 1099 Forest Lake Terrace</p> <p>City State Zip Code Niceville FL 32578</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Self-Employed Consultant</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p>	<p>Date of Receipt MM / DD / YYYY 09 / 29 / 2009</p> <p><b>Transaction ID:</b> SA11AI.50667</p> <p>Amount of Each Receipt this Period 5000.00</p>
--	---

<p><b>C.</b> Full Name (Last, First, Middle Initial) Sharon Martin</p> <p>Mailing Address 425 Holly Oak Trace</p> <p>City State Zip Code Canton GA 30114</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Martin Survey Associates, Inc. Administrative Assistant</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 212.50</p>	<p>Date of Receipt MM / DD / YYYY 11 / 23 / 2009</p> <p><b>Transaction ID:</b> SA11AI.61970</p> <p>Amount of Each Receipt this Period 100.00</p>
--	--

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5150.00</b>
<b>TOTAL</b> 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 85 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Sharon Martin

Mailing Address 425 Holly Oak Trace

City State Zip Code  
Canton GA 30114

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Martin Survey Associates, Inc. Administrative Assistant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt M M / D D / Y Y Y Y  
12 / 15 / 2009

**Transaction ID:** SA11AI.64165

Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Wayne Martin

Mailing Address 455 Bimini Cay Circle

City State Zip Code  
Vero Beach FL 32966

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 ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
12 / 31 / 2009

**Transaction ID:** SA11AI.67230

Amount of Each Receipt this Period 50.00

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

Mailing Address 4502 S. Hardy Drive

City State Zip Code  
Tempe AZ 85282

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Premisys Support Group Telecom Tech

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1013.95

Date of Receipt M M / D D / Y Y Y Y  
08 / 22 / 2009

**Transaction ID:** SA11AI.43942

Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... 125.00

**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 86 / 319

(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Minda Martine

Mailing Address 4502 S. Hardy Drive

City State Zip Code  
Tempe AZ 85282

FEC ID number of contributing federal political committee. C

Name of Employer Premisys Support Group Occupation Telecom Tech

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1038.95

Date of Receipt 09 / 23 / 2009

**Transaction ID:** SA11AI.46582

Amount of Each Receipt this Period 25.00

**B.**

Full Name (Last, First, Middle Initial)  
Minda Martine

Mailing Address 4502 S. Hardy Drive

City State Zip Code  
Tempe AZ 85282

FEC ID number of contributing federal political committee. C

Name of Employer Premisys Support Group Occupation Telecom Tech

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1063.95

Date of Receipt 10 / 04 / 2009

**Transaction ID:** SA11AI.54273

Amount of Each Receipt this Period 25.00

**C.**

Full Name (Last, First, Middle Initial)  
Minda Martine

Mailing Address 4502 S. Hardy Drive

City State Zip Code  
Tempe AZ 85282

FEC ID number of contributing federal political committee. C

Name of Employer Premisys Support Group Occupation Telecom Tech

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1088.95

Date of Receipt 11 / 23 / 2009

**Transaction ID:** SA11AI.61979

Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... 75.00

**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 87 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Arthur D. Mason

Mailing Address 3302 Rolling Road

City State Zip Code  
Chevy Chase MD 20815

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

Name of Employer Occupation  
Cassidy and Associates Lobbyist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2009

Transaction ID: SA11AI.43793

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Sherry Massey

Mailing Address Oasis Farms

City State Zip Code  
Thomson GA 30824

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

Name of Employer Occupation  
Jackson R. Massey & Associates Office Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
MM / DD / YYYY  
09 / 11 / 2009

Transaction ID: SA11AI.45794

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Gilbert A. Mathews

Mailing Address P.O. Box 911

City State Zip Code  
Burnsville MN 55306

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 ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
09 / 24 / 2009

Transaction ID: SA11AI.47456

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1150.00**

**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 88 / 319
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Gilbert A. Mathews		Date of Receipt
	Mailing Address P.O. Box 911		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 1 / 2 0 0 9
	City	State	Zip Code
	Burnsville	MN	55306
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Retired		Occupation Retired	<b>Transaction ID:</b> SA11AI.58233
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 450.00	<input type="text"/> 100.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Maya Maughmer		Date of Receipt
	Mailing Address 305 Deacon Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 9 / 2 5 / 2 0 0 9
	City	State	Zip Code
	Eules	TX	76039
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Homemaker		Occupation Homemaker	<b>Transaction ID:</b> SA11AI.48310
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 235.00	<input type="text"/> 10.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Maya Maughmer		Date of Receipt
	Mailing Address 305 Deacon Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 0 9
	City	State	Zip Code
	Eules	TX	76039
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Homemaker		Occupation Homemaker	<b>Transaction ID:</b> SA11AI.59206
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 240.00	<input type="text"/> 5.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 115.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Maya Maughmer

Mailing Address 305 Deacon Drive

City Euless State TX Zip Code 76039

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

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 251.00

Date of Receipt: MM / DD / YYYY  
12 / 08 / 2009

Transaction ID: SA11AI.63597

Amount of Each Receipt this Period: 11.00

**B.**

Full Name (Last, First, Middle Initial)  
Maya Maughmer

Mailing Address 305 Deacon Drive

City Euless State TX Zip Code 76039

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

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 286.00

Date of Receipt: MM / DD / YYYY  
12 / 29 / 2009

Transaction ID: SA11AI.65871

Amount of Each Receipt this Period: 35.00

**C.**

Full Name (Last, First, Middle Initial)  
Ken McAlear

Mailing Address 328 McOwenben Pass

City Lake Lure State NC Zip Code 28746

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 ▼ 475.00

Date of Receipt: MM / DD / YYYY  
08 / 28 / 2009

Transaction ID: SA11AI.44599

Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 96.00

**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 90 / 319
	<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)  
HUCK PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Ken McAlear	Date of Receipt MM / DD / YYYY 11 / 23 / 2009
	Mailing Address 328 McOwenben Pass	<b>Transaction ID:</b> SA11AI.61798
	City State Zip Code Lake Lure NC 28746	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Retired      Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Paul McCarthy	Date of Receipt MM / DD / YYYY 12 / 30 / 2009
	Mailing Address 73 Bridgewater Drive	<b>Transaction ID:</b> SA11AI.66020
	City State Zip Code Hattiesburg MS 39402	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Smartdog Services      Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark McCulloch	Date of Receipt MM / DD / YYYY 12 / 21 / 2009
	Mailing Address 4609 W. Ferry Plantation Circle	<b>Transaction ID:</b> SA11AI.65691
	City State Zip Code Virginia Beach VA 23455	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer US Navy      Occupation Naval Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	800.00
<b>TOTAL</b> 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 91 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial) William McFarland		Date of Receipt MM / DD / YYYY 12 / 07 / 2009
Mailing Address 1403 Moores Mill Road		<b>Transaction ID:</b> SA11AI.63567
City Rougemont	State NC	Zip Code 27572
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self-Employed	Occupation Farmer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

**B.**

Full Name (Last, First, Middle Initial) Robert C. McNair		Date of Receipt MM / DD / YYYY 10 / 16 / 2009
Mailing Address Reliant Stadium Two Reliant Park		<b>Transaction ID:</b> SA11AI.51423
City Houston	State TX	Zip Code 77054
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Houston Texans	Occupation Chairman & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**C.**

Full Name (Last, First, Middle Initial) Dave McNeal		Date of Receipt MM / DD / YYYY 12 / 18 / 2009
Mailing Address 541 Pollock Road		<b>Transaction ID:</b> SA11AI.65422
City Delaware	State OH	Zip Code 43015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer Self-Employed	Occupation Systems Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5135.00
<b>TOTAL</b> 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 92 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial) Dean R. McWilliams		Date of Receipt MM / DD / YYYY 10 / 30 / 2009
Mailing Address 1710 Windsor Rd		<b>Transaction ID:</b> SA11AI.51865
City Austin	State TX	Zip Code 78703
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer McWilliams & Associates	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) Robert McWilliams		Date of Receipt MM / DD / YYYY 12 / 29 / 2009
Mailing Address 492 W. Cherry Road		<b>Transaction ID:</b> SA11AI.66122
City Hayesville	State NC	Zip Code 28904
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) Robert Medford		Date of Receipt MM / DD / YYYY 07 / 01 / 2009
Mailing Address 3009 SW129th Street		<b>Transaction ID:</b> SA11AI.43012
City Oklahoma City	State OK	Zip Code 73170
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer United Petroleum Transpor- ts	Occupation Truck Driver	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1600.00
<b>TOTAL</b> 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 93 / 319
	<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)  
HUCK PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Medford	Date of Receipt MM / DD / YYYY 09 / 26 / 2009
	Mailing Address 3009 SW129th Street	<b>Transaction ID:</b> SA11AI.48398
	City State Zip Code Oklahoma City OK 73170	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation United Petroleum Transpor- Truck Driver ts Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert Medford	Date of Receipt MM / DD / YYYY 12 / 20 / 2009
	Mailing Address 3009 SW129th Street	<b>Transaction ID:</b> SA11AI.65507
	City State Zip Code Oklahoma City OK 73170	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation United Petroleum Transpor- Truck Driver ts Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Elliott Middleton	Date of Receipt MM / DD / YYYY 09 / 23 / 2009
	Mailing Address 1520 Dobbins Road	<b>Transaction ID:</b> SA11AI.46830
	City State Zip Code Corsicana TX 75110	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Retired Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	200.00
<b>TOTAL</b> 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 94 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial) Elliott Middleton		Date of Receipt MM / DD / YYYY 11 / 23 / 2009
Mailing Address 1520 Dobbins Road		<b>Transaction ID:</b> SA11AI.61430
City Corsicana	State TX	Zip Code 75110
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

**B.**

Full Name (Last, First, Middle Initial) John Milhoan		Date of Receipt MM / DD / YYYY 08 / 25 / 2009
Mailing Address 185 Linnwood Road		<b>Transaction ID:</b> SA11AI.44291
City Eighty Four	State PA	Zip Code 15330
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer PES	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

**C.**

Full Name (Last, First, Middle Initial) John Milhoan		Date of Receipt MM / DD / YYYY 10 / 01 / 2009
Mailing Address 185 Linnwood Road		<b>Transaction ID:</b> SA11AI.52245
City Eighty Four	State PA	Zip Code 15330
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer PES	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> 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 95 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial) Alton Miller		Date of Receipt MM / DD / YYYY 10 / 02 / 2009
Mailing Address 6908 Grand Hollow Drive		<b>Transaction ID:</b> SA11AI.53210
City Plano	State TX	Zip Code 75024
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Encana	Occupation Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Ronnie M. Miller		Date of Receipt MM / DD / YYYY 08 / 31 / 2009
Mailing Address 3500 Bolt Boulevard		<b>Transaction ID:</b> SA11AI.44648
City Jonesboro	State AR	Zip Code 72401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

**C.**

Full Name (Last, First, Middle Initial) Ronnie M. Miller		Date of Receipt MM / DD / YYYY 12 / 29 / 2009
Mailing Address 3500 Bolt Boulevard		<b>Transaction ID:</b> SA11AI.66257
City Jonesboro	State AR	Zip Code 72401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self-Employed	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	600.00
<b>TOTAL</b> 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 96 / 319

(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)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Charles Mitchell

Mailing Address 16290 North Shore Drive

City State Zip Code  
Pensacola FL 32507

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

Name of Employer Self-Employed Occupation  
Data Processing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
09 / 24 / 2009

**Transaction ID:** SA11AI.47038

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Charles Mitchell

Mailing Address 16290 North Shore Drive

City State Zip Code  
Pensacola FL 32507

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

Name of Employer Self-Employed Occupation  
Data Processing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
11 / 09 / 2009

**Transaction ID:** SA11AI.56979

Amount of Each Receipt this Period  
25.00

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

Mailing Address 5528 Eubank Boulevard Northeast #3

City State Zip Code  
Albuquerque NM 87111

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 ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
12 / 17 / 2009

**Transaction ID:** SA11AI.64696

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **300.00**

**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 97 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Glen Morrison

Mailing Address P.O. Box 1214

City Stanton State TX Zip Code 79782

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

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 30 / 2009  
Transaction ID: SA11AI.50707  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Sharon Myers

Mailing Address 506 Northview Drive

City Blacksburg State VA Zip Code 24060

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 ▼ 250.00

Date of Receipt: 10 / 02 / 2009  
Transaction ID: SA11AI.52760  
Amount of Each Receipt this Period: 50.00

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

Mailing Address 1301 Avenue I

City Anson State TX Zip Code 79501

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

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 07 / 27 / 2009  
Transaction ID: SA11AI.43154  
Amount of Each Receipt this Period: 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 325.00

**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 98 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Loretta Neal  
Mailing Address 1301 Avenue I  
City Anson State TX Zip Code 79501  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Homemaker Occupation Homemaker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt 08 / 22 / 2009  
Transaction ID: SA11AI.43936  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Loretta Neal  
Mailing Address 1301 Avenue I  
City Anson State TX Zip Code 79501  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Homemaker Occupation Homemaker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00  
Date of Receipt 09 / 24 / 2009  
Transaction ID: SA11AI.46909  
Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
Loretta Neal  
Mailing Address 1301 Avenue I  
City Anson State TX Zip Code 79501  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Homemaker Occupation Homemaker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 475.00  
Date of Receipt 10 / 25 / 2009  
Transaction ID: SA11AI.56050  
Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 125.00  
**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 99 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Loretta Neal  
Mailing Address 1301 Avenue I  
City Anson State TX Zip Code 79501  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Homemaker Occupation Homemaker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 11 / 17 / 2009  
Transaction ID: SA11AI.58513  
Amount of Each Receipt this Period 25.00

**B.** Full Name (Last, First, Middle Initial)  
Loretta Neal  
Mailing Address 1301 Avenue I  
City Anson State TX Zip Code 79501  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Homemaker Occupation Homemaker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 550.00  
Date of Receipt 12 / 02 / 2009  
Transaction ID: SA11AI.65004  
Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
James Neff  
Mailing Address 23988 Zion Avenue  
City Winsted State MN Zip Code 55395  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Dentist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 07 / 05 / 2009  
Transaction ID: SA11AI.43045  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 175.00  
**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 100 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Stuart Nickerson  
 Mailing Address 1032 Fearington Post  
 City State Zip Code  
 Pittsboro NC 27312  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 11 2009  
**Transaction ID:** SA11AI.45659  
 Amount of Each Receipt this Period  
 100.00  
 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 ▼ 300.00

**B.** Full Name (Last, First, Middle Initial)  
Stuart Nickerson  
 Mailing Address 1032 Fearington Post  
 City State Zip Code  
 Pittsboro NC 27312  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 22 2009  
**Transaction ID:** SA11AI.59265  
 Amount of Each Receipt this Period  
 50.00  
 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 ▼ 350.00

**C.** Full Name (Last, First, Middle Initial)  
Stuart Nickerson  
 Mailing Address 1032 Fearington Post  
 City State Zip Code  
 Pittsboro NC 27312  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 15 2009  
**Transaction ID:** SA11AI.64079  
 Amount of Each Receipt this Period  
 250.00  
 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 ▼ 600.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 400.00  
**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 101 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Donna Noll

Mailing Address 1905 Corta Bella Drive

City State Zip Code  
Las Vegas NV 89134

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

Name of Employer Force Realty Occupation Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
11 / 23 / 2009

Transaction ID: SA11AI.62321

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
R. Marc Nuttle

Mailing Address 900 36th Ave. NW Suite 202

City State Zip Code  
Norman OK 73072

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

Name of Employer Self-Employed Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2009

Transaction ID: SA11AI.44785

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Bradley O'Leary

Mailing Address 3050 Tammaron Blvd. #6101

City State Zip Code  
Austin TX 78746

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

Name of Employer Requested Occupation Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

Transaction ID: SA11AI.66454

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5275.00**

**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 102 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Jennifer O'Neill  
Mailing Address 284 Laurelwood Lane  
City Southbury State CT Zip Code 06488  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CA, Inc. Occupation VP and Assistant Gen Counsel  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 08 / 22 / 2009  
Transaction ID: SA11AI.43949  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Eileen Orednick  
Mailing Address 19W450 Deerpath  
City Lemont State IL Zip Code 60439  
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 ▼ 329.00  
Date of Receipt 08 / 25 / 2009  
Transaction ID: SA11AI.44241  
Amount of Each Receipt this Period 54.00

**C.** Full Name (Last, First, Middle Initial)  
Eileen Orednick  
Mailing Address 19W450 Deerpath  
City Lemont State IL Zip Code 60439  
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 ▼ 354.00  
Date of Receipt 09 / 25 / 2009  
Transaction ID: SA11AI.47789  
Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 329.00  
**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 103 / 319
	<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)  
HUCK PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Eileen Orednick	Date of Receipt MM / DD / YYYY 10 / 01 / 2009
	Mailing Address 19W450 Deerpath	<b>Transaction ID:</b> SA11AI.52332
	City State Zip Code Lemont IL 60439	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 454.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Becky Pacas	Date of Receipt MM / DD / YYYY 09 / 23 / 2009
	Mailing Address 4305 San Benito Road	<b>Transaction ID:</b> SA11AI.46865
	City State Zip Code Atascadero CA 93422	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer CDCR Occupation Correctional Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Nancy Padgett	Date of Receipt MM / DD / YYYY 12 / 21 / 2009
	Mailing Address 4702 Rose Arbor Drive	<b>Transaction ID:</b> SA11AI.65701
	City State Zip Code Acworth GA 30101	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Wells Real Estate Funds, Inc. Occupation Chief People Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	250.00
<b>TOTAL</b> 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 104 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Connie L. Payton

Mailing Address 27307 Hemet St.

City Hemet State CA Zip Code 92544

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 ▼ 475.00

Date of Receipt MM / DD / YYYY 12 / 31 / 2009

Transaction ID: SA11AI.66522

Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Larry Payton

Mailing Address 5303 E 79th St

City Tulsa State OK Zip Code 74136

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

Name of Employer Celebrity Attractions Occupation President/CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY 11 / 09 / 2009

Transaction ID: SA11AI.56508

Amount of Each Receipt this Period 5000.00

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

Mailing Address 9766 Grassy Road

City Marion State IL Zip Code 62959

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 ▼ 300.00

Date of Receipt MM / DD / YYYY 10 / 02 / 2009

Transaction ID: SA11AI.52839

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5150.00

**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 105 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Gabriel T. Pelphrey</p> <p>Mailing Address 6820 Preston Rd Apt 1527</p> <p>City State Zip Code Plano TX 75024</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation BCC Consultant</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 10 / 30 / 2009</p> <p><b>Transaction ID:</b> SA11AI.51869</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>
---	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Stephen Plaster</p> <p>Mailing Address P.O. Box 1329</p> <p>City State Zip Code Lebanon MO 65536</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">5000.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 12 / 31 / 2009</p> <p><b>Transaction ID:</b> SA11AI.66431</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">5000.00</span></p>
---	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Clayton Port</p> <p>Mailing Address 102 Birch Street</p> <p>City State Zip Code Prophetstown IL 61277</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation John Deere Assembler</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">800.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 07 / 02 / 2009</p> <p><b>Transaction ID:</b> SA11AI.43022</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">200.00</span></p>
--	---

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">6200.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 106 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Clayton Port

Mailing Address 102 Birch Street

City State Zip Code  
Prophetstown IL 61277

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

Name of Employer John Deere Occupation Assembler

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2009

**Transaction ID:** SA11AI.43604

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
Clayton Port

Mailing Address 102 Birch Street

City State Zip Code  
Prophetstown IL 61277

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

Name of Employer John Deere Occupation Assembler

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  
MM / DD / YYYY  
10 / 19 / 2009

**Transaction ID:** SA11AI.55470

Amount of Each Receipt this Period  
400.00

**C.**

Full Name (Last, First, Middle Initial)  
Clayton Port

Mailing Address 102 Birch Street

City State Zip Code  
Prophetstown IL 61277

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

Name of Employer John Deere Occupation Assembler

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1600.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2009

**Transaction ID:** SA11AI.56139

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

**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 107 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Clayton Port

Mailing Address 102 Birch Street

City State Zip Code  
Prophetstown IL 61277

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

Name of Employer Occupation  
John Deere Assembler

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
MM / DD / YYYY  
12 / 22 / 2009

Transaction ID: SA11AI.65743

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
James Prather

Mailing Address Requested

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 ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 02 / 2009

Transaction ID: SA11AI.43026

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Faith Pressler

Mailing Address 65 Redneck Avenue

City State Zip Code  
Little Ferry NJ 07643

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

Name of Employer Occupation  
Little Ferry BOE Educator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt  
MM / DD / YYYY  
09 / 23 / 2009

Transaction ID: SA11AI.46879

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

**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 108 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Faith Pressler

Date of Receipt  
MM / DD / YYYY  
09 / 23 / 2009

Mailing Address 65 Redneck Avenue

Transaction ID: SA11AI.46882

City Little Ferry State NJ Zip Code 07643

Amount of Each Receipt this Period  
15.00

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

Name of Employer Little Ferry BOE Occupation Educator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 965.00

**B.**

Full Name (Last, First, Middle Initial)  
Faith Pressler

Date of Receipt  
MM / DD / YYYY  
10 / 02 / 2009

Mailing Address 65 Redneck Avenue

Transaction ID: SA11AI.52764

City Little Ferry State NJ Zip Code 07643

Amount of Each Receipt this Period  
25.00

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

Name of Employer Little Ferry BOE Occupation Educator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 990.00

**C.**

Full Name (Last, First, Middle Initial)  
Faith Pressler

Date of Receipt  
MM / DD / YYYY  
11 / 09 / 2009

Mailing Address 65 Redneck Avenue

Transaction ID: SA11AI.57040

City Little Ferry State NJ Zip Code 07643

Amount of Each Receipt this Period  
25.00

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

Name of Employer Little Ferry BOE Occupation Educator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1015.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **65.00**

**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 109 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Faith Pressler  
Mailing Address 65 Redneck Avenue  
City Little Ferry State NJ Zip Code 07643  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Little Ferry BOE Occupation Educator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1065.00  
Date of Receipt 12 / 10 / 2009  
Transaction ID: SA11AI.63780  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Faith Pressler  
Mailing Address 65 Redneck Avenue  
City Little Ferry State NJ Zip Code 07643  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Little Ferry BOE Occupation Educator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1115.00  
Date of Receipt 12 / 15 / 2009  
Transaction ID: SA11AI.64279  
Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
James Pulaski  
Mailing Address 3865 Ridge Point Drive  
City Suwanee State GA Zip Code 30024  
FEC ID number of contributing federal political committee. **C**  
Name of Employer McKesson Corporation Occupation Software Consultant  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 11 / 10 / 2009  
Transaction ID: SA11AI.57352  
Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 125.00  
**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 110 / 319						
	(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

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NAME OF COMMITTEE (In Full)  
HUCK PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) James Pulaski		Date of Receipt
	Mailing Address 3865 Ridge Point Drive		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Suwanee	GA	30024
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.61216
Name of Employer McKesson Corporation		Occupation Software Consultant	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	<input type="text" value="25.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) James Pulaski		Date of Receipt
	Mailing Address 3865 Ridge Point Drive		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Suwanee	GA	30024
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.64081
Name of Employer McKesson Corporation		Occupation Software Consultant	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="275.00"/>	<input type="text" value="25.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Susan Rae Redman		Date of Receipt
	Mailing Address P.O. Box 930		<input type="text" value="11"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Rathdrum	ID	83858
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.60649
Name of Employer Self-Employed		Occupation Redman & Company Insurance	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	<input type="text" value="500.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="550.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 111 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial) John Reed		Date of Receipt MM / DD / YYYY 11 / 19 / 2009
Mailing Address 2238 Hontoon Road		<b>Transaction ID:</b> SA11AI.58845
City Deland	State FL	Zip Code 32720
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Susan Renton		Date of Receipt MM / DD / YYYY 10 / 07 / 2009
Mailing Address 10206 Aspen Willow Drive		<b>Transaction ID:</b> SA11AI.54884
City Fairfax	State VA	Zip Code 22032
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Self-Employed	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

**C.**

Full Name (Last, First, Middle Initial) William Richmond		Date of Receipt MM / DD / YYYY 09 / 10 / 2009
Mailing Address 1320 Golfview Street		<b>Transaction ID:</b> SA11AI.45213
City Aurora	State IL	Zip Code 60506
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer The Bilmar Group, Inc.	Occupation Construction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>175.00</b>
<b>TOTAL</b> 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 112 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Stephen T. Ridinger  
Mailing Address P.O. Box 1327  
City State Zip Code  
Camarillo CA 93011  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Evets Corporation Music Distributor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9  
Transaction ID: SA11AI.66756  
Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Celeste Romig  
Mailing Address 24 Old Kings Highway South  
City State Zip Code  
Darien CT 06820  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Self-Employed Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9  
Transaction ID: SA11AI.53140  
Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Edward F. Romig, II  
Mailing Address 337 West Lane  
City State Zip Code  
Ridgefield CT 06877  
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 ▼ 500.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9  
Transaction ID: SA11AI.52914  
Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00  
**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 113 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Jeffrey A. Ross

Mailing Address 509 Bolivar Street

City State Zip Code  
Bellaire TX 77401

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

Name of Employer Self-Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.51867

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Betsy Sandidge

Mailing Address 1325 Lakewood Dr.

City State Zip Code  
Bolivar MO 65613

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

Name of Employer Homemaker Occupation  
Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 0 / 2 0 0 9

**Transaction ID:** SA11AI.57899

Amount of Each Receipt this Period  
100.00

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

Mailing Address P.O. Box 610

City State Zip Code  
Spicewood TX 78669

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 ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 2 / 2 0 0 9

**Transaction ID:** SA11AI.43935

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1350.00**

**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 114 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Marcos G. Santillan

Mailing Address 374 Dessert Willow Way

City State Zip Code  
Austin TX 78737

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

Name of Employer Occupation  
U.S. Air Force Lt. Colonel

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 10 / 2009

Transaction ID: SA11AI.45212

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Wesley E Schlenker

Mailing Address 936 Knott Place

City State Zip Code  
Dallas TX 75208

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

Name of Employer Occupation Requested  
Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 30 / 2009

Transaction ID: SA11AI.51885

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Joan Schmidt

Mailing Address 4506 Providence Point Place SE

City State Zip Code  
Issaquah WA 98029

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

Name of Employer Occupation Self-Employed  
Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 11 / 2009

Transaction ID: SA11AI.45793

Amount of Each Receipt this Period

500.00

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

1250.00

**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 115 / 319  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial) Joan Schmidt		Date of Receipt MM / DD / YYYY 09 / 25 / 2009
Mailing Address 4506 Providence Point Place SE		<b>Transaction ID:</b> SA11AI.47853
City Issaquah	State WA	Zip Code 98029
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

**B.**

Full Name (Last, First, Middle Initial) Joan Schmidt		Date of Receipt MM / DD / YYYY 11 / 09 / 2009
Mailing Address 4506 Providence Point Place SE		<b>Transaction ID:</b> SA11AI.56889
City Issaquah	State WA	Zip Code 98029
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

**C.**

Full Name (Last, First, Middle Initial) Carl Schneider		Date of Receipt MM / DD / YYYY 08 / 22 / 2009
Mailing Address 2002 303rd Avenue		<b>Transaction ID:</b> SA11AI.43947
City Fort Madison	State IA	Zip Code 52627
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Self-Employed	Occupation Dairy Farmer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	625.00
<b>TOTAL</b> 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 116 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial) Carl Schneider		Date of Receipt MM / DD / YYYY 08 / 24 / 2009
Mailing Address 2002 303rd Avenue		<b>Transaction ID:</b> SA11AI.44000
City Fort Madison	State IA	Zip Code 52627
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Self-Employed	Occupation Dairy Farmer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**B.**

Full Name (Last, First, Middle Initial) Carl Schneider		Date of Receipt MM / DD / YYYY 12 / 06 / 2009
Mailing Address 2002 303rd Avenue		<b>Transaction ID:</b> SA11AI.65037
City Fort Madison	State IA	Zip Code 52627
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self-Employed	Occupation Dairy Farmer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

**C.**

Full Name (Last, First, Middle Initial) Carl Schneider		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 2002 303rd Avenue		<b>Transaction ID:</b> SA11AI.67255
City Fort Madison	State IA	Zip Code 52627
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self-Employed	Occupation Dairy Farmer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	175.00
<b>TOTAL</b> 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 117 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial) Cyrus Schwartz		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 225 W. 83rd St. Apt. 5E		<b>Transaction ID:</b> SA11AI.66456
City New York	State NY	Zip Code 10024
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Steuben Foods Inc.	Occupation Business Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**B.**

Full Name (Last, First, Middle Initial) Rita Scianna		Date of Receipt MM / DD / YYYY 12 / 17 / 2009
Mailing Address 5738 Old Highway 36 Road		<b>Transaction ID:</b> SA11AI.64673
City Bellville	State TX	Zip Code 77418
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Requested	Occupation Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Larry Scott		Date of Receipt MM / DD / YYYY 11 / 18 / 2009
Mailing Address 7211 69th Avenue SE		<b>Transaction ID:</b> SA11AI.58579
City Snohomish	State WA	Zip Code 98290
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer 911 ETC Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5575.00</b>
<b>TOTAL</b> 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 118 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Timothy Searfoss

Mailing Address 1521 Airport Road

City State Zip Code  
West Branch MI 48661

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

Name of Employer Occupation  
Self-Employed Business Man

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
11 / 09 / 2009

**Transaction ID:** SA11AI.56697

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Richard See

Mailing Address P.O. Box 924298

City State Zip Code  
Princeton FL 33092

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

Name of Employer Occupation  
Seedway, LLC Vegetable Seed Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 396.00

Date of Receipt  
MM / DD / YYYY  
12 / 10 / 2009

**Transaction ID:** SA11AI.63855

Amount of Each Receipt this Period  
11.00

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

Mailing Address P.O. Box 924298

City State Zip Code  
Princeton FL 33092

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

Name of Employer Occupation  
Seedway, LLC Vegetable Seed Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 496.00

Date of Receipt  
MM / DD / YYYY  
12 / 10 / 2009

**Transaction ID:** SA11AI.65268

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **361.00**

**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 119 / 319  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial) Richard See		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address P.O. Box 924298		<b>Transaction ID:</b> SA11AI.67116
City Princeton	State FL	Zip Code 33092
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Seedway, LLC	Occupation Vegetable Seed Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 521.00	

**B.**

Full Name (Last, First, Middle Initial) Roger Sherman		Date of Receipt MM / DD / YYYY 08 / 24 / 2009
Mailing Address 1124 12th Ave NW		<b>Transaction ID:</b> SA11AI.44215
City Arab	State AL	Zip Code 35016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 54.00
Name of Employer Lockheed Martin Space Systems	Occupation Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	

**C.**

Full Name (Last, First, Middle Initial) Roger Sherman		Date of Receipt MM / DD / YYYY 08 / 26 / 2009
Mailing Address 1124 12th Ave NW		<b>Transaction ID:</b> SA11AI.44429
City Arab	State AL	Zip Code 35016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Lockheed Martin Space Systems	Occupation Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	179.00
<b>TOTAL</b> 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 120 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Roger Sherman

Mailing Address 1124 12th Ave NW

City Arab State AL Zip Code 35016

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

Name of Employer Lockheed Martin Space Systems Occupation Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 404.00

Date of Receipt 09 / 02 / 2009

Transaction ID: SA11AI.45519

Amount of Each Receipt this Period 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Roger Sherman

Mailing Address 1124 12th Ave NW

City Arab State AL Zip Code 35016

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

Name of Employer Lockheed Martin Space Systems Occupation Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 429.00

Date of Receipt 09 / 23 / 2009

Transaction ID: SA11AI.46823

Amount of Each Receipt this Period 25.00

**C.**

Full Name (Last, First, Middle Initial)  
Stephen Shy

Mailing Address 3174 Route 75

City Huntington State WV Zip Code 25704

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

Name of Employer Ohio Valley Physicians Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 18 / 2009

Transaction ID: SA11AI.58658

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 225.00

**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 121 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Sally Sidman

Mailing Address 21 Coachlight Drive

City Danville State IL Zip Code 61832

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

Name of Employer ECI Occupation Health Care Worker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt: 09 / 25 / 2009

Transaction ID: SA11AI.47765

Amount of Each Receipt this Period: 10.00

**B.**

Full Name (Last, First, Middle Initial)  
Sally Sidman

Mailing Address 21 Coachlight Drive

City Danville State IL Zip Code 61832

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

Name of Employer ECI Occupation Health Care Worker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt: 12 / 11 / 2009

Transaction ID: SA11AI.63945

Amount of Each Receipt this Period: 35.00

**C.**

Full Name (Last, First, Middle Initial)  
Don J. Smith

Mailing Address P.O. Box 126

City Hawley State TX Zip Code 79525

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

Name of Employer Joe T. Smith, Inc. Occupation Oilfield Tank Trucks

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 09 / 10 / 2009

Transaction ID: SA11AI.45069

Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 95.00

**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 122 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Jan A. Smith  
Mailing Address P.O. Box 689  
City Albany State GA Zip Code 31702  
FEC ID number of contributing federal political committee. **C**  
Name of Employer L. Clayton Smith, Jr., P.-C. Occupation Secretary  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 11 / 09 / 2009  
Transaction ID: SA11AI.56602  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Linda Smith  
Mailing Address 113 Island Avenue  
City Buckhannon State WV Zip Code 26201  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Riverside Bed & Breakfast Occupation Owner/manager  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 09 / 23 / 2009  
Transaction ID: SA11AI.46569  
Amount of Each Receipt this Period 25.00

**C.** Full Name (Last, First, Middle Initial)  
Linda Smith  
Mailing Address 113 Island Avenue  
City Buckhannon State WV Zip Code 26201  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Riverside Bed & Breakfast Occupation Owner/manager  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 11 / 11 / 2009  
Transaction ID: SA11AI.58176  
Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 100.00  
**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 123 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Linda Smith  
 Mailing Address 113 Island Avenue  
 City Buckhannon State WV Zip Code 26201  
 Date of Receipt MM / DD / YYYY 12 / 11 / 2009  
**Transaction ID:** SA11AI.63904  
 Amount of Each Receipt this Period 35.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Riverside Bed & Breakfast Occupation Owner/manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

**B.** Full Name (Last, First, Middle Initial)  
Lori Smith  
 Mailing Address 3720 W. Ellery Ave.  
 City Fresno State CA Zip Code 93711  
 Date of Receipt MM / DD / YYYY 07 / 10 / 2009  
**Transaction ID:** SA11AI.43404  
 Amount of Each Receipt this Period 300.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Visual Changes Skin Care Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

**C.** Full Name (Last, First, Middle Initial)  
Lori Smith  
 Mailing Address 3720 W. Ellery Ave.  
 City Fresno State CA Zip Code 93711  
 Date of Receipt MM / DD / YYYY 10 / 02 / 2009  
**Transaction ID:** SA11AI.50815  
 Amount of Each Receipt this Period 25.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Visual Changes Skin Care Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 360.00  
**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 124 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Lori Smith  
 Mailing Address 3720 W. Ellery Ave.  
 City State Zip Code  
 Fresno CA 93711  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 6 / 2 0 0 9  
**Transaction ID:** SA11AI.51413  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Visual Changes Skin Care President  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 425.00

**B.** Full Name (Last, First, Middle Initial)  
Mark Soderberg  
 Mailing Address 9820 E. Shore Drive  
 City State Zip Code  
 Willis TX 77318  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 3 0 / 2 0 0 9  
**Transaction ID:** SA11AI.48938  
 Amount of Each Receipt this Period  
 25.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Kraftsman LP Partner  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 225.00

**C.** Full Name (Last, First, Middle Initial)  
David Stepp  
 Mailing Address 245 Meghan Drive  
 City State Zip Code  
 Opelousas LA 70570  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 1 / 2 0 0 9  
**Transaction ID:** SA11AI.64980  
 Amount of Each Receipt this Period  
 25.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired Retired  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 225.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00  
**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 125 / 319  
(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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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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Anne Stevenson

Mailing Address 403 Nighthawk Court

City State Zip Code  
Sugar Land TX 77478

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

Name of Employer Self-Employed Occupation  
Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2009

Transaction ID: SA11AI.43176

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
Anne Stevenson

Mailing Address 403 Nighthawk Court

City State Zip Code  
Sugar Land TX 77478

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

Name of Employer Self-Employed Occupation  
Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2009

Transaction ID: SA11AI.58372

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Anne Stevenson

Mailing Address 403 Nighthawk Court

City State Zip Code  
Sugar Land TX 77478

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

Name of Employer Self-Employed Occupation  
Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
MM / DD / YYYY  
12 / 11 / 2009

Transaction ID: SA11AI.63899

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **500.00**

**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 126 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Lloyd Stewart

Mailing Address Requested

City State Zip Code  
Requested

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

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 05 / 2009

Transaction ID: SA11AI.43044

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Eugenie Stine

Mailing Address 729 Alba Drive

City State Zip Code  
Orlando FL 32804

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

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
11 / 23 / 2009

Transaction ID: SA11AI.61553

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mary Stone

Mailing Address 4241 Chadswyck Drive

City State Zip Code  
Janesville WI 53546

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

Name of Employer Mercy Hospital Occupation Cytotechnologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 211.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 15 / 2009

Transaction ID: SA11AI.64310

Amount of Each Receipt this Period

100.00

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

1100.00

**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 127 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Aaron Stonerock

Mailing Address 2308 Hetter Street

City Columbus State OH Zip Code 43228

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

Name of Employer Grange Insurance Occupation Internet Application Developer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt 12 / 15 / 2009  
Transaction ID: SA11AI.64261  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
W. Stover

Mailing Address 120 Wildwood Gdns

City Piedmont State CA Zip Code 94611

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 ▼ 1000.00

Date of Receipt 12 / 31 / 2009  
Transaction ID: SA11AI.66867  
Amount of Each Receipt this Period 1000.00

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

Mailing Address 1907 Baker Road

City High Point State NC Zip Code 27263

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

Name of Employer Management Resource Systems Inc. Occupation Nationwide General Contractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1404.00

Date of Receipt 08 / 25 / 2009  
Transaction ID: SA11AI.44352  
Amount of Each Receipt this Period 154.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1204.00

**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 128 / 319

(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Michael Swaim

Mailing Address 1907 Baker Road

City State Zip Code  
High Point NC 27263

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

Name of Employer Occupation  
Management Resource Systems Inc. Nationwide General Contractor

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1504.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 10 / 2009

Transaction ID: SA11AI.45148

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
R. G. Taylor

Mailing Address 8201 Sante Fe

City State Zip Code  
Odessa TX 79765

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

Name of Employer Occupation  
Desertaire Enterprises L.P. Oilfield Investor

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 15 / 2009

Transaction ID: SA11AI.64058

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
John Tepe

Mailing Address 8396 Maineville Road

City State Zip Code  
Maineville OH 45039

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

Name of Employer Occupation  
LT Enterprises, Inc. CEO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
11 / 10 / 2009

Transaction ID: SA11AI.57744

Amount of Each Receipt this Period

500.00

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

1100.00

**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 129 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial) John Tepe		Date of Receipt MM / DD / YYYY 11 / 23 / 2009
Mailing Address 8396 Maineville Road		<b>Transaction ID:</b> SA11AI.61630
City Mainevi Llle	State OH	Zip Code 45039
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer LT Enterprises, Inc.	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

**B.**

Full Name (Last, First, Middle Initial) Susan Thomas-Williams		Date of Receipt MM / DD / YYYY 09 / 12 / 2009
Mailing Address 867 Main Street		<b>Transaction ID:</b> SA11AI.45838
City Giblsland	State LA	Zip Code 71028
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1500.00
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

**C.**

Full Name (Last, First, Middle Initial) Susan Thomas-Williams		Date of Receipt MM / DD / YYYY 09 / 24 / 2009
Mailing Address 867 Main Street		<b>Transaction ID:</b> SA11AI.47139
City Giblsland	State LA	Zip Code 71028
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2100.00</b>
<b>TOTAL</b> 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 130 / 319

(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)  
HUCK PAC

A.

Full Name (Last, First, Middle Initial)  
Gary Thomason

Mailing Address 501 W. Kamm Ave.

City	State	Zip Code
Kingsburg	CA	93631

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

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

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 25 / 2009

Transaction ID: SA11AI.50019

Amount of Each Receipt this Period	50.00
------------------------------------	-------

B.

Full Name (Last, First, Middle Initial)  
Gary Thomason

Mailing Address 501 W. Kamm Ave.

City	State	Zip Code
Kingsburg	CA	93631

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

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

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 23 / 2009

Transaction ID: SA11AI.61042

Amount of Each Receipt this Period	25.00
------------------------------------	-------

C.

Full Name (Last, First, Middle Initial)  
Gary Thomason

Mailing Address 501 W. Kamm Ave.

City	State	Zip Code
Kingsburg	CA	93631

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

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

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2009

Transaction ID: SA11AI.66086

Amount of Each Receipt this Period	50.00
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SUBTOTAL of Receipts This Page (optional) ..... ▶

125.00

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 131 / 319
	<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)  
HUCK PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Daniel Thompson	Date of Receipt MM / DD / YYYY 11 / 11 / 2009
	Mailing Address 1 White Oak Lane	<b>Transaction ID:</b> SA11AI.58272
	City State Zip Code Montevallo AL 35115	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Birmingham Radiological Group		Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00

<b>B.</b>	Full Name (Last, First, Middle Initial) E. H. Todd	Date of Receipt MM / DD / YYYY 09 / 25 / 2009
	Mailing Address P.O. Box 55	<b>Transaction ID:</b> SA11AI.50199
	City State Zip Code Stanton TX 79782	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Requested		Occupation Requested
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) John Tomascheski	Date of Receipt MM / DD / YYYY 08 / 18 / 2009
	Mailing Address P.O. Box 1521	<b>Transaction ID:</b> SA11AI.44848
	City State Zip Code Tahlequah OK 74465	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Retired		Occupation Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	800.00
<b>TOTAL</b> 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 132 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
John Tomascheski  
Mailing Address P.O. Box 1521  
City State Zip Code  
Tahlequah OK 74465  
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 ▼ 285.00  
Date of Receipt: 09 / 25 / 2009  
Transaction ID: SA11AI.50049  
Amount of Each Receipt this Period: 15.00

**B.** Full Name (Last, First, Middle Initial)  
John Tomascheski  
Mailing Address P.O. Box 1521  
City State Zip Code  
Tahlequah OK 74465  
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 ▼ 295.00  
Date of Receipt: 12 / 16 / 2009  
Transaction ID: SA11AI.64818  
Amount of Each Receipt this Period: 10.00

**C.** Full Name (Last, First, Middle Initial)  
Eve Tomassini  
Mailing Address 3075 Leeds Road  
City State Zip Code  
Columbus OH 43221  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Homemaker Occupation Homemaker  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 205.00  
Date of Receipt: 12 / 10 / 2009  
Transaction ID: SA11AI.63816  
Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00  
**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 133 / 319
	<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)  
HUCK PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Eve Tomassini	Date of Receipt MM / DD / YYYY 12 / 15 / 2009
	Mailing Address 3075 Leeds Road	<b>Transaction ID:</b> SA11AI.64121
	City State Zip Code Columbus OH 43221	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Homemaker Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Marrilie Tompkins	Date of Receipt MM / DD / YYYY 11 / 09 / 2009
	Mailing Address 5701 Ederton Court	<b>Transaction ID:</b> SA11AI.56780
	City State Zip Code Fayetteville NC 28304	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Retired Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Samuel Turk	Date of Receipt MM / DD / YYYY 09 / 23 / 2009
	Mailing Address P.O. Box 298	<b>Transaction ID:</b> SA11AI.46604
	City State Zip Code Grandfield OK 73546	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self-Employed Motivational Speaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	325.00
<b>TOTAL</b> 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 134 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Samuel Turk

Mailing Address P.O. Box 298

City State Zip Code  
Grandfield OK 73546

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Motivational Speaker

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.52142

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Samuel Turk

Mailing Address P.O. Box 298

City State Zip Code  
Grandfield OK 73546

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Motivational Speaker

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.57217

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Samuel Turk

Mailing Address P.O. Box 298

City State Zip Code  
Grandfield OK 73546

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Motivational Speaker

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.63901

Amount of Each Receipt this Period

50.00

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

250.00

**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 135 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Jennifer Valek  
 Mailing Address 37503 Provence Pointe Avenue  
 City State Zip Code  
 Prairieville LA 70769  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 2 / 2 0 0 9  
**Transaction ID:** SA11AI.59320  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Realtor - Independent Contractor  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

**B.** Full Name (Last, First, Middle Initial)  
Victor Velazquez  
 Mailing Address 1790 SW 27th Avenue  
 City State Zip Code  
 Miami FL 33145  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 1 1 / 2 0 0 9  
**Transaction ID:** SA11AI.58137  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Gentle Care, Inc. Self-Employed  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

**C.** Full Name (Last, First, Middle Initial)  
Lastie Vincent  
 Mailing Address P.O. Box 1330  
 City State Zip Code  
 Lake Charles LA 70602  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 3 0 / 2 0 0 9  
**Transaction ID:** SA11AI.44638  
 Amount of Each Receipt this Period  
 50.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BOR-DU-LAC, Inc. Secretary  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 800.00  
**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 136 / 319
	<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)  
HUCK PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Lastie Vincent		Date of Receipt
	Mailing Address P.O. Box 1330		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 24 / 2009
	City	State	Zip Code
	Lake Charles	LA	70602
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.47138
Name of Employer BOR-DU-LAC, Inc.		Occupation Secretary	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	<input type="text"/> 50.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Lastie Vincent		Date of Receipt
	Mailing Address P.O. Box 1330		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 10 / 01 / 2009
	City	State	Zip Code
	Lake Charles	LA	70602
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.52071
Name of Employer BOR-DU-LAC, Inc.		Occupation Secretary	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 350.00	<input type="text"/> 50.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Mary Vito		Date of Receipt
	Mailing Address 2437 SW Heronwood		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 10 / 21 / 2009
	City	State	Zip Code
	Palm City	FL	34990
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.55687
Name of Employer Homemaker		Occupation Homemaker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 500.00	<input type="text"/> 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 600.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 137 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Melva Wahl

Mailing Address 34696 Swank Dr. SE

City Albany State OR Zip Code 97322

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

Name of Employer Southside Church of Christ Occupation Missionary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 26 / 2009

Transaction ID: SA11AI.44890

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
James Waldroop

Mailing Address P.O. Box 113

City Andrews State TX Zip Code 79714

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

Name of Employer Parker Products, Inc. Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 30 / 2009

Transaction ID: SA11AI.65942

Amount of Each Receipt this Period 500.00

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

Mailing Address 4701 Shorewood Drive

City Arlington State TX Zip Code 76016

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

Name of Employer Blue Star Electric, LLC Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 10 / 2009

Transaction ID: SA11AI.45014

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1100.00

**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 138 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Darryl Waltisperger  
Mailing Address 1600 Bench Trail  
City State Zip Code  
Schertz TX 78154  
FEC ID number of contributing federal political committee. **C**  
Name of Employer City of San Antonio Fire Department  
Occupation Fire Captain  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt MM / DD / YYYY  
09 / 10 / 2009  
Transaction ID: SA11AI.45048  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Darryl Waltisperger  
Mailing Address 1600 Bench Trail  
City State Zip Code  
Schertz TX 78154  
FEC ID number of contributing federal political committee. **C**  
Name of Employer City of San Antonio Fire Department  
Occupation Fire Captain  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00  
Date of Receipt MM / DD / YYYY  
09 / 24 / 2009  
Transaction ID: SA11AI.47431  
Amount of Each Receipt this Period 75.00

**C.** Full Name (Last, First, Middle Initial)  
Darryl Waltisperger  
Mailing Address 1600 Bench Trail  
City State Zip Code  
Schertz TX 78154  
FEC ID number of contributing federal political committee. **C**  
Name of Employer City of San Antonio Fire Department  
Occupation Fire Captain  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt MM / DD / YYYY  
09 / 25 / 2009  
Transaction ID: SA11AI.48166  
Amount of Each Receipt this Period 75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 250.00  
**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 139 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Darryl Waltisperger

Mailing Address 1600 Bench Trail

City State Zip Code  
Schertz TX 78154

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

Name of Employer City of San Antonio Fire Department  
Occupation Fire Captain

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 9

**Transaction ID:** SA11AI.52123

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
Darryl Waltisperger

Mailing Address 1600 Bench Trail

City State Zip Code  
Schertz TX 78154

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

Name of Employer City of San Antonio Fire Department  
Occupation Fire Captain

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 0 9

**Transaction ID:** SA11AI.62500

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Darryl Waltisperger

Mailing Address 1600 Bench Trail

City State Zip Code  
Schertz TX 78154

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

Name of Employer City of San Antonio Fire Department  
Occupation Fire Captain

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

**Transaction ID:** SA11AI.64078

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **350.00**

**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 140 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
David Ward  
 Mailing Address 357 Blackburn Road  
 City State Zip Code  
 Quarryville PA 17566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 XO Communications Telecommunications Technician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 275.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 07 / 2009  
**Transaction ID:** SA11AI.43060  
 Amount of Each Receipt this Period  
 25.00

**B.** Full Name (Last, First, Middle Initial)  
David Ward  
 Mailing Address 357 Blackburn Road  
 City State Zip Code  
 Quarryville PA 17566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 XO Communications Telecommunications Technician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 05 / 2009  
**Transaction ID:** SA11AI.43632  
 Amount of Each Receipt this Period  
 25.00

**C.** Full Name (Last, First, Middle Initial)  
David Ward  
 Mailing Address 357 Blackburn Road  
 City State Zip Code  
 Quarryville PA 17566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 XO Communications Telecommunications Technician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 350.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 04 / 2009  
**Transaction ID:** SA11AI.54140  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 100.00  
**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 141 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
David Ward

Mailing Address 357 Blackburn Road

City State Zip Code  
Quarryville PA 17566

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

Name of Employer Occupation  
XO Communications Telecommunications Technician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.59101

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
David Ward

Mailing Address 357 Blackburn Road

City State Zip Code  
Quarryville PA 17566

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

Name of Employer Occupation  
XO Communications Telecommunications Technician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.65432

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
Carlynn Warren

Mailing Address 136 Longmeadow Road

City State Zip Code  
Greenville NC 27858

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 ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.46539

Amount of Each Receipt this Period

25.00

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

75.00

**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 142 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Gary Warren</p> <p>Mailing Address 3733 Dover Drive</p> <p>City State Zip Code Odessa TX 79762</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Town and Country Drug      Occupation Town and Country Drug      Pharmacist</p> <p>Receipt For:      Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼      <span style="border: 1px solid black; padding: 2px;">275.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 8 / 2 5 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> SA11AI.44239</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">25.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Gary Warren</p> <p>Mailing Address 3733 Dover Drive</p> <p>City State Zip Code Odessa TX 79762</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Town and Country Drug      Occupation Town and Country Drug      Pharmacist</p> <p>Receipt For:      Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼      <span style="border: 1px solid black; padding: 2px;">300.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 9 / 1 5 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> SA11AI.46034</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">25.00</span></p>
--	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Gary Warren</p> <p>Mailing Address 3733 Dover Drive</p> <p>City State Zip Code Odessa TX 79762</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Town and Country Drug      Occupation Town and Country Drug      Pharmacist</p> <p>Receipt For:      Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼      <span style="border: 1px solid black; padding: 2px;">325.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 9 / 2 5 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> SA11AI.47647</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">25.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">75.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 143 / 319  
(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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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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial) Gary Warren		Date of Receipt
Mailing Address 3733 Dover Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
City State Zip Code Odessa TX 79762		<input type="text"/> 1 0 / <input type="text"/> 1 4 / <input type="text"/> 2 0 0 9
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.55118
Name of Employer Town and Country Drug Town and Country Drug		Amount of Each Receipt this Period
Occupation Pharmacist		<input type="text"/> 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text"/> 350.00

**B.**

Full Name (Last, First, Middle Initial) Gary Warren		Date of Receipt
Mailing Address 3733 Dover Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
City State Zip Code Odessa TX 79762		<input type="text"/> 1 1 / <input type="text"/> 0 9 / <input type="text"/> 2 0 0 9
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.56933
Name of Employer Town and Country Drug Town and Country Drug		Amount of Each Receipt this Period
Occupation Pharmacist		<input type="text"/> 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text"/> 375.00

**C.**

Full Name (Last, First, Middle Initial) Gary Warren		Date of Receipt
Mailing Address 3733 Dover Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
City State Zip Code Odessa TX 79762		<input type="text"/> 1 1 / <input type="text"/> 2 2 / <input type="text"/> 2 0 0 9
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.59286
Name of Employer Town and Country Drug Town and Country Drug		Amount of Each Receipt this Period
Occupation Pharmacist		<input type="text"/> 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text"/> 400.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 75.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 144 / 319

(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Gary Warren

Mailing Address 3733 Dover Drive

City State Zip Code  
Odessa TX 79762

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

Name of Employer Occupation  
Town and Country Drug Pharmacist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.64327

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
William Warwick

Mailing Address P.O. Box 554

City State Zip Code  
Vaughn WA 98394

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

Name of Employer Occupation  
US Air Force Reserves Explosive Ordnance Disposal

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.58753

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
Jennifer Watchous

Mailing Address 4924 SE 84th Street

City State Zip Code  
Newton KS 67114

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.60749

Amount of Each Receipt this Period

5000.00

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

5125.00

**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 145 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial) Klee Watchous		Date of Receipt MM / DD / YYYY 08 / 04 / 2009
Mailing Address 4924 SE 84th Street		<b>Transaction ID:</b> SA11AI.49404
City Newton	State KS	Zip Code 67114
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Palomino Petroleum, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**B.**

Full Name (Last, First, Middle Initial) Travis Weems		Date of Receipt MM / DD / YYYY 07 / 10 / 2009
Mailing Address Requested		<b>Transaction ID:</b> SA11AI.43090
City Requested	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Requested	Occupation Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) Marcia Weisz		Date of Receipt MM / DD / YYYY 10 / 22 / 2009
Mailing Address 324 Magnolia Avenue Sp. 18		<b>Transaction ID:</b> SA11AI.55936
City Lemoore	State CA	Zip Code 93245
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5275.00
<b>TOTAL</b> 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 146 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial) Marcia Weisz		Date of Receipt MM / DD / YYYY 11 / 09 / 2009
Mailing Address 324 Magnolia Avenue Spc. 18		<b>Transaction ID:</b> SA11AI.56716
City Lemoore	State CA Zip Code 93245	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Retired	Occupation Retired	Aggregate Year-to-Date ▼ 245.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Marcia Weisz		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
Mailing Address 324 Magnolia Avenue Spc. 18		<b>Transaction ID:</b> SA11AI.63959
City Lemoore	State CA Zip Code 93245	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Retired	Occupation Retired	Aggregate Year-to-Date ▼ 270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Charles Wendell		Date of Receipt MM / DD / YYYY 12 / 03 / 2009
Mailing Address P. O. Drawer 359		<b>Transaction ID:</b> SA11AI.64821
City Fayetteville	State WV Zip Code 25840	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer VIM, Inc.	Occupation CEO/CPA	Aggregate Year-to-Date ▼ 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1050.00
<b>TOTAL</b> 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 147 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Debra H. Widner

Mailing Address 6974 Madrid Avenue

City State Zip Code  
Jacksonville FL 32217

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

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
11 / 10 / 2009

**Transaction ID:** SA11AI.60102

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Jeff Wilcox

Mailing Address 2950 Ridgeview Road

City State Zip Code  
Caddo Mills TX 75135

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

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
09 / 14 / 2009

**Transaction ID:** SA11AI.45998

Amount of Each Receipt this Period  
500.00

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

Mailing Address 867 Main Street

City State Zip Code  
Gibbsland LA 71028

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

Name of Employer Requested Occupation Requested  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 03 / 2009

**Transaction ID:** SA11AI.53794

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

**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 148 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial) Carol Wilson		Date of Receipt MM / DD / YYYY 09 / 13 / 2009
Mailing Address 2197 Sutter View Lane		<b>Transaction ID:</b> SA11AI.45913
City Lincoln	State CA	Zip Code 95648
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

**B.**

Full Name (Last, First, Middle Initial) Carol Wilson		Date of Receipt MM / DD / YYYY 09 / 25 / 2009
Mailing Address 2197 Sutter View Lane		<b>Transaction ID:</b> SA11AI.48371
City Lincoln	State CA	Zip Code 95648
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

**C.**

Full Name (Last, First, Middle Initial) Carol Wilson		Date of Receipt MM / DD / YYYY 11 / 09 / 2009
Mailing Address 2197 Sutter View Lane		<b>Transaction ID:</b> SA11AI.56961
City Lincoln	State CA	Zip Code 95648
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>175.00</b>
<b>TOTAL</b> 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 149 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Carol Wilson

Mailing Address 2197 Sutter View Lane

City Lincoln State CA Zip Code 95648

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 ▼ 475.00

Date of Receipt 11 / 23 / 2009

Transaction ID: SA11AI.62580

Amount of Each Receipt this Period 50.00

**B.**

Full Name (Last, First, Middle Initial)  
Carol Wilson

Mailing Address 2197 Sutter View Lane

City Lincoln State CA Zip Code 95648

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 ▼ 525.00

Date of Receipt 12 / 29 / 2009

Transaction ID: SA11AI.65896

Amount of Each Receipt this Period 50.00

**C.**

Full Name (Last, First, Middle Initial)  
Maxine Wilson

Mailing Address 251 Hardwood Court

City Adairsville State GA Zip Code 30103

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 ▼ 331.08

Date of Receipt 07 / 04 / 2009

Transaction ID: SA11AI.43041

Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 125.00

**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 150 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Maxine Wilson

Mailing Address 251 Hardwood Court

City Adairsville State GA Zip Code 30103

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 ▼ 356.08

Date of Receipt 07 / 19 / 2009

**Transaction ID:** SA11AI.43120

Amount of Each Receipt this Period 25.00

**B.** Full Name (Last, First, Middle Initial)  
Maxine Wilson

Mailing Address 251 Hardwood Court

City Adairsville State GA Zip Code 30103

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 ▼ 381.08

Date of Receipt 08 / 22 / 2009

**Transaction ID:** SA11AI.43950

Amount of Each Receipt this Period 25.00

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

Mailing Address 251 Hardwood Court

City Adairsville State GA Zip Code 30103

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 ▼ 401.08

Date of Receipt 09 / 26 / 2009

**Transaction ID:** SA11AI.48565

Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... 70.00

**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 151 / 319  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Maxine Wilson

Mailing Address 251 Hardwood Court

City Adairsville State GA Zip Code 30103

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 ▼ 411.08

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 1 / 2 0 0 9

**Transaction ID:** SA11AI.52115

Amount of Each Receipt this Period 10.00

**B.**

Full Name (Last, First, Middle Initial)  
Maxine Wilson

Mailing Address 251 Hardwood Court

City Adairsville State GA Zip Code 30103

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 ▼ 436.08

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 9 / 2 0 0 9

**Transaction ID:** SA11AI.55071

Amount of Each Receipt this Period 25.00

**C.**

Full Name (Last, First, Middle Initial)  
Maxine Wilson

Mailing Address 251 Hardwood Court

City Adairsville State GA Zip Code 30103

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 ▼ 446.08

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 7 / 2 0 0 9

**Transaction ID:** SA11AI.64775

Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45.00

**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 152 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Amanda L. Windsor

Mailing Address 12506 Beauline Abbey

City State Zip Code  
Tomball TX 77377

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 ▼ 222.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2009

**Transaction ID:** SA11AI.48749

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
Dianne Zerby

Mailing Address 124 Mountain Road

City State Zip Code  
State College PA 16801

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

Name of Employer State of the Art, Inc. Occupation Laborer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 09 / 2009

**Transaction ID:** SA11AI.56685

Amount of Each Receipt this Period  
50.00

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

Mailing Address 124 Mountain Road

City State Zip Code  
State College PA 16801

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

Name of Employer State of the Art, Inc. Occupation Laborer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 23 / 2009

**Transaction ID:** SA11AI.62420

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **105.00**

**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 153 / 319  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Dianne Zerby  
 Mailing Address 124 Mountain Road  
 City State Zip Code  
 State College PA 16801  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 2 0 / 2 0 0 9  
**Transaction ID:** SA11AI.65558  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State of the Art, Inc. Occupation Laborer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

**B.** Full Name (Last, First, Middle Initial)  
Richard Zimmerman  
 Mailing Address 1778 Detour Road  
 City State Zip Code  
 Franklin Grove IL 61031  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 2 / 2 0 0 9  
**Transaction ID:** SA11AI.59366  
 Amount of Each Receipt this Period  
 25.00  
 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 ▼ 225.00

**C.** Full Name (Last, First, Middle Initial)  
Richard Zimmerman  
 Mailing Address 1778 Detour Road  
 City State Zip Code  
 Franklin Grove IL 61031  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 5 / 2 0 0 9  
**Transaction ID:** SA11AI.65023  
 Amount of Each Receipt this Period  
 25.00  
 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 ▼ 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00  
**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 154 / 319  
(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)  
HUCK PAC

A.

Full Name (Last, First, Middle Initial) Richard Zimmerman		Date of Receipt	
Mailing Address 1778 Detour Road		M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 9	
City	State	Zip Code	Transaction ID: SA11AI.64760
Franklin Grove	IL	61031	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		50.00	
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) .....	50.00
TOTAL This Period (last page this line number only) .....	138980.34

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

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

FOR LINE NUMBER: PAGE 155 / 319  
(check only one)

11a  11b  11c  12  
 13  14  15  16  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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
SACRAMENTO VALLEY LINCOLN CLUB FEDERAL

Mailing Address 2150 RIVER PLAZA DR #150

City State Zip Code  
SACRAMENTO CA 95833

FEC ID number of contributing federal political committee. **C** C00377051

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 18 / 2009

Transaction ID: SA11C.67344

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)  
SACRAMENTO VALLEY LINCOLN CLUB FEDERAL

Mailing Address 2150 RIVER PLAZA DR #150

City State Zip Code  
SACRAMENTO CA 95833

FEC ID number of contributing federal political committee. **C** C00377051

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 16 / 2009

Transaction ID: SA11C.67346

Amount of Each Receipt this Period

2500.00

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

5000.00

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

5000.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 156 / 319  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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)  
HUCK PAC

A.

Full Name (Last, First, Middle Initial)  
Oklahoma Christian University

Mailing Address 2501 E. Memorial Road

City	State	Zip Code
Edmond	OK	73013

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

Name of Employer	Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
544.70

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 8 / 1 2 / 2 0 0 9

Transaction ID: SA15.56374

Amount of Each Receipt this Period  
544.70

Travel Reimbursement

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	544.70
<b>TOTAL</b> This Period (last page this line number only) .....	▶	544.70

# 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 157 / 319

<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)  
HUCK PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Accu Graphics</p> <p>Mailing Address P.O. Box 7230</p> <p>City State Zip Code Texarkana TX 75505</p> <p>Purpose of Disbursement Printing Expense - Business Cards</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.63539</p> <p>Date of Disbursement 12 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 316.27</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) America Direct, Inc.</p> <p>Mailing Address 1272 Corporate Park Drive Second Floor</p> <p>City State Zip Code Forest VA 24551</p> <p>Purpose of Disbursement Direct Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.63081</p> <p>Date of Disbursement 11 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 6789.96</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Apptix DBA MailStreet</p> <p>Mailing Address Dept. CH19172</p> <p>City State Zip Code Palatine IL 60055</p> <p>Purpose of Disbursement Blackberry Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42727</p> <p>Date of Disbursement 07 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 183.40</p>

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

7289.63

**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 158 / 319

<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Apptix DBA MailStreet	Transaction ID: SB21B.42724
	Mailing Address Dept. CH19172	Date of Disbursement MM / DD / YYYY 08 / 20 / 2009
	City Palatine State IL Zip Code 60055	Amount of Each Disbursement this Period 183.40
	Purpose of Disbursement Blackberry Service	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Apptix DBA MailStreet	Transaction ID: SB21B.42725
	Mailing Address Dept. CH19172	Date of Disbursement MM / DD / YYYY 09 / 24 / 2009
	City Palatine State IL Zip Code 60055	Amount of Each Disbursement this Period 133.37
	Purpose of Disbursement Blackberry Service	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Apptix DBA MailStreet	Transaction ID: SB21B.42726
	Mailing Address Dept. CH19172	Date of Disbursement MM / DD / YYYY 10 / 15 / 2009
	City Palatine State IL Zip Code 60055	Amount of Each Disbursement this Period 133.37
	Purpose of Disbursement Blackberry Service	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	450.14
<b>TOTAL</b> 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 159 / 319

<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Apptix DBA MailStreet	Transaction ID: SB21B.63078 Date of Disbursement
	Mailing Address Dept. CH19172	<input type="text" value="11"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Palatine State IL Zip Code 60055	Amount of Each Disbursement this Period
	Purpose of Disbursement Blackberry Service	<input type="text" value="133.37"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Apptix DBA MailStreet	Transaction ID: SB21B.63550 Date of Disbursement
	Mailing Address Dept. CH19172	<input type="text" value="12"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Palatine State IL Zip Code 60055	Amount of Each Disbursement this Period
	Purpose of Disbursement Blackberry Service	<input type="text" value="133.37"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB21B.42706 Date of Disbursement
	Mailing Address P.O. Box 650661	<input type="text" value="07"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Dallas State TX Zip Code 75265	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Service	<input type="text" value="244.25"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="510.99"/>
<b>TOTAL</b> 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)

PAGE 160 / 319

<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB21B.42709
	Mailing Address P.O. Box 650661	Date of Disbursement 08 / 10 / 2009
	City Dallas State TX Zip Code 75265	Amount of Each Disbursement this Period 260.40
	Purpose of Disbursement Telephone Service Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB21B.42711
	Mailing Address P.O. Box 650661	Date of Disbursement 09 / 09 / 2009
	City Dallas State TX Zip Code 75265	Amount of Each Disbursement this Period 230.47
	Purpose of Disbursement Telephone Service Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB21B.42714
	Mailing Address P.O. Box 650661	Date of Disbursement 10 / 13 / 2009
	City Dallas State TX Zip Code 75265	Amount of Each Disbursement this Period 390.73
	Purpose of Disbursement Telephone Service Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

881.60

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 161 / 319

<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB21B.42716 Date of Disbursement
	Mailing Address P.O. Box 650661	<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City Dallas State TX Zip Code 75265	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Service Candidate Name	<input type="text" value="290.98"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB21B.63536 Date of Disbursement
	Mailing Address P.O. Box 650661	<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City Dallas State TX Zip Code 75265	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Service Candidate Name	<input type="text" value="291.22"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: SB21B.42708 Date of Disbursement
	Mailing Address P.O. Box 6463	<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City Carol Stream State IL Zip Code 60197	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Service Candidate Name	<input type="text" value="676.60"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1258.80"/>
<b>TOTAL</b> 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)

PAGE 162 / 319

<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)  
HUCK PAC

<b>A.</b> Full Name (Last, First, Middle Initial) AT&T Mobility Mailing Address P.O. Box 6463 City Carol Stream State IL Zip Code 60197 Purpose of Disbursement Telephone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.42710 Date of Disbursement 08 / 20 / 2009
	Amount of Each Disbursement this Period 405.55

<b>B.</b> Full Name (Last, First, Middle Initial) AT&T Mobility Mailing Address P.O. Box 6463 City Carol Stream State IL Zip Code 60197 Purpose of Disbursement Telephone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.42712 Date of Disbursement 09 / 21 / 2009
	Amount of Each Disbursement this Period 713.42

<b>C.</b> Full Name (Last, First, Middle Initial) AT&T Mobility Mailing Address P.O. Box 6463 City Carol Stream State IL Zip Code 60197 Purpose of Disbursement Telephone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.42715 Date of Disbursement 10 / 15 / 2009
	Amount of Each Disbursement this Period 411.27

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

1530.24

**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 163 / 319

<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)  
HUCK PAC

<b>A.</b> Full Name (Last, First, Middle Initial) AT&T Mobility Mailing Address P.O. Box 6463 City Carol Stream State IL Zip Code 60197 Purpose of Disbursement Telephone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.60778 Date of Disbursement 11 / 17 / 2009
	Amount of Each Disbursement this Period 410.25 Category/Type

<b>B.</b> Full Name (Last, First, Middle Initial) AT&T Mobility Mailing Address P.O. Box 6463 City Carol Stream State IL Zip Code 60197 Purpose of Disbursement Telephone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.63554 Date of Disbursement 12 / 17 / 2009
	Amount of Each Disbursement this Period 410.31 Category/Type

<b>C.</b> Full Name (Last, First, Middle Initial) Capitol Resources, Inc. Mailing Address 3213 Duke Street #672 City Alexandria State VA Zip Code 22314 Purpose of Disbursement Telemarketing - PAC Fundraising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.67331 Date of Disbursement 07 / 05 / 2009
	Amount of Each Disbursement this Period 2368.90 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3189.46
<b>TOTAL</b> 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)

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<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Capitol Resources, Inc.	Transaction ID: SB21B.67332 Date of Disbursement
	Mailing Address 3213 Duke Street #672	<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement Telemarketing - PAC Fundraising	<input type="text" value="187.24"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Capitol Resources, Inc.	Transaction ID: SB21B.67333 Date of Disbursement
	Mailing Address 3213 Duke Street #672	<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement Telemarketing - PAC Fundraising	<input type="text" value="70.07"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Capitol Resources, Inc.	Transaction ID: SB21B.67334 Date of Disbursement
	Mailing Address 3213 Duke Street #672	<input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement Telemarketing - PAC Fundraising	<input type="text" value="1669.84"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1927.15"/>
<b>TOTAL</b> 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)

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<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)  
HUCK PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Capitol Resources, Inc. <hr/> Mailing Address 3213 Duke Street #672 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Telemarketing - PAC Fundraising Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.67335 Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2009
	Amount of Each Disbursement this Period 1647.96

<b>B.</b> Full Name (Last, First, Middle Initial) Capitol Resources, Inc. <hr/> Mailing Address 3213 Duke Street #672 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Telemarketing - PAC Fundraising Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.67336 Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2009
	Amount of Each Disbursement this Period 2726.00

<b>C.</b> Full Name (Last, First, Middle Initial) Capitol Resources, Inc. <hr/> Mailing Address 3213 Duke Street #672 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Telemarketing - PAC Fundraising Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.67337 Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2009
	Amount of Each Disbursement this Period 1247.61

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5621.57
<b>TOTAL</b> 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)

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<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)  
HUCK PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Capitol Resources, Inc.</p> <p>Mailing Address 3213 Duke Street #672</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Telemarketing - PAC Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.67338</p> <p>Date of Disbursement 10 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 2320.30</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Capitol Resources, Inc.</p> <p>Mailing Address 3213 Duke Street #672</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Telemarketing - PAC Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.67339</p> <p>Date of Disbursement 11 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 2196.09</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Capitol Resources, Inc.</p> <p>Mailing Address 3213 Duke Street #672</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Telemarketing - PAC Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.67340</p> <p>Date of Disbursement 11 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1306.48</p>

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

5822.87

**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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Capitol Resources, Inc.	Transaction ID: SB21B.67341 Date of Disbursement
	Mailing Address 3213 Duke Street #672	<input type="text" value="12"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement Telemarketing - PAC Fundraising	<input type="text" value="2286.12"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Capitol Resources, Inc.	Transaction ID: SB21B.67342 Date of Disbursement
	Mailing Address 3213 Duke Street #672	<input type="text" value="12"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement Telemarketing - PAC Fundraising	<input type="text" value="177.87"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ccAdvertising	Transaction ID: SB21B.42731 Date of Disbursement
	Mailing Address 13800 Coppermine Road	<input type="text" value="07"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising Survey	<input type="text" value="3750.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6213.99"/>
<b>TOTAL</b> 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)

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<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)  
HUCK PAC

<b>A.</b> Full Name (Last, First, Middle Initial) ccAdvertising Mailing Address 13800 Coppermine Road City Herndon State VA Zip Code 20171 Purpose of Disbursement Fundraising Survey Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.42732 Date of Disbursement 07 / 16 / 2009
	Amount of Each Disbursement this Period 356.97
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) ccAdvertising Mailing Address 13800 Coppermine Road City Herndon State VA Zip Code 20171 Purpose of Disbursement Fundraising Survey Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.56282 Date of Disbursement 09 / 24 / 2009
	Amount of Each Disbursement this Period 5000.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) ccAdvertising Mailing Address 13800 Coppermine Road City Herndon State VA Zip Code 20171 Purpose of Disbursement Fundraising Survey Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.42737 Date of Disbursement 10 / 01 / 2009
	Amount of Each Disbursement this Period 5000.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10356.97
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty)

**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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) ccAdvertising	Transaction ID: SB21B.42738
	Mailing Address 13800 Coppermine Road	Date of Disbursement 10 / 15 / 2009
	City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Fundraising Survey	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) ccAdvertising	Transaction ID: SB21B.63555
	Mailing Address 13800 Coppermine Road	Date of Disbursement 12 / 17 / 2009
	City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Fundraising Survey	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Judith A. Crouch	Transaction ID: SB21B.42776
	Mailing Address 59 Belmont Drive	Date of Disbursement 07 / 15 / 2009
	City Little Rock State AR Zip Code 72204	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Payroll	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	12000.00
<b>TOTAL</b> 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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Judith A. Crouch	Transaction ID: SB21B.42782 Date of Disbursement 07 / 31 / 2009
	Mailing Address 59 Belmont Drive	Amount of Each Disbursement this Period 2000.00
	City Little Rock State AR Zip Code 72204	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Judith A. Crouch	Transaction ID: SB21B.42788 Date of Disbursement 08 / 15 / 2009
	Mailing Address 59 Belmont Drive	Amount of Each Disbursement this Period 2000.00
	City Little Rock State AR Zip Code 72204	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Judith A. Crouch	Transaction ID: SB21B.42795 Date of Disbursement 09 / 01 / 2009
	Mailing Address 59 Belmont Drive	Amount of Each Disbursement this Period 2000.00
	City Little Rock State AR Zip Code 72204	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> 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 171 / 319

<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Judith A. Crouch  Mailing Address 59 Belmont Drive  City Little Rock State AR Zip Code 72204  Purpose of Disbursement Payroll Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.42803 Date of Disbursement 09 / 15 / 2009	Amount of Each Disbursement this Period 2000.00
B.	Full Name (Last, First, Middle Initial) Judith A. Crouch  Mailing Address 59 Belmont Drive  City Little Rock State AR Zip Code 72204  Purpose of Disbursement Payroll Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.42809 Date of Disbursement 10 / 01 / 2009	Amount of Each Disbursement this Period 2000.00
C.	Full Name (Last, First, Middle Initial) Judith A. Crouch  Mailing Address 59 Belmont Drive  City Little Rock State AR Zip Code 72204  Purpose of Disbursement Payroll Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.42815 Date of Disbursement 10 / 15 / 2009	Amount of Each Disbursement this Period 2000.00

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

6000.00

**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 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)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Judith A. Crouch</p> <p>Mailing Address 59 Belmont Drive</p> <p>City Little Rock State AR Zip Code 72204</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42826</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Judith A. Crouch</p> <p>Mailing Address 59 Belmont Drive</p> <p>City Little Rock State AR Zip Code 72204</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.60767</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Judith A. Crouch</p> <p>Mailing Address 59 Belmont Drive</p> <p>City Little Rock State AR Zip Code 72204</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.63087</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2480.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6480.00"/>
<b>TOTAL</b> 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)

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<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Judith A. Crouch	Transaction ID: SB21B.63558 Date of Disbursement 12 / 15 / 2009
	Mailing Address 59 Belmont Drive	Amount of Each Disbursement this Period 2000.00
	City Little Rock State AR Zip Code 72204	
	Purpose of Disbursement Payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Judith A. Crouch	Transaction ID: SB21B.65284 Date of Disbursement 12 / 31 / 2009
	Mailing Address 59 Belmont Drive	Amount of Each Disbursement this Period 2000.00
	City Little Rock State AR Zip Code 72204	
	Purpose of Disbursement Payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Delta Trust & Bank	Transaction ID: SB21B.42775 Date of Disbursement 10 / 08 / 2009
	Mailing Address 11700 Cantrell Road	Amount of Each Disbursement this Period 5.00
	City Little Rock State AR Zip Code 72222	
	Purpose of Disbursement Bank Charges	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4005.00
<b>TOTAL</b> 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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Delta Trust & Bank  Mailing Address 11700 Cantrell Road  City Little Rock State AR Zip Code 72222  Purpose of Disbursement Bank Charges Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.63135 Date of Disbursement 11 / 04 / 2009  Amount of Each Disbursement this Period 5.00  Category/Type
B.	Full Name (Last, First, Middle Initial) Wendy Dooley  Mailing Address 19 Deerwood Drive  City Conway State AR Zip Code 72034  Purpose of Disbursement Payroll Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.42777 Date of Disbursement 07 / 15 / 2009  Amount of Each Disbursement this Period 1450.00  Category/Type
C.	Full Name (Last, First, Middle Initial) Wendy Dooley  Mailing Address 19 Deerwood Drive  City Conway State AR Zip Code 72034  Purpose of Disbursement Payroll Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.42783 Date of Disbursement 07 / 31 / 2009  Amount of Each Disbursement this Period 1450.00  Category/Type

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

2905.00

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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Wendy Dooley	Transaction ID: SB21B.42789
	Mailing Address 19 Deerwood Drive	Date of Disbursement MM / DD / YYYY 08 / 15 / 2009
	City Conway State AR Zip Code 72034	Amount of Each Disbursement this Period 1450.00
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Wendy Dooley	Transaction ID: SB21B.42797
	Mailing Address 19 Deerwood Drive	Date of Disbursement MM / DD / YYYY 09 / 01 / 2009
	City Conway State AR Zip Code 72034	Amount of Each Disbursement this Period 1450.00
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kristin Dulin	Transaction ID: SB21B.42790
	Mailing Address 629 St. James Place	Date of Disbursement MM / DD / YYYY 08 / 15 / 2009
	City Coppell State TX Zip Code 75019	Amount of Each Disbursement this Period 1250.00
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	4150.00
<b>TOTAL</b> 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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Kristin Dulin	Transaction ID: SB21B.42798 Date of Disbursement 09 / 01 / 2009
	Mailing Address 629 St. James Place	Amount of Each Disbursement this Period 1250.00
	City Coppel State TX Zip Code 75019	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kristin Dulin	Transaction ID: SB21B.42804 Date of Disbursement 09 / 15 / 2009
	Mailing Address 629 St. James Place	Amount of Each Disbursement this Period 1250.00
	City Coppel State TX Zip Code 75019	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kristin Dulin	Transaction ID: SB21B.42810 Date of Disbursement 09 / 30 / 2009
	Mailing Address 629 St. James Place	Amount of Each Disbursement this Period 1250.00
	City Coppel State TX Zip Code 75019	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3750.00
<b>TOTAL</b> 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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Kristin Dulin	Transaction ID: SB21B.42816 Date of Disbursement
	Mailing Address 629 St. James Place	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Coppel State TX Zip Code 75019	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="1250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Kristin Dulin	Transaction ID: SB21B.42827 Date of Disbursement
	Mailing Address 629 St. James Place	<input type="text" value="10"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Coppel State TX Zip Code 75019	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="1250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Kristin Dulin	Transaction ID: SB21B.60768 Date of Disbursement
	Mailing Address 629 St. James Place	<input type="text" value="11"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Coppel State TX Zip Code 75019	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="1250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3750.00"/>
<b>TOTAL</b> 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)

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<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)  
HUCK PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Kristin Dulin  Mailing Address 629 St. James Place  City Coppel State TX Zip Code 75019  Purpose of Disbursement Payroll Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.63088 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 9	Amount of Each Disbursement this Period 1550.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Kristin Dulin  Mailing Address 629 St. James Place  City Coppel State TX Zip Code 75019  Purpose of Disbursement Payroll Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.63559 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 9	Amount of Each Disbursement this Period 1250.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Kristin Dulin  Mailing Address 629 St. James Place  City Coppel State TX Zip Code 75019  Purpose of Disbursement Payroll Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.65285 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 9	Amount of Each Disbursement this Period 1250.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4050.00
<b>TOTAL</b> 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 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)  
HUCK PAC

<b>A.</b> Full Name (Last, First, Middle Initial) First Tape & Label Mailing Address 1810 Gilliland City Texarkana State AR Zip Code 75504 Purpose of Disbursement Printing Expense - PAC Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.60782 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period 960.52 Category/Type

<b>B.</b> Full Name (Last, First, Middle Initial) GSL Solutions, Inc. Mailing Address 1411 N. Westshore Boulevard Suite 204 City Tampa State FL Zip Code 33607 Purpose of Disbursement Web Development/Hosting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.56450 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 Category/Type

<b>C.</b> Full Name (Last, First, Middle Initial) GSL Solutions, Inc. Mailing Address 1411 N. Westshore Boulevard Suite 204 City Tampa State FL Zip Code 33607 Purpose of Disbursement Web Development/Hosting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.56451 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3960.52
<b>TOTAL</b> 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)

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<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) GSL Solutions, Inc.	Transaction ID: SB21B.56452 Date of Disbursement
	Mailing Address 1411 N. Westshore Boulevard Suite 204	<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Tampa State FL Zip Code 33607	Amount of Each Disbursement this Period
	Purpose of Disbursement Web Development/Hosting	<input type="text" value="2903.91"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GSL Solutions, Inc.	Transaction ID: SB21B.56453 Date of Disbursement
	Mailing Address 1411 N. Westshore Boulevard Suite 204	<input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City Tampa State FL Zip Code 33607	Amount of Each Disbursement this Period
	Purpose of Disbursement Web Development/Hosting	<input type="text" value="1500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) GSL Solutions, Inc.	Transaction ID: SB21B.56454 Date of Disbursement
	Mailing Address 1411 N. Westshore Boulevard Suite 204	<input type="text" value="08"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City Tampa State FL Zip Code 33607	Amount of Each Disbursement this Period
	Purpose of Disbursement Web Development/Hosting	<input type="text" value="1500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5903.91"/>
<b>TOTAL</b> 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)

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<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) GSL Solutions, Inc.	Transaction ID: SB21B.56455 Date of Disbursement 09 / 03 / 2009
	Mailing Address 1411 N. Westshore Boulevard Suite 204 City Tampa State FL Zip Code 33607 Purpose of Disbursement Web Development/Hosting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 1668.28

B.	Full Name (Last, First, Middle Initial) GSL Solutions, Inc.	Transaction ID: SB21B.56456 Date of Disbursement 09 / 24 / 2009
	Mailing Address 1411 N. Westshore Boulevard Suite 204 City Tampa State FL Zip Code 33607 Purpose of Disbursement Web Development/Hosting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 1000.00

C.	Full Name (Last, First, Middle Initial) GSL Solutions, Inc.	Transaction ID: SB21B.56457 Date of Disbursement 10 / 01 / 2009
	Mailing Address 1411 N. Westshore Boulevard Suite 204 City Tampa State FL Zip Code 33607 Purpose of Disbursement Web Development/Hosting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 1000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3668.28</b>
<b>TOTAL</b> 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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) GSL Solutions, Inc.	Transaction ID: SB21B.56458 Date of Disbursement 10 / 15 / 2009
	Mailing Address 1411 N. Westshore Boulevard Suite 204	Amount of Each Disbursement this Period 1500.00
	City Tampa State FL Zip Code 33607	
	Purpose of Disbursement Web Development/Hosting	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) GSL Solutions, Inc.	Transaction ID: SB21B.56459 Date of Disbursement 10 / 29 / 2009
	Mailing Address 1411 N. Westshore Boulevard Suite 204	Amount of Each Disbursement this Period 1184.42
	City Tampa State FL Zip Code 33607	
	Purpose of Disbursement Web Development/Hosting	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) GSL Solutions, Inc.	Transaction ID: SB21B.56460 Date of Disbursement 10 / 29 / 2009
	Mailing Address 1411 N. Westshore Boulevard Suite 204	Amount of Each Disbursement this Period 1302.42
	City Tampa State FL Zip Code 33607	
	Purpose of Disbursement Web Development/Hosting	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3986.84</b>
<b>TOTAL</b> 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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) GSL Solutions, Inc.	Transaction ID: SB21B.60779 Date of Disbursement
	Mailing Address 1411 N. Westshore Boulevard Suite 204	<input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City Tampa State FL Zip Code 33607	Amount of Each Disbursement this Period
	Purpose of Disbursement Web Development/Hosting	<input type="text" value="3933.99"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GSL Solutions, Inc.	Transaction ID: SB21B.63076 Date of Disbursement
	Mailing Address 1411 N. Westshore Boulevard Suite 204	<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City Tampa State FL Zip Code 33607	Amount of Each Disbursement this Period
	Purpose of Disbursement Web Development/Hosting	<input type="text" value="4949.80"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) GSL Solutions, Inc.	Transaction ID: SB21B.63538 Date of Disbursement
	Mailing Address 1411 N. Westshore Boulevard Suite 204	<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City Tampa State FL Zip Code 33607	Amount of Each Disbursement this Period
	Purpose of Disbursement Web Development/Hosting	<input type="text" value="3489.07"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="12372.86"/>
<b>TOTAL</b> 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)

PAGE 184 / 319

<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Katherine E. Harris	Transaction ID: SB21B.42778 Date of Disbursement 07 / 15 / 2009
	Mailing Address 3226 Stonepine	Amount of Each Disbursement this Period 1166.67
	City Bryant State AR Zip Code 72022	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Katherine E. Harris	Transaction ID: SB21B.42833 Date of Disbursement 07 / 16 / 2009
	Mailing Address 3226 Stonepine	Amount of Each Disbursement this Period 120.53
	City Bryant State AR Zip Code 72022	
	Purpose of Disbursement Health & Dental Insurance Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Katherine E. Harris	Transaction ID: SB21B.42784 Date of Disbursement 07 / 31 / 2009
	Mailing Address 3226 Stonepine	Amount of Each Disbursement this Period 1166.67
	City Bryant State AR Zip Code 72022	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2453.87
<b>TOTAL</b> 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 185 / 319

<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Katherine E. Harris	Transaction ID: SB21B.42834 Date of Disbursement 08 / 13 / 2009
	Mailing Address 3226 Stonepine	Amount of Each Disbursement this Period 120.53
	City Bryant State AR Zip Code 72022	
	Purpose of Disbursement Health & Dental Insurance Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Katherine E. Harris	Transaction ID: SB21B.42791 Date of Disbursement 08 / 15 / 2009
	Mailing Address 3226 Stonepine	Amount of Each Disbursement this Period 1166.67
	City Bryant State AR Zip Code 72022	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Katherine E. Harris	Transaction ID: SB21B.42799 Date of Disbursement 09 / 01 / 2009
	Mailing Address 3226 Stonepine	Amount of Each Disbursement this Period 1166.67
	City Bryant State AR Zip Code 72022	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2453.87
<b>TOTAL</b> 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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Katherine E. Harris	Transaction ID: SB21B.42835
	Mailing Address 3226 Stonepine	Date of Disbursement 09 / 09 / 2009
	City Bryant State AR Zip Code 72022	Amount of Each Disbursement this Period 120.53
	Purpose of Disbursement Health & Dental Insurance Reimbursement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Katherine E. Harris	Transaction ID: SB21B.42805
	Mailing Address 3226 Stonepine	Date of Disbursement 09 / 15 / 2009
	City Bryant State AR Zip Code 72022	Amount of Each Disbursement this Period 1166.67
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Katherine E. Harris	Transaction ID: SB21B.42811
	Mailing Address 3226 Stonepine	Date of Disbursement 10 / 01 / 2009
	City Bryant State AR Zip Code 72022	Amount of Each Disbursement this Period 1166.67
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2453.87
<b>TOTAL</b> 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 187 / 319

<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Katherine E. Harris	Transaction ID: SB21B.42817
	Mailing Address 3226 Stonepine	Date of Disbursement 10 / 15 / 2009
	City Bryant State AR Zip Code 72022	Amount of Each Disbursement this Period 1166.67
	Purpose of Disbursement Payroll	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Katherine E. Harris	Transaction ID: SB21B.42836
	Mailing Address 3226 Stonepine	Date of Disbursement 10 / 15 / 2009
	City Bryant State AR Zip Code 72022	Amount of Each Disbursement this Period 120.53
	Purpose of Disbursement Health & Dental Insurance Reimbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Katherine E. Harris	Transaction ID: SB21B.42828
	Mailing Address 3226 Stonepine	Date of Disbursement 10 / 30 / 2009
	City Bryant State AR Zip Code 72022	Amount of Each Disbursement this Period 1166.67
	Purpose of Disbursement Payroll	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2453.87
<b>TOTAL</b> 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 188 / 319

<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Katherine E. Harris	Transaction ID: SB21B.60769 Date of Disbursement																			
	Mailing Address 3226 Stonepine	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	3	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	1	3	/	2	0	0	9												
	City State Zip Code Bryant AR 72022	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Payroll	<table border="1"><tr><td>1166.67</td></tr></table>	1166.67																		
1166.67																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Katherine E. Harris	Transaction ID: SB21B.60785 Date of Disbursement																			
	Mailing Address 3226 Stonepine	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>1</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	7	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	1	7	/	2	0	0	9												
	City State Zip Code Bryant AR 72022	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Health & Dental Insurance Reimbursement	<table border="1"><tr><td>120.53</td></tr></table>	120.53																		
120.53																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Katherine E. Harris	Transaction ID: SB21B.63089 Date of Disbursement																			
	Mailing Address 3226 Stonepine	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	1	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	0	1	/	2	0	0	9												
	City State Zip Code Bryant AR 72022	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Payroll	<table border="1"><tr><td>1446.67</td></tr></table>	1446.67																		
1446.67																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>2733.87</td></tr></table>	2733.87
2733.87		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

**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 189 / 319

<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Katherine E. Harris	Transaction ID: SB21B.63553 Date of Disbursement 12 / 10 / 2009
	Mailing Address 3226 Stonepine	Amount of Each Disbursement this Period 120.53
	City Bryant State AR Zip Code 72022	
	Purpose of Disbursement Health & Dental Insurance Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Katherine E. Harris	Transaction ID: SB21B.63560 Date of Disbursement 12 / 15 / 2009
	Mailing Address 3226 Stonepine	Amount of Each Disbursement this Period 1166.67
	City Bryant State AR Zip Code 72022	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Katherine E. Harris	Transaction ID: SB21B.65287 Date of Disbursement 12 / 31 / 2009
	Mailing Address 3226 Stonepine	Amount of Each Disbursement this Period 1166.67
	City Bryant State AR Zip Code 72022	
	Purpose of Disbursement Credit Card Processing Fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2453.87
<b>TOTAL</b> 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 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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Holtzman Vogel, PLLC

Mailing Address 98 Alexandria Pike  
Suite 53

City Warrenton State VA Zip Code 20186

Purpose of Disbursement Consulting - Legal

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** SB21B.42644  
**Date of Disbursement:** 07 / 05 / 2009

Amount of Each Disbursement this Period: 654.83

Category/Type

**B.**

Full Name (Last, First, Middle Initial)  
Holtzman Vogel, PLLC

Mailing Address 98 Alexandria Pike  
Suite 53

City Warrenton State VA Zip Code 20186

Purpose of Disbursement Consulting - Legal

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** SB21B.42646  
**Date of Disbursement:** 07 / 23 / 2009

Amount of Each Disbursement this Period: 587.50

Category/Type

**C.**

Full Name (Last, First, Middle Initial)  
Holtzman Vogel, PLLC

Mailing Address 98 Alexandria Pike  
Suite 53

City Warrenton State VA Zip Code 20186

Purpose of Disbursement Consulting - Legal

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** SB21B.42648  
**Date of Disbursement:** 08 / 27 / 2009

Amount of Each Disbursement this Period: 1860.00

Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **3102.33**

**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 191 / 319

<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Holtzman Vogel, PLLC	Transaction ID: SB21B.42649 Date of Disbursement 09 / 24 / 2009
	Mailing Address 98 Alexandria Pike Suite 53	
	City Warrenton State VA Zip Code 20186	Amount of Each Disbursement this Period 970.00
	Purpose of Disbursement Consulting - Legal Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Holtzman Vogel, PLLC	Transaction ID: SB21B.42650 Date of Disbursement 10 / 29 / 2009
	Mailing Address 98 Alexandria Pike Suite 53	
	City Warrenton State VA Zip Code 20186	Amount of Each Disbursement this Period 2590.00
	Purpose of Disbursement Consulting - Legal Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Holtzman Vogel, PLLC	Transaction ID: SB21B.63548 Date of Disbursement 12 / 17 / 2009
	Mailing Address 98 Alexandria Pike Suite 53	
	City Warrenton State VA Zip Code 20186	Amount of Each Disbursement this Period 702.75
	Purpose of Disbursement Consulting - Legal Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4262.75
<b>TOTAL</b> 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 192 / 319

<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Holtzman Vogel, PLLC	Transaction ID: SB21B.63549 Date of Disbursement 12 / 17 / 2009
	Mailing Address 98 Alexandria Pike Suite 53	Amount of Each Disbursement this Period 321.25
	City Warrenton State VA Zip Code 20186	
	Purpose of Disbursement Consulting - Legal	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mike Huckabee	Transaction ID: SB21B.42858 Date of Disbursement 07 / 30 / 2009
	Mailing Address 1134 Silverwood Trail	Amount of Each Disbursement this Period 352.86
	City North Little Rock State AR Zip Code 72116	
	Purpose of Disbursement Travel Reimbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sarah Huckabee	Transaction ID: SB21B.42779 Date of Disbursement 07 / 15 / 2009
	Mailing Address 703 Cedar Ridge Drive	Amount of Each Disbursement this Period 2250.00
	City Little Rock State AR Zip Code 72211	
	Purpose of Disbursement Payroll	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2924.11
<b>TOTAL</b> 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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Sarah Huckabee	Transaction ID: SB21B.42785 Date of Disbursement 07 / 31 / 2009
	Mailing Address 703 Cedar Ridge Drive	
	City Little Rock State AR Zip Code 72211	Amount of Each Disbursement this Period 2250.00
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Sarah Huckabee	Transaction ID: SB21B.42792 Date of Disbursement 08 / 15 / 2009
	Mailing Address 703 Cedar Ridge Drive	
	City Little Rock State AR Zip Code 72211	Amount of Each Disbursement this Period 2250.00
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sarah Huckabee	Transaction ID: SB21B.42800 Date of Disbursement 09 / 01 / 2009
	Mailing Address 703 Cedar Ridge Drive	
	City Little Rock State AR Zip Code 72211	Amount of Each Disbursement this Period 2250.00
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6750.00</b>
<b>TOTAL</b> 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 194 / 319

<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) HUCK PAC
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A.	Full Name (Last, First, Middle Initial) Sarah Huckabee	Transaction ID: SB21B.42806 Date of Disbursement
	Mailing Address 703 Cedar Ridge Drive	<input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Little Rock State AR Zip Code 72211	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="2250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Sarah Huckabee	Transaction ID: SB21B.42812 Date of Disbursement
	Mailing Address 703 Cedar Ridge Drive	<input type="text" value="10"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Little Rock State AR Zip Code 72211	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="2250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sarah Huckabee	Transaction ID: SB21B.42818 Date of Disbursement
	Mailing Address 703 Cedar Ridge Drive	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Little Rock State AR Zip Code 72211	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="2250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) .....	<input type="text" value="6750.00"/>
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)

PAGE 195 / 319

<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Sarah Huckabee	Transaction ID: SB21B.42932 Date of Disbursement 10 / 29 / 2009
	Mailing Address 703 Cedar Ridge Drive	Amount of Each Disbursement this Period 105.00
	City Little Rock State AR Zip Code 72211	
	Purpose of Disbursement Travel Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	
B.	Full Name (Last, First, Middle Initial) Sarah Huckabee	Transaction ID: SB21B.42829 Date of Disbursement 10 / 30 / 2009
	Mailing Address 703 Cedar Ridge Drive	Amount of Each Disbursement this Period 2250.00
	City Little Rock State AR Zip Code 72211	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	
C.	Full Name (Last, First, Middle Initial) Sarah Huckabee	Transaction ID: SB21B.60770 Date of Disbursement 11 / 13 / 2009
	Mailing Address 703 Cedar Ridge Drive	Amount of Each Disbursement this Period 2250.00
	City Little Rock State AR Zip Code 72211	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

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

4605.00

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 196 / 319

<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)  
HUCK PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Sarah Huckabee</p> <hr/> <p>Mailing Address 703 Cedar Ridge Drive</p> <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Little Rock</td> <td style="width: 33%;">State AR</td> <td style="width: 33%;">Zip Code 72211</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 50%;">Purpose of Disbursement Payroll</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Candidate Name</td> <td style="text-align: center;">Category/ Type</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width: 33%;">Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> <td style="width: 33%;"></td> </tr> <tr> <td>State: _____</td> <td>District: _____</td> <td></td> </tr> </table>	City Little Rock	State AR	Zip Code 72211	Purpose of Disbursement Payroll	<input type="checkbox"/>	Candidate Name	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: _____	District: _____		<p><b>Transaction ID:</b> SB21B.63090</p> <p>Date of Disbursement</p> <table style="width: 100%;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 2 / 0 1 / 2 0 0 9</td> </tr> </table> <hr/> <p>Amount of Each Disbursement this Period</p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; padding: 5px;">2790.00</td> </tr> </table>	M M / D D / Y Y Y Y	1 2 / 0 1 / 2 0 0 9	2790.00
City Little Rock	State AR	Zip Code 72211															
Purpose of Disbursement Payroll	<input type="checkbox"/>																
Candidate Name	Category/ Type																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																
State: _____	District: _____																
M M / D D / Y Y Y Y																	
1 2 / 0 1 / 2 0 0 9																	
2790.00																	
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Sarah Huckabee</p> <hr/> <p>Mailing Address 703 Cedar Ridge Drive</p> <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Little Rock</td> <td style="width: 33%;">State AR</td> <td style="width: 33%;">Zip Code 72211</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 50%;">Purpose of Disbursement Payroll</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Candidate Name</td> <td style="text-align: center;">Category/ Type</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width: 33%;">Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> <td style="width: 33%;"></td> </tr> <tr> <td>State: _____</td> <td>District: _____</td> <td></td> </tr> </table>	City Little Rock	State AR	Zip Code 72211	Purpose of Disbursement Payroll	<input type="checkbox"/>	Candidate Name	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: _____	District: _____		<p><b>Transaction ID:</b> SB21B.63561</p> <p>Date of Disbursement</p> <table style="width: 100%;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 2 / 1 5 / 2 0 0 9</td> </tr> </table> <hr/> <p>Amount of Each Disbursement this Period</p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; padding: 5px;">2250.00</td> </tr> </table>	M M / D D / Y Y Y Y	1 2 / 1 5 / 2 0 0 9	2250.00
City Little Rock	State AR	Zip Code 72211															
Purpose of Disbursement Payroll	<input type="checkbox"/>																
Candidate Name	Category/ Type																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																
State: _____	District: _____																
M M / D D / Y Y Y Y																	
1 2 / 1 5 / 2 0 0 9																	
2250.00																	
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Sarah Huckabee</p> <hr/> <p>Mailing Address 703 Cedar Ridge Drive</p> <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Little Rock</td> <td style="width: 33%;">State AR</td> <td style="width: 33%;">Zip Code 72211</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 50%;">Purpose of Disbursement Payroll</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Candidate Name</td> <td style="text-align: center;">Category/ Type</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width: 33%;">Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> <td style="width: 33%;"></td> </tr> <tr> <td>State: _____</td> <td>District: _____</td> <td></td> </tr> </table>	City Little Rock	State AR	Zip Code 72211	Purpose of Disbursement Payroll	<input type="checkbox"/>	Candidate Name	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: _____	District: _____		<p><b>Transaction ID:</b> SB21B.65288</p> <p>Date of Disbursement</p> <table style="width: 100%;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 2 / 3 1 / 2 0 0 9</td> </tr> </table> <hr/> <p>Amount of Each Disbursement this Period</p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; padding: 5px;">2250.00</td> </tr> </table>	M M / D D / Y Y Y Y	1 2 / 3 1 / 2 0 0 9	2250.00
City Little Rock	State AR	Zip Code 72211															
Purpose of Disbursement Payroll	<input type="checkbox"/>																
Candidate Name	Category/ Type																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																
State: _____	District: _____																
M M / D D / Y Y Y Y																	
1 2 / 3 1 / 2 0 0 9																	
2250.00																	

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

**7290.00**

**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 197 / 319

<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)  
HUCK PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) David M. John	Transaction ID: SB21B.42780 Date of Disbursement MM / DD / YYYY 07 / 15 / 2009
	Mailing Address 15 Thankful Bradley Road	
	City West Redding State CT Zip Code 06896	Amount of Each Disbursement this Period 1700.00
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b>	Full Name (Last, First, Middle Initial) David M. John	Transaction ID: SB21B.42786 Date of Disbursement MM / DD / YYYY 07 / 31 / 2009
	Mailing Address 15 Thankful Bradley Road	
	City West Redding State CT Zip Code 06896	Amount of Each Disbursement this Period 1700.00
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b>	Full Name (Last, First, Middle Initial) David M. John	Transaction ID: SB21B.42793 Date of Disbursement MM / DD / YYYY 08 / 15 / 2009
	Mailing Address 15 Thankful Bradley Road	
	City West Redding State CT Zip Code 06896	Amount of Each Disbursement this Period 1700.00
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

5100.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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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)  
HUCK PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) David M. John	<b>Transaction ID:</b> SB21B.42801
	Mailing Address 15 Thankful Bradley Road	Date of Disbursement MM / DD / YYYY 09 / 01 / 2009
	City West Redding State CT Zip Code 06896	Amount of Each Disbursement this Period 1700.00
	Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
<b>B.</b>	Full Name (Last, First, Middle Initial) David M. John	<b>Transaction ID:</b> SB21B.42807
	Mailing Address 15 Thankful Bradley Road	Date of Disbursement MM / DD / YYYY 09 / 15 / 2009
	City West Redding State CT Zip Code 06896	Amount of Each Disbursement this Period 1700.00
	Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
<b>C.</b>	Full Name (Last, First, Middle Initial) David M. John	<b>Transaction ID:</b> SB21B.42813
	Mailing Address 15 Thankful Bradley Road	Date of Disbursement MM / DD / YYYY 10 / 01 / 2009
	City West Redding State CT Zip Code 06896	Amount of Each Disbursement this Period 1700.00
	Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5100.00</b>
<b>TOTAL</b> 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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) David M. John	Transaction ID: SB21B.42819 Date of Disbursement 10 / 15 / 2009
	Mailing Address 15 Thankful Bradley Road	Amount of Each Disbursement this Period 1700.00
	City West Redding State CT Zip Code 06896	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) David M. John	Transaction ID: SB21B.42830 Date of Disbursement 10 / 30 / 2009
	Mailing Address 15 Thankful Bradley Road	Amount of Each Disbursement this Period 1700.00
	City West Redding State CT Zip Code 06896	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) David M. John	Transaction ID: SB21B.60771 Date of Disbursement 11 / 13 / 2009
	Mailing Address 15 Thankful Bradley Road	Amount of Each Disbursement this Period 1700.00
	City West Redding State CT Zip Code 06896	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5100.00
<b>TOTAL</b> 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 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)  
HUCK PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) David M. John	<b>Transaction ID:</b> SB21B.63091
	Mailing Address 15 Thankful Bradley Road	Date of Disbursement MM / DD / YYYY 12 / 01 / 2009
	City West Redding State CT Zip Code 06896	Amount of Each Disbursement this Period 2108.00
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B.</b>	Full Name (Last, First, Middle Initial) David M. John	<b>Transaction ID:</b> SB21B.63562
	Mailing Address 15 Thankful Bradley Road	Date of Disbursement MM / DD / YYYY 12 / 15 / 2009
	City West Redding State CT Zip Code 06896	Amount of Each Disbursement this Period 1700.00
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C.</b>	Full Name (Last, First, Middle Initial) David M. John	<b>Transaction ID:</b> SB21B.65289
	Mailing Address 15 Thankful Bradley Road	Date of Disbursement MM / DD / YYYY 12 / 31 / 2009
	City West Redding State CT Zip Code 06896	Amount of Each Disbursement this Period 1700.00
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

5508.00

**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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Joseph Fox Book Shop	Transaction ID: SB21B.63098 Date of Disbursement 12 / 02 / 2009
	Mailing Address 1724 Sansom Street	Amount of Each Disbursement this Period 5386.50
	City Philadelphia State PA Zip Code 19103	
	Purpose of Disbursement Advertising Expense - Book Purchase Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JPMS Cox	Transaction ID: SB21B.67325 Date of Disbursement 07 / 16 / 2009
	Mailing Address 11300 Cantrell Road Suite 301	Amount of Each Disbursement this Period 3098.00
	City Little Rock State AR Zip Code 72212	
	Purpose of Disbursement Accounting & Compliance Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JPMS Cox	Transaction ID: SB21B.67326 Date of Disbursement 09 / 03 / 2009
	Mailing Address 11300 Cantrell Road Suite 301	Amount of Each Disbursement this Period 3016.32
	City Little Rock State AR Zip Code 72212	
	Purpose of Disbursement Accounting & Compliance Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>11500.82</b>
<b>TOTAL</b> 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 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)  
HUCK PAC

A.

Full Name (Last, First, Middle Initial)  
JPMS Cox

**Transaction ID:** SB21B.67327  
Date of Disbursement

Mailing Address 11300 Cantrell Road  
Suite 301

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	9

City Little Rock State AR Zip Code 72212

Amount of Each Disbursement this Period

Purpose of Disbursement  
Accounting & Compliance Fees  
Candidate Name

Category/  
Type

2255.96
---------

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  
 Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
JPMS Cox

**Transaction ID:** SB21B.67328  
Date of Disbursement

Mailing Address 11300 Cantrell Road  
Suite 301

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	0	9

City Little Rock State AR Zip Code 72212

Amount of Each Disbursement this Period

Purpose of Disbursement  
Accounting & Compliance Fees  
Candidate Name

Category/  
Type

8488.10
---------

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  
 Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
JPMS Cox

**Transaction ID:** SB21B.67329  
Date of Disbursement

Mailing Address 11300 Cantrell Road  
Suite 301

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	0		2	0	0	9

City Little Rock State AR Zip Code 72212

Amount of Each Disbursement this Period

Purpose of Disbursement  
Accounting & Compliance Fees  
Candidate Name

Category/  
Type

3579.40
---------

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  
 Other (specify) ▼  
State: District:

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

14323.46

**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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) LCM Strategies	Transaction ID: SB21B.56462 Date of Disbursement 07 / 05 / 2009
	Mailing Address 3409 Hopkins Street	Amount of Each Disbursement this Period 1500.00
	City Nashville State TN Zip Code 37215	
	Purpose of Disbursement Direct Mail - PAC Fundraising	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LCM Strategies	Transaction ID: SB21B.56463 Date of Disbursement 07 / 16 / 2009
	Mailing Address 3409 Hopkins Street	Amount of Each Disbursement this Period 1000.00
	City Nashville State TN Zip Code 37215	
	Purpose of Disbursement Direct Mail - PAC Fundraising	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) LCM Strategies	Transaction ID: SB21B.56464 Date of Disbursement 07 / 16 / 2009
	Mailing Address 3409 Hopkins Street	Amount of Each Disbursement this Period 1000.00
	City Nashville State TN Zip Code 37215	
	Purpose of Disbursement Direct Mail - PAC Fundraising	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3500.00
<b>TOTAL</b> 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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) LCM Strategies	Transaction ID: SB21B.56465 Date of Disbursement 07 / 23 / 2009
	Mailing Address 3409 Hopkins Street	Amount of Each Disbursement this Period 2500.00
	City Nashville State TN Zip Code 37215	
	Purpose of Disbursement Direct Mail - PAC Fundraising	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) LCM Strategies	Transaction ID: SB21B.56466 Date of Disbursement 08 / 13 / 2009
	Mailing Address 3409 Hopkins Street	Amount of Each Disbursement this Period 1000.00
	City Nashville State TN Zip Code 37215	
	Purpose of Disbursement Direct Mail - PAC Fundraising	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) LCM Strategies	Transaction ID: SB21B.56467 Date of Disbursement 08 / 27 / 2009
	Mailing Address 3409 Hopkins Street	Amount of Each Disbursement this Period 1500.00
	City Nashville State TN Zip Code 37215	
	Purpose of Disbursement Direct Mail - PAC Fundraising	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5000.00
<b>TOTAL</b> 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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) LCM Strategies	Transaction ID: SB21B.56469 Date of Disbursement 09 / 03 / 2009
	Mailing Address 3409 Hopkins Street	Amount of Each Disbursement this Period 1000.00
	City Nashville State TN Zip Code 37215	
	Purpose of Disbursement Direct Mail - PAC Fundraising	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) LCM Strategies	Transaction ID: SB21B.56468 Date of Disbursement 09 / 24 / 2009
	Mailing Address 3409 Hopkins Street	Amount of Each Disbursement this Period 1000.00
	City Nashville State TN Zip Code 37215	
	Purpose of Disbursement Direct Mail - PAC Fundraising	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) LCM Strategies	Transaction ID: SB21B.56470 Date of Disbursement 10 / 01 / 2009
	Mailing Address 3409 Hopkins Street	Amount of Each Disbursement this Period 500.00
	City Nashville State TN Zip Code 37215	
	Purpose of Disbursement Direct Mail - PAC Fundraising	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2500.00
<b>TOTAL</b> 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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) LCM Strategies	Transaction ID: SB21B.56471 Date of Disbursement 10 / 15 / 2009
	Mailing Address 3409 Hopkins Street	Amount of Each Disbursement this Period 2500.00
	City Nashville State TN Zip Code 37215	
	Purpose of Disbursement Direct Mail - PAC Fundraising	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) LCM Strategies	Transaction ID: SB21B.56472 Date of Disbursement 10 / 29 / 2009
	Mailing Address 3409 Hopkins Street	Amount of Each Disbursement this Period 2500.00
	City Nashville State TN Zip Code 37215	
	Purpose of Disbursement Direct Mail - PAC Fundraising	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) LCM Strategies	Transaction ID: SB21B.60780 Date of Disbursement 11 / 17 / 2009
	Mailing Address 3409 Hopkins Street	Amount of Each Disbursement this Period 2500.00
	City Nashville State TN Zip Code 37215	
	Purpose of Disbursement Direct Mail - PAC Fundraising	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7500.00
<b>TOTAL</b> 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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) LCM Strategies <hr/> Mailing Address 3409 Hopkins Street <hr/> City Nashville State TN Zip Code 37215 <hr/> Purpose of Disbursement Direct Mail - PAC Fundraising Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.63537 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 3500.00
B.	Full Name (Last, First, Middle Initial) Mark V. Williamson Co., Inc. <hr/> Mailing Address 1910 N. Grant St. # 200 <hr/> City Little Rock State AR Zip Code 72207-4427 <hr/> Purpose of Disbursement General Liability Insurance Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.42769 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 454.00
C.	Full Name (Last, First, Middle Initial) Metro <hr/> Mailing Address 124 West Capitol Ave. <hr/> City Little Rock State AR Zip Code 72201 <hr/> Purpose of Disbursement Postage - PAC Fundraising Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.42748 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 597.75

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

4551.75

**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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Metro	Transaction ID: SB21B.42749 Date of Disbursement 07 / 16 / 2009
	Mailing Address 124 West Capitol Ave.	Amount of Each Disbursement this Period 377.31
	City Little Rock State AR Zip Code 72201	
	Purpose of Disbursement Postage - PAC Fundraising	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Metro	Transaction ID: SB21B.42758 Date of Disbursement 10 / 15 / 2009
	Mailing Address 124 West Capitol Ave.	Amount of Each Disbursement this Period 70.88
	City Little Rock State AR Zip Code 72201	
	Purpose of Disbursement Postage - PAC Fundraising	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Optus, Inc.	Transaction ID: SB21B.42718 Date of Disbursement 07 / 05 / 2009
	Mailing Address P.O. Box 2503	Amount of Each Disbursement this Period 199.31
	City Jonesboro State AR Zip Code 72402	
	Purpose of Disbursement Telephone Equipment Lease	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>647.50</b>
<b>TOTAL</b> 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 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)  
HUCK PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Optus, Inc.</p> <p>Mailing Address P.O. Box 2503</p> <p>City Jonesboro State AR Zip Code 72402</p> <p>Purpose of Disbursement Telephone Equipment Lease</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42719</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="199.31"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Optus, Inc.</p> <p>Mailing Address P.O. Box 2503</p> <p>City Jonesboro State AR Zip Code 72402</p> <p>Purpose of Disbursement Telephone Equipment Lease</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42720</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="199.31"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Optus, Inc.</p> <p>Mailing Address P.O. Box 2503</p> <p>City Jonesboro State AR Zip Code 72402</p> <p>Purpose of Disbursement Telephone Equipment Lease</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42721</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="199.31"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="597.93"/>
<b>TOTAL</b> 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)

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<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)  
HUCK PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Optus, Inc.</p> <p>Mailing Address P.O. Box 2503</p> <p>City Jonesboro State AR Zip Code 72402</p> <p>Purpose of Disbursement Telephone Equipment Lease</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42722</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="199.31"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Optus, Inc.</p> <p>Mailing Address P.O. Box 2503</p> <p>City Jonesboro State AR Zip Code 72402</p> <p>Purpose of Disbursement Telephone Equipment Lease</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.63079</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="199.31"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 12921 Cantrell Road Suite 100</p> <p>City Little Rock State AR Zip Code 72223</p> <p>Purpose of Disbursement Payroll Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42522</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="163.40"/></p>

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

**562.02**

**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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: SB21B.42781 Date of Disbursement 07 / 12 / 2009
	Mailing Address 12921 Cantrell Road Suite 100 City Little Rock State AR Zip Code 72223 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 651.91 Category/Type

B.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: SB21B.42787 Date of Disbursement 07 / 29 / 2009
	Mailing Address 12921 Cantrell Road Suite 100 City Little Rock State AR Zip Code 72223 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 651.91 Category/Type

C.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: SB21B.42755 Date of Disbursement 08 / 06 / 2009
	Mailing Address 12921 Cantrell Road Suite 100 City Little Rock State AR Zip Code 72223 Purpose of Disbursement Payroll Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 173.90 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1477.72
<b>TOTAL</b> 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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: SB21B.42794 Date of Disbursement 08 / 13 / 2009
	Mailing Address 12921 Cantrell Road Suite 100 City Little Rock State AR Zip Code 72223 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 757.54

B.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: SB21B.42802 Date of Disbursement 08 / 27 / 2009
	Mailing Address 12921 Cantrell Road Suite 100 City Little Rock State AR Zip Code 72223 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 757.54

C.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: SB21B.42765 Date of Disbursement 09 / 02 / 2009
	Mailing Address 12921 Cantrell Road Suite 100 City Little Rock State AR Zip Code 72223 Purpose of Disbursement Payroll Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 173.86

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1688.94
<b>TOTAL</b> 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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: SB21B.42808 Date of Disbursement MM / DD / YYYY 09 / 11 / 2009
	Mailing Address 12921 Cantrell Road Suite 100 City Little Rock State AR Zip Code 72223 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 646.61 Category/Type

B.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: SB21B.42814 Date of Disbursement MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 12921 Cantrell Road Suite 100 City Little Rock State AR Zip Code 72223 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 646.61 Category/Type

C.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: SB21B.42772 Date of Disbursement MM / DD / YYYY 10 / 02 / 2009
	Mailing Address 12921 Cantrell Road Suite 100 City Little Rock State AR Zip Code 72223 Purpose of Disbursement Payroll Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 163.40 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1456.62
<b>TOTAL</b> 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 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)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 12921 Cantrell Road Suite 100</p> <p>City Little Rock State AR Zip Code 72223</p> <p>Purpose of Disbursement Payroll Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42756 <b>Date of Disbursement</b> 10 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 10.50</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 12921 Cantrell Road Suite 100</p> <p>City Little Rock State AR Zip Code 72223</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42820 <b>Date of Disbursement</b> 10 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 646.61</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 12921 Cantrell Road Suite 100</p> <p>City Little Rock State AR Zip Code 72223</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42831 <b>Date of Disbursement</b> 10 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 642.61</p>

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

1299.72

**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 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)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 12921 Cantrell Road Suite 100</p> <p>City Little Rock State AR Zip Code 72223</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.60766 <b>Date of Disbursement</b> 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 636.61</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 12921 Cantrell Road Suite 100</p> <p>City Little Rock State AR Zip Code 72223</p> <p>Purpose of Disbursement Payroll Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.60772 <b>Date of Disbursement</b> 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 163.40</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 12921 Cantrell Road Suite 100</p> <p>City Little Rock State AR Zip Code 72223</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.63085 <b>Date of Disbursement</b> 11 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 790.23</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1590.24
<b>TOTAL</b> 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 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)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 12921 Cantrell Road Suite 100</p> <p>City Little Rock State AR Zip Code 72223</p> <p>Purpose of Disbursement Payroll Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.63094 <b>Date of Disbursement</b> 11 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 179.55</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 12921 Cantrell Road Suite 100</p> <p>City Little Rock State AR Zip Code 72223</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.63563 <b>Date of Disbursement</b> 12 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 778.36</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 12921 Cantrell Road Suite 100</p> <p>City Little Rock State AR Zip Code 72223</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.65339 <b>Date of Disbursement</b> 12 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 636.61</p>

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

1594.52

**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 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)  
HUCK PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Paypal, Inc. <hr/> Mailing Address 4100 Solutions Center #774100 <hr/> City Chicago State IL Zip Code 60677 <hr/> Purpose of Disbursement Credit Card Processing Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.42519 Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2009
	Amount of Each Disbursement this Period 53.27 <hr/> Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B.</b> Full Name (Last, First, Middle Initial) Paypal, Inc. <hr/> Mailing Address 4100 Solutions Center #774100 <hr/> City Chicago State IL Zip Code 60677 <hr/> Purpose of Disbursement Credit Card Processing Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.42520 Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2009
	Amount of Each Disbursement this Period 23.85 <hr/> Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C.</b> Full Name (Last, First, Middle Initial) Paypal, Inc. <hr/> Mailing Address 4100 Solutions Center #774100 <hr/> City Chicago State IL Zip Code 60677 <hr/> Purpose of Disbursement Credit Card Processing Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.42524 Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2009
	Amount of Each Disbursement this Period 3.28 <hr/> Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	80.40
<b>TOTAL</b> 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 218 / 319

<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42525 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="07"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="4.09"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42526 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="07"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="17.04"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42527 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="07"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="18.08"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="39.21"/>
<b>TOTAL</b> 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)

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<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42528 Date of Disbursement 07 / 07 / 2009
	Mailing Address 4100 Solutions Center #774100	Amount of Each Disbursement this Period 10.52
	City Chicago State IL Zip Code 60677	
	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42529 Date of Disbursement 07 / 08 / 2009
	Mailing Address 4100 Solutions Center #774100	Amount of Each Disbursement this Period 5.13
	City Chicago State IL Zip Code 60677	
	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42530 Date of Disbursement 07 / 09 / 2009
	Mailing Address 4100 Solutions Center #774100	Amount of Each Disbursement this Period 3.79
	City Chicago State IL Zip Code 60677	
	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	19.44
<b>TOTAL</b> 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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42531 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="07"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="10.22"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42533 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="3.02"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42534 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="07"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="2.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="15.74"/>
<b>TOTAL</b> 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)

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<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42535 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="07"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="1.67"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42536 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="3.35"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42537 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="13.22"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="18.24"/>
<b>TOTAL</b> 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)

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<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42538 Date of Disbursement 07 / 17 / 2009
	Mailing Address 4100 Solutions Center #774100	Amount of Each Disbursement this Period 2.77
	City Chicago State IL Zip Code 60677	
	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42539 Date of Disbursement 07 / 18 / 2009
	Mailing Address 4100 Solutions Center #774100	Amount of Each Disbursement this Period 3.70
	City Chicago State IL Zip Code 60677	
	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42540 Date of Disbursement 07 / 19 / 2009
	Mailing Address 4100 Solutions Center #774100	Amount of Each Disbursement this Period 3.92
	City Chicago State IL Zip Code 60677	
	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>10.39</b>
<b>TOTAL</b> 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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42541 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="07"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="6.56"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42542 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="0.85"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42543 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="1.07"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="8.48"/>
<b>TOTAL</b> 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)

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<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42544 Date of Disbursement 07 / 23 / 2009
	Mailing Address 4100 Solutions Center #774100 City Chicago State IL Zip Code 60677 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 2.50 Category/Type

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42545 Date of Disbursement 07 / 24 / 2009
	Mailing Address 4100 Solutions Center #774100 City Chicago State IL Zip Code 60677 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 1.30 Category/Type

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42647 Date of Disbursement 07 / 24 / 2009
	Mailing Address 4100 Solutions Center #774100 City Chicago State IL Zip Code 60677 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 5.11 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8.91
<b>TOTAL</b> 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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42546 Date of Disbursement 07 / 26 / 2009
	Mailing Address 4100 Solutions Center #774100 City Chicago State IL Zip Code 60677 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 0.52 Category/Type

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42547 Date of Disbursement 07 / 27 / 2009
	Mailing Address 4100 Solutions Center #774100 City Chicago State IL Zip Code 60677 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 2.25 Category/Type

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42548 Date of Disbursement 07 / 28 / 2009
	Mailing Address 4100 Solutions Center #774100 City Chicago State IL Zip Code 60677 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 3.62 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6.39
<b>TOTAL</b> 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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42549 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="1.56"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42550 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="5.30"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42551 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="17.22"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="24.08"/>
<b>TOTAL</b> 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)

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<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42552 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="6.40"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42553 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="4.96"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42554 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="3.62"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="14.98"/>
<b>TOTAL</b> 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)

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<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42555 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="3.68"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42557 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="7.71"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42558 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="08"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="1.70"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="13.09"/>
<b>TOTAL</b> 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)

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<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)  
HUCK PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42559</p> <p>Date of Disbursement 08 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 3.62</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42560</p> <p>Date of Disbursement 08 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 7.54</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42561</p> <p>Date of Disbursement 08 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 12.70</p>

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

**23.86**

**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 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)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42562</p> <p>Date of Disbursement 08 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 10.73</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42563</p> <p>Date of Disbursement 08 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 3.21</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42564</p> <p>Date of Disbursement 08 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 3.67</p>

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

17.61

**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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42565 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="3.35"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42566 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="08"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="10.56"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42567 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="4.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="18.41"/>
<b>TOTAL</b> 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)

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<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)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42568</p> <p>Date of Disbursement 08 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 2.80</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42569</p> <p>Date of Disbursement 08 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 3.65</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42570</p> <p>Date of Disbursement 08 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 5.46</p>

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

11.91

**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 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)  
HUCK PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42571</p> <p>Date of Disbursement MM / DD / YYYY 08 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 39.73</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42572</p> <p>Date of Disbursement MM / DD / YYYY 08 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 34.02</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42573</p> <p>Date of Disbursement MM / DD / YYYY 08 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 34.12</p>

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

107.87

**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 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)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42574 <b>Date of Disbursement</b> 08 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 40.03</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42575 <b>Date of Disbursement</b> 08 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 10.37</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42576 <b>Date of Disbursement</b> 08 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 194.90</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	245.30
<b>TOTAL</b> 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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42577 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="104.27"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42578 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="08"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="51.55"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42579 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="08"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="99.73"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="255.55"/>
<b>TOTAL</b> 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)

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<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42580 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="15.29"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42581 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="13.54"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42582 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="13.75"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="42.58"/>
<b>TOTAL</b> 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)

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<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42583 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="52.37"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42584 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="55.37"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42585 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="43.75"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="151.49"/>
<b>TOTAL</b> 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)

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<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)  
HUCK PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42586</p> <p>Date of Disbursement 09 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 58.02</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42587</p> <p>Date of Disbursement 09 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 0.52</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42588</p> <p>Date of Disbursement 09 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 1.70</p>

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

60.24

**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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42589 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="2.80"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42590 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="0.82"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42591 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="5.16"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="8.78"/>
<b>TOTAL</b> 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)

PAGE 240 / 319

<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42592 Date of Disbursement 09 / 09 / 2009
	Mailing Address 4100 Solutions Center #774100	Amount of Each Disbursement this Period 33.35
	City Chicago State IL Zip Code 60677	
	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42593 Date of Disbursement 09 / 09 / 2009
	Mailing Address 4100 Solutions Center #774100	Amount of Each Disbursement this Period 272.15
	City Chicago State IL Zip Code 60677	
	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42594 Date of Disbursement 09 / 11 / 2009
	Mailing Address 4100 Solutions Center #774100	Amount of Each Disbursement this Period 137.05
	City Chicago State IL Zip Code 60677	
	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>442.55</b>
<b>TOTAL</b> 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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42595 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="65.31"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42596 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="21.65"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42597 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="70.08"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="157.04"/>
<b>TOTAL</b> 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)

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<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)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42598</p> <p>Date of Disbursement 09 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 14.69</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42599</p> <p>Date of Disbursement 09 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 65.74</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42600</p> <p>Date of Disbursement 09 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 30.72</p>

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

111.15

**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 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)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42601</p> <p>Date of Disbursement 09 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 12.14</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42602</p> <p>Date of Disbursement 09 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 6.69</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42603</p> <p>Date of Disbursement 09 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 12.38</p>

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

31.21

**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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42604 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="95.13"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42605 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="54.20"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42606 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="250.11"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="399.44"/>
<b>TOTAL</b> 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 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)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42607</p> <p>Date of Disbursement 09 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 437.48</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42608</p> <p>Date of Disbursement 09 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 556.24</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42609</p> <p>Date of Disbursement 09 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 154.37</p>

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

1148.09

**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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42610 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="36.67"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42611 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="18.18"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42612 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="10.51"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="65.36"/>
<b>TOTAL</b> 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)

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<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)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42613 <b>Date of Disbursement</b> 09 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 119.06</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42614 <b>Date of Disbursement</b> 10 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 435.36</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42615 <b>Date of Disbursement</b> 10 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 452.01</p>

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

1006.43

**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 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)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42773</p> <p>Date of Disbursement 10 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 10.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42616</p> <p>Date of Disbursement 10 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 189.89</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42617</p> <p>Date of Disbursement 10 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 199.65</p>

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

**399.54**

**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 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)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42618 <b>Date of Disbursement</b> 10 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 148.57</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42619 <b>Date of Disbursement</b> 10 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 18.06</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42620 <b>Date of Disbursement</b> 10 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 20.33</p>

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

186.96

**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 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)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42621</p> <p>Date of Disbursement 10 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 68.25</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42622</p> <p>Date of Disbursement 10 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 23.64</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42623</p> <p>Date of Disbursement 10 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 0.85</p>

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

92.74

**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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42624 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="10"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="1.92"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42625 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="6.56"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42626 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="5.60"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="14.08"/>
<b>TOTAL</b> 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)

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<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42627 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="10"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="62.22"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42628 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="112.23"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42629 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="10"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="22.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="196.45"/>
<b>TOTAL</b> 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)

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<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42822 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="10"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="10.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42823 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="10"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="10.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42824 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="10"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="10.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42825 Date of Disbursement 10 / 16 / 2009
	Mailing Address 4100 Solutions Center #774100 City Chicago State IL Zip Code 60677 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 10.00

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42630 Date of Disbursement 10 / 17 / 2009
	Mailing Address 4100 Solutions Center #774100 City Chicago State IL Zip Code 60677 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 21.84

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42631 Date of Disbursement 10 / 18 / 2009
	Mailing Address 4100 Solutions Center #774100 City Chicago State IL Zip Code 60677 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 12.46

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>44.30</b>
<b>TOTAL</b> 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 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)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42632 <b>Date of Disbursement</b> 10 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 29.48</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42633 <b>Date of Disbursement</b> 10 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 189.72</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42634 <b>Date of Disbursement</b> 10 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 121.46</p>

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

340.66

**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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42635 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="21.41"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42636 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="29.10"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42637 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="3.81"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="54.32"/>
<b>TOTAL</b> 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)

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<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)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42638</p> <p>Date of Disbursement 10 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 15.03</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42639</p> <p>Date of Disbursement 10 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 8.78</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42640</p> <p>Date of Disbursement 10 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 6.45</p>

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

30.26

**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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42641 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="3.02"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.42642 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="90.48"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.56278 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="4.55"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="98.05"/>
<b>TOTAL</b> 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)

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<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.56280 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="6.48"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.60750 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="5.85"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.60751 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="126.33"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="138.66"/>
<b>TOTAL</b> 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)

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<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)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.60752 <b>Date of Disbursement</b> 11 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 9.24</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.60753 <b>Date of Disbursement</b> 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 1.80</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.60754 <b>Date of Disbursement</b> 11 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 8.88</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	19.92
<b>TOTAL</b> 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 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)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.60755 <b>Date of Disbursement</b> 11 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 4.57</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.60756 <b>Date of Disbursement</b> 11 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 5.60</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.60757 <b>Date of Disbursement</b> 11 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 36.22</p>

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

46.39

**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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.60759 Date of Disbursement 11 / 09 / 2009
	Mailing Address 4100 Solutions Center #774100 City Chicago State IL Zip Code 60677 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 586.85

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.60760 Date of Disbursement 11 / 10 / 2009
	Mailing Address 4100 Solutions Center #774100 City Chicago State IL Zip Code 60677 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 529.70

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.60763 Date of Disbursement 11 / 11 / 2009
	Mailing Address 4100 Solutions Center #774100 City Chicago State IL Zip Code 60677 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 116.63

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1233.18
<b>TOTAL</b> 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 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)  
HUCK PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Paypal, Inc. <hr/> Mailing Address 4100 Solutions Center #774100 <hr/> City Chicago State IL Zip Code 60677 <hr/> Purpose of Disbursement Credit Card Processing Fee Candidate Name	Transaction ID: SB21B.60764 Date of Disbursement 11 / 12 / 2009
	Amount of Each Disbursement this Period 45.69
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>B.</b> Full Name (Last, First, Middle Initial) Paypal, Inc. <hr/> Mailing Address 4100 Solutions Center #774100 <hr/> City Chicago State IL Zip Code 60677 <hr/> Purpose of Disbursement Credit Card Processing Fee Candidate Name	Transaction ID: SB21B.60765 Date of Disbursement 11 / 13 / 2009
	Amount of Each Disbursement this Period 28.43
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>C.</b> Full Name (Last, First, Middle Initial) Paypal, Inc. <hr/> Mailing Address 4100 Solutions Center #774100 <hr/> City Chicago State IL Zip Code 60677 <hr/> Purpose of Disbursement Credit Card Processing Fee Candidate Name	Transaction ID: SB21B.60774 Date of Disbursement 11 / 14 / 2009
	Amount of Each Disbursement this Period 14.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	88.42
<b>TOTAL</b> 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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.60775 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="15.95"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.60776 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="14.05"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.60777 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="22.39"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="52.39"/>
<b>TOTAL</b> 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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.60787 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="172.87"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.60788 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="155.65"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.60789 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="11"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="51.80"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="380.32"/>
<b>TOTAL</b> 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)

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<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.60791 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="33.81"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.60792 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="11"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="212.22"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.63070 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="680.18"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="926.21"/>
<b>TOTAL</b> 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)

PAGE 267 / 319

<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)  
HUCK PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.63073</p> <p>Date of Disbursement 11 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 86.26</p> <p>Category/Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.63082</p> <p>Date of Disbursement 11 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 59.82</p> <p>Category/Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.63083</p> <p>Date of Disbursement 11 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 12.09</p> <p>Category/Type</p>

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

158.17

**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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.63084 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="8.74"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.63092 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="20.06"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.63093 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="18.10"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="46.90"/>
<b>TOTAL</b> 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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.63095 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="12.53"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.63096 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="21.38"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.63097 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="14.59"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="48.50"/>
<b>TOTAL</b> 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)

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<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)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.63100 <b>Date of Disbursement</b> 12 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 1.73</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.63101 <b>Date of Disbursement</b> 12 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 30.18</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.63102 <b>Date of Disbursement</b> 12 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 12.11</p>

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

44.02

**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 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)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.63103</p> <p>Date of Disbursement 12 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 6.95</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.63531</p> <p>Date of Disbursement 12 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 25.33</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.63532</p> <p>Date of Disbursement 12 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 6.26</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>38.54</b>
<b>TOTAL</b> 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 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)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.63533</p> <p>Date of Disbursement 12 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 34.04</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.63534</p> <p>Date of Disbursement 12 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 170.76</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.63541</p> <p>Date of Disbursement 12 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 80.74</p>

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

285.54

**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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.63542 Date of Disbursement 12 / 12 / 2009
	Mailing Address 4100 Solutions Center #774100	Amount of Each Disbursement this Period 23.45
	City Chicago State IL Zip Code 60677	
	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.63543 Date of Disbursement 12 / 13 / 2009
	Mailing Address 4100 Solutions Center #774100	Amount of Each Disbursement this Period 11.28
	City Chicago State IL Zip Code 60677	
	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.63544 Date of Disbursement 12 / 14 / 2009
	Mailing Address 4100 Solutions Center #774100	Amount of Each Disbursement this Period 31.79
	City Chicago State IL Zip Code 60677	
	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	66.52
<b>TOTAL</b> 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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.63545 Date of Disbursement 12 / 15 / 2009
	Mailing Address 4100 Solutions Center #774100	Amount of Each Disbursement this Period 262.74
	City Chicago State IL Zip Code 60677	
	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.63546 Date of Disbursement 12 / 16 / 2009
	Mailing Address 4100 Solutions Center #774100	Amount of Each Disbursement this Period 127.75
	City Chicago State IL Zip Code 60677	
	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.63547 Date of Disbursement 12 / 17 / 2009
	Mailing Address 4100 Solutions Center #774100	Amount of Each Disbursement this Period 101.47
	City Chicago State IL Zip Code 60677	
	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>491.96</b>
<b>TOTAL</b> 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 275 / 319

<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.65269 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="12"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="21.05"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.65270 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="12"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="20.30"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.65271 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="12"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="99.39"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="140.74"/>
<b>TOTAL</b> 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)

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<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)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.65272</p> <p>Date of Disbursement  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>58.18</td> </tr> </table> </p> <p>Category/Type</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	2	1	/	2	0	0	9	58.18
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	2	1	/	2	0	0	9													
58.18																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.65273</p> <p>Date of Disbursement  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>33.20</td> </tr> </table> </p> <p>Category/Type</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	2	2	/	2	0	0	9	33.20
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	2	2	/	2	0	0	9													
33.20																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.65274</p> <p>Date of Disbursement  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>14.14</td> </tr> </table> </p> <p>Category/Type</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	2	3	/	2	0	0	9	14.14
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	2	3	/	2	0	0	9													
14.14																						

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

**105.52**

**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 277 / 319

<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.65275 Date of Disbursement																			
	Mailing Address 4100 Solutions Center #774100	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>9</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	4		2	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	4		2	0	9													
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit Card Processing Fee	<table border="1"><tr><td>6.69</td></tr></table>	6.69																		
6.69																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.65276 Date of Disbursement																			
	Mailing Address 4100 Solutions Center #774100	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>9</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	5		2	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	5		2	0	9													
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit Card Processing Fee	<table border="1"><tr><td>0.52</td></tr></table>	0.52																		
0.52																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.65277 Date of Disbursement																			
	Mailing Address 4100 Solutions Center #774100	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	6		2	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	6		2	0	9													
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit Card Processing Fee	<table border="1"><tr><td>11.48</td></tr></table>	11.48																		
11.48																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>18.69</td></tr></table>	18.69
18.69		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# 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 278 / 319

<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)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.65278 <b>Date of Disbursement</b> 12 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 1.26</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.65279 <b>Date of Disbursement</b> 12 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 8.18</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.65280 <b>Date of Disbursement</b> 12 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 44.09</p>

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

53.53

**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 279 / 319

<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)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.65281</p> <p>Date of Disbursement 12 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 158.77</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.65282</p> <p>Date of Disbursement 12 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 133.07</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Preferred Communications</p> <p>Mailing Address 6090 Franconia Road Suite D</p> <p>City Alexandria State VA Zip Code 22310</p> <p>Purpose of Disbursement Direct Mail List Purchase</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.56443</p> <p>Date of Disbursement 09 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>

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

1791.84

**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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Preferred Communications	Transaction ID: SB21B.56444 Date of Disbursement
	Mailing Address 6090 Franconia Road Suite D	<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City Alexandria State VA Zip Code 22310	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail List Purchase	<input type="text" value="1500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Preferred Communications	Transaction ID: SB21B.56445 Date of Disbursement
	Mailing Address 6090 Franconia Road Suite D	<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Alexandria State VA Zip Code 22310	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail List Purchase	<input type="text" value="1500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Preferred Communications	Transaction ID: SB21B.56446 Date of Disbursement
	Mailing Address 6090 Franconia Road Suite D	<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City Alexandria State VA Zip Code 22310	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail List Purchase	<input type="text" value="1500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4500.00"/>
<b>TOTAL</b> 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 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)  
HUCK PAC

A. Preferred Communications	Full Name (Last, First, Middle Initial)	Transaction ID: SB21B.56447																					
	Preferred Communications	Date of Disbursement																					
Mailing Address	6090 Franconia Road Suite D	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	5	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	1	5	/	2	0	0	9														
City	Alexandria	State	VA	Zip Code	22310	Amount of Each Disbursement this Period																	
Purpose of Disbursement	Direct Mail List Purchase	Category/Type		1500.00																			
Candidate Name		Office Sought:		Disbursement For:																			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> General																			
State:	District:																						

B. Preferred Communications	Full Name (Last, First, Middle Initial)	Transaction ID: SB21B.56448																					
	Preferred Communications	Date of Disbursement																					
Mailing Address	6090 Franconia Road Suite D	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	2	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	2	2	/	2	0	0	9														
City	Alexandria	State	VA	Zip Code	22310	Amount of Each Disbursement this Period																	
Purpose of Disbursement	Direct Mail List Purchase	Category/Type		1500.00																			
Candidate Name		Office Sought:		Disbursement For:																			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> General																			
State:	District:																						

C. Preferred Communications	Full Name (Last, First, Middle Initial)	Transaction ID: SB21B.56449																					
	Preferred Communications	Date of Disbursement																					
Mailing Address	6090 Franconia Road Suite D	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	9	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	2	9	/	2	0	0	9														
City	Alexandria	State	VA	Zip Code	22310	Amount of Each Disbursement this Period																	
Purpose of Disbursement	Direct Mail List Purchase	Category/Type		1500.00																			
Candidate Name		Office Sought:		Disbursement For:																			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> General																			
State:	District:																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	4500.00
<b>TOTAL</b> 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 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)  
HUCK PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Preferred Communications  Mailing Address 6090 Franconia Road Suite D  City Alexandria State VA Zip Code 22310  Purpose of Disbursement Direct Mail List Purchase Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.60761 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 9	Amount of Each Disbursement this Period  1500.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Preferred Communications  Mailing Address 6090 Franconia Road Suite D  City Alexandria State VA Zip Code 22310  Purpose of Disbursement Direct Mail List Purchase Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.60773 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 9	Amount of Each Disbursement this Period  1500.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Preferred Communications  Mailing Address 6090 Franconia Road Suite D  City Alexandria State VA Zip Code 22310  Purpose of Disbursement Direct Mail List Purchase Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.60790 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 9	Amount of Each Disbursement this Period  5000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8000.00</b>
<b>TOTAL</b> 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 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)  
HUCK PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Preferred Communications <hr/> Mailing Address 6090 Franconia Road Suite D <hr/> City Alexandria State VA Zip Code 22310 <hr/> Purpose of Disbursement Direct Mail List Purchase Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.63086 Date of Disbursement 11 / 27 / 2009 <hr/> Amount of Each Disbursement this Period 5000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Preferred Communications <hr/> Mailing Address 6090 Franconia Road Suite D <hr/> City Alexandria State VA Zip Code 22310 <hr/> Purpose of Disbursement Direct Mail List Purchase Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.63105 Date of Disbursement 12 / 07 / 2009 <hr/> Amount of Each Disbursement this Period 5000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Preferred Communications <hr/> Mailing Address 6090 Franconia Road Suite D <hr/> City Alexandria State VA Zip Code 22310 <hr/> Purpose of Disbursement Direct Mail List Purchase Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.63540 Date of Disbursement 12 / 10 / 2009 <hr/> Amount of Each Disbursement this Period 5000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	15000.00
<b>TOTAL</b> 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)

PAGE 284 / 319

<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Preferred Communications	Transaction ID: SB21B.63556 Date of Disbursement
	Mailing Address 6090 Franconia Road Suite D	<input type="text" value="12"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Alexandria State VA Zip Code 22310	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail List Purchase	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Preferred Communications	Transaction ID: SB21B.63557 Date of Disbursement
	Mailing Address 6090 Franconia Road Suite D	<input type="text" value="12"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Alexandria State VA Zip Code 22310	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail List Purchase	<input type="text" value="6500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) QualChoice	Transaction ID: SB21B.42741 Date of Disbursement
	Mailing Address 10825 Financial Centre Parkway	<input type="text" value="07"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Little Rock State AR Zip Code 72211	Amount of Each Disbursement this Period
	Purpose of Disbursement Employee Benefits - Health Insurance	<input type="text" value="1792.63"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="13292.63"/>
<b>TOTAL</b> 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)

PAGE 285 / 319

<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)  
HUCK PAC

<b>A.</b> Full Name (Last, First, Middle Initial) QualChoice Mailing Address 10825 Financial Centre Parkway City Little Rock State AR Zip Code 72211 Purpose of Disbursement Employee Benefits - Health Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.42742 Date of Disbursement 07 / 30 / 2009
	Amount of Each Disbursement this Period 1792.63

<b>B.</b> Full Name (Last, First, Middle Initial) QualChoice Mailing Address 10825 Financial Centre Parkway City Little Rock State AR Zip Code 72211 Purpose of Disbursement Employee Benefits - Health Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.42743 Date of Disbursement 09 / 03 / 2009
	Amount of Each Disbursement this Period 2209.62

<b>C.</b> Full Name (Last, First, Middle Initial) QualChoice Mailing Address 10825 Financial Centre Parkway City Little Rock State AR Zip Code 72211 Purpose of Disbursement Employee Benefits - Health Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.42744 Date of Disbursement 10 / 01 / 2009
	Amount of Each Disbursement this Period 1783.76

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5786.01
<b>TOTAL</b> 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)

PAGE 286 / 319

<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) QualChoice	Transaction ID: SB21B.42740 Date of Disbursement
	Mailing Address 10825 Financial Centre Parkway	<input type="text" value="10"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Little Rock State AR Zip Code 72211	Amount of Each Disbursement this Period
	Purpose of Disbursement Employee Benefits - Health Insurance	<input type="text" value="1783.76"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) QualChoice	Transaction ID: SB21B.63080 Date of Disbursement
	Mailing Address 10825 Financial Centre Parkway	<input type="text" value="11"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Little Rock State AR Zip Code 72211	Amount of Each Disbursement this Period
	Purpose of Disbursement Employee Benefits - Health Insurance	<input type="text" value="1783.76"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) QualChoice	Transaction ID: SB21B.65283 Date of Disbursement
	Mailing Address 10825 Financial Centre Parkway	<input type="text" value="12"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Little Rock State AR Zip Code 72211	Amount of Each Disbursement this Period
	Purpose of Disbursement Employee Benefits - Health Insurance	<input type="text" value="1783.76"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5351.28"/>
<b>TOTAL</b> 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)

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<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)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) REDhouse Merch</p> <p>Mailing Address P.O. Box 3547</p> <p>City Brentwood State TN Zip Code 37024</p> <p>Purpose of Disbursement T-Shirt Printing - PAC Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42746 <b>Date of Disbursement</b> 07 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 396.25</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Safe Foods</p> <p>Mailing Address 4801 North Shore Drive</p> <p>City North Little Rock State AR Zip Code 72118</p> <p>Purpose of Disbursement Office Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42693 <b>Date of Disbursement</b> 07 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 638.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Safe Foods</p> <p>Mailing Address 4801 North Shore Drive</p> <p>City North Little Rock State AR Zip Code 72118</p> <p>Purpose of Disbursement Office Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42694 <b>Date of Disbursement</b> 07 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 750.00</p>

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

1784.25

**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 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)  
HUCK PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Safe Foods Mailing Address 4801 North Shore Drive City North Little Rock State AR Zip Code 72118 Purpose of Disbursement Office Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.42695 Date of Disbursement 09 / 09 / 2009
	Amount of Each Disbursement this Period 750.00

<b>B.</b> Full Name (Last, First, Middle Initial) Safe Foods Mailing Address 4801 North Shore Drive City North Little Rock State AR Zip Code 72118 Purpose of Disbursement Office Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.42696 Date of Disbursement 10 / 01 / 2009
	Amount of Each Disbursement this Period 750.00

<b>C.</b> Full Name (Last, First, Middle Initial) Safe Foods Mailing Address 4801 North Shore Drive City North Little Rock State AR Zip Code 72118 Purpose of Disbursement Office Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.60762 Date of Disbursement 11 / 10 / 2009
	Amount of Each Disbursement this Period 750.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> 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)

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<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)  
HUCK PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Safe Foods Mailing Address 4801 North Shore Drive City North Little Rock State AR Zip Code 72118 Purpose of Disbursement Office Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.63104 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period 750.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B.</b> Full Name (Last, First, Middle Initial) Ryan Truso Mailing Address 1400 McKennie Avenue City Nashville State TN Zip Code 37206 Purpose of Disbursement Graphic Design - PAC Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.42872 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 9
	Amount of Each Disbursement this Period 210.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C.</b> Full Name (Last, First, Middle Initial) Twin City Printing Mailing Address P.O. Box 15368 City North Little Rock State AR Zip Code 72231 Purpose of Disbursement Printing Expense - PAC Contribution Cards Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.42752 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 460.50
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1420.50
<b>TOTAL</b> 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)

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<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)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Twin City Printing</p> <p>Mailing Address P.O. Box 15368</p> <p>City North Little Rock State AR Zip Code 72231</p> <p>Purpose of Disbursement Printing Expense - Event Invitations</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.42753</p> <p>Date of Disbursement 07 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 141.48</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Twin City Printing</p> <p>Mailing Address P.O. Box 15368</p> <p>City North Little Rock State AR Zip Code 72231</p> <p>Purpose of Disbursement Printing - Event Invitations</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.60784</p> <p>Date of Disbursement 11 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 22.79</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Visa</p> <p>Mailing Address P.O. Box 8999</p> <p>City San Francisco State CA Zip Code 94128</p> <p>Purpose of Disbursement Credit Card Payment - See Memos</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.56371</p> <p>Date of Disbursement 07 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1589.67</p>

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

1753.94

**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 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)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Staples Direct</p> <p>Mailing Address 500 Staples Drive</p> <p>City Farmington State MA Zip Code 01702</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.56371.0</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="16.19"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) US Post Office</p> <p>Mailing Address 501 Commerce Drive</p> <p>City Maumelle State AR Zip Code 72113</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.56371.1</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="641.12"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) American Airlines</p> <p>Mailing Address P.O. Box 619612 MD 2400</p> <p>City DFW Airport State TX Zip Code 75261</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.56371.5</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="544.70"/></p> <p><b>[MEMO ITEM]</b></p>

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

**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 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)  
HUCK PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Dish Network</p> <p>Mailing Address Department 0063</p> <p>City Palatine State IL Zip Code 60055</p> <p>Purpose of Disbursement Office Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.56371.6</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="29"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="09"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="194.44"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Visa</p> <p>Mailing Address P.O. Box 8999</p> <p>City San Francisco State CA Zip Code 94128</p> <p>Purpose of Disbursement Credit Card Payment - See Memos</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.56372</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="29"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="09"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="738.73"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Continental Airlines</p> <p>Mailing Address P.O. Box 4607</p> <p>City Houston State TX Zip Code 77210</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.56372.0</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="29"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="09"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="594.90"/></p> <p><b>[MEMO ITEM]</b></p>

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

**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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: SB21B.56340 Date of Disbursement 08 / 20 / 2009
	Mailing Address P.O. Box 8999	
	City San Francisco State CA Zip Code 94128	Amount of Each Disbursement this Period 725.32
	Purpose of Disbursement Credit Card Payment - See Memos	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Hampton Inn	Transaction ID: SB21B.56340.7 Date of Disbursement 08 / 20 / 2009
	Mailing Address 1401 1/2 E. 11th Avenue	
	City Hutchinson State KS Zip Code 67501	Amount of Each Disbursement this Period 273.62
	Purpose of Disbursement Travel	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: SB21B.56341 Date of Disbursement 08 / 20 / 2009
	Mailing Address P.O. Box 8999	
	City San Francisco State CA Zip Code 94128	Amount of Each Disbursement this Period 172.41
	Purpose of Disbursement Credit Card Payment - See Memos	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	897.73
<b>TOTAL</b> 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 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)  
HUCK PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) US Post Office  Mailing Address 501 Commerce Drive  City Maumelle State AR Zip Code 72113  Purpose of Disbursement Postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.56341.0 Date of Disbursement 08 / 20 / 2009	Amount of Each Disbursement this Period 21.81  <b>[MEMO ITEM]</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) Southwest Airlines  Mailing Address P.O. Box 36647 - 1CR  City Dallas State TX Zip Code 75235  Purpose of Disbursement Travel Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.56341.1 Date of Disbursement 08 / 20 / 2009	Amount of Each Disbursement this Period 150.60  <b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) Visa  Mailing Address P.O. Box 8999  City San Francisco State CA Zip Code 94128  Purpose of Disbursement Credit Card Payment - See Memos Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.56343 Date of Disbursement 09 / 25 / 2009	Amount of Each Disbursement this Period 376.24

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

**376.24**

**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 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)  
HUCK PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) AT&T  Mailing Address P.O. Box 650661  City Dallas State TX Zip Code 75265  Purpose of Disbursement Telephone Service Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.56343.0 Date of Disbursement 09 / 25 / 2009  Amount of Each Disbursement this Period 376.24  <b>[MEMO ITEM]</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) Visa  Mailing Address P.O. Box 8999  City San Francisco State CA Zip Code 94128  Purpose of Disbursement Credit Card Payment - See Memos Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.56344 Date of Disbursement 09 / 25 / 2009  Amount of Each Disbursement this Period 323.04
<b>C.</b>	Full Name (Last, First, Middle Initial) US Post Office  Mailing Address 501 Commerce Drive  City Maumelle State AR Zip Code 72113  Purpose of Disbursement Postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.56344.0 Date of Disbursement 09 / 25 / 2009  Amount of Each Disbursement this Period 110.35  <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	323.04
<b>TOTAL</b> 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 296 / 319

<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)  
HUCK PAC

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

Mailing Address 12309 Chenal Parkway

City Little Rock State AR Zip Code 72211

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21B.56344.1  
Date of Disbursement 09 / 25 / 2009

Amount of Each Disbursement this Period 122.97

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
Dish Network

Mailing Address Department 0063

City Palatine State IL Zip Code 60055

Purpose of Disbursement Office Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21B.56344.2  
Date of Disbursement 09 / 25 / 2009

Amount of Each Disbursement this Period 89.72

[MEMO ITEM]

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

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement Credit Card Payment - See Memos

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21B.56345  
Date of Disbursement 10 / 28 / 2009

Amount of Each Disbursement this Period 2625.79

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 2625.79

**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 297 / 319

<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: SB21B.56345.0 Date of Disbursement																			
	Mailing Address P.O. Box 20706	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	0	9												
	City Atlanta State GA Zip Code 30320	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel	<table border="1"><tr><td>1198.60</td></tr></table>	1198.60																		
1198.60																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:	[MEMO ITEM]																			

B.	Full Name (Last, First, Middle Initial) Renaissance Hotels	Transaction ID: SB21B.56345.1 Date of Disbursement																			
	Mailing Address 714 Seventh Avenue	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	0	9												
	City New York State NY Zip Code 10036	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel	<table border="1"><tr><td>1066.38</td></tr></table>	1066.38																		
1066.38																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:	[MEMO ITEM]																			

C.	Full Name (Last, First, Middle Initial) Fairfield Inn & Suites	Transaction ID: SB21B.56345.3 Date of Disbursement																			
	Mailing Address 4120 Health Care Dr.	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	0	9												
	City North Little Rock State AR Zip Code 72117	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel	<table border="1"><tr><td>200.26</td></tr></table>	200.26																		
200.26																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:	[MEMO ITEM]																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>0.00</td></tr></table>	0.00
0.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# 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 298 / 319

<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)  
HUCK PAC

A.

Full Name (Last, First, Middle Initial)  
Southwest Airlines

Transaction ID: SB21B.56345.4  
Date of Disbursement

Mailing Address P.O. Box 36647 - 1CR

10 / 28 / 2009

City Dallas State TX Zip Code 75235

Amount of Each Disbursement this Period

Purpose of Disbursement  
Travel

150.60

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

[MEMO ITEM]

State: District:

B.

Full Name (Last, First, Middle Initial)  
Visa

Transaction ID: SB21B.67359  
Date of Disbursement

Mailing Address P.O. Box 8999

10 / 28 / 2009

City San Francisco State CA Zip Code 94128

Amount of Each Disbursement this Period

Purpose of Disbursement  
Credit Card Payment - See Memos

1120.26

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Staples

Transaction ID: SB21B.67359.0  
Date of Disbursement

Mailing Address 12309 Chenal Parkway

10 / 28 / 2009

City Little Rock State AR Zip Code 72211

Amount of Each Disbursement this Period

Purpose of Disbursement  
Office Supplies Expense

352.80

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

1120.26

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 299 / 319

<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)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address P.O. Box 20706</p> <p>City Atlanta State GA Zip Code 30320</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.67359.1</p> <p>Date of Disbursement 10 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 378.40</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) US Post Office</p> <p>Mailing Address 501 Commerce Drive</p> <p>City Maumelle State AR Zip Code 72113</p> <p>Purpose of Disbursement Postage - PAC Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.67359.2</p> <p>Date of Disbursement 10 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 16.55</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Dish Network</p> <p>Mailing Address Department 0063</p> <p>City Palatine State IL Zip Code 60055</p> <p>Purpose of Disbursement Office Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.67359.3</p> <p>Date of Disbursement 10 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 94.72</p> <p><b>[MEMO ITEM]</b></p>

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

0.00

**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 300 / 319

<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Hilton Melbourne Oceanfront	Transaction ID: SB21B.67359.4 Date of Disbursement 10 / 28 / 2009
	Mailing Address 3003 N. Highway A1A	Amount of Each Disbursement this Period 252.84
	City Melbourne State FL Zip Code 32903	
	Purpose of Disbursement Travel	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: SB21B.63071 Date of Disbursement 11 / 23 / 2009
	Mailing Address P.O. Box 8999	Amount of Each Disbursement this Period 3604.90
	City San Francisco State CA Zip Code 94128	
	Purpose of Disbursement Credit Card Payment - See Memos	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) US Post Office	Transaction ID: SB21B.63071.0 Date of Disbursement 11 / 23 / 2009
	Mailing Address 501 Commerce Drive	Amount of Each Disbursement this Period 701.84
	City Maumelle State AR Zip Code 72113	
	Purpose of Disbursement Postage	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	3604.90
<b>TOTAL</b> 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 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)  
HUCK PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Southwest Airlines</p> <p>Mailing Address P.O. Box 36647 - 1CR</p> <p>City Dallas State TX Zip Code 75235</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.63071.1</p> <p>Date of Disbursement 11 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 224.20</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Staples Direct</p> <p>Mailing Address 500 Staples Drive</p> <p>City Farmington State MA Zip Code 01702</p> <p>Purpose of Disbursement Office Supplies Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.63071.2</p> <p>Date of Disbursement 11 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 91.07</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Continental Airlines</p> <p>Mailing Address P.O. Box 4607</p> <p>City Houston State TX Zip Code 77210</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.63071.3</p> <p>Date of Disbursement 11 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 635.20</p> <p><b>[MEMO ITEM]</b></p>

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

0.00

**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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: SB21B.63071.4 Date of Disbursement 11 / 23 / 2009
	Mailing Address P.O. Box 20706	Amount of Each Disbursement this Period 257.70
	City Atlanta State GA Zip Code 30320	
	Purpose of Disbursement Travel	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Dish Network	Transaction ID: SB21B.63071.7 Date of Disbursement 11 / 23 / 2009
	Mailing Address Department 0063	Amount of Each Disbursement this Period 94.72
	City Palatine State IL Zip Code 60055	
	Purpose of Disbursement Office Expense	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Hyatt Hotels	Transaction ID: SB21B.63071.8 Date of Disbursement 11 / 23 / 2009
	Mailing Address 1200 Louisiana Street	Amount of Each Disbursement this Period 1362.91
	City Houston State TX Zip Code 77002	
	Purpose of Disbursement Travel	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 303 / 319

<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) The UPS Store	Transaction ID: SB21B.63071.9
	Mailing Address 1900 Club Manor Drive Suite 112	Date of Disbursement MM / DD / YYYY 11 / 23 / 2009
	City Maumelle State AR Zip Code 72113	Amount of Each Disbursement this Period 10.46
	Purpose of Disbursement Postage and Shipping	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB21B.63071.10
	Mailing Address 12309 Chenal Parkway	Date of Disbursement MM / DD / YYYY 11 / 23 / 2009
	City Little Rock State AR Zip Code 72211	Amount of Each Disbursement this Period 40.85
	Purpose of Disbursement Office Supplies Expense	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: SB21B.63072
	Mailing Address P.O. Box 8999	Date of Disbursement MM / DD / YYYY 11 / 23 / 2009
	City San Francisco State CA Zip Code 94128	Amount of Each Disbursement this Period 2955.39
	Purpose of Disbursement Credit Card Payment - See Memos	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2955.39
<b>TOTAL</b> 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 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)  
HUCK PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Delta Airlines <hr/> Mailing Address P.O. Box 20706 <hr/> City Atlanta State GA Zip Code 30320 <hr/> Purpose of Disbursement Travel <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.63072.0 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1920.09
	[MEMO ITEM]
	Category/ Type
	[MEMO ITEM]

<b>B.</b> Full Name (Last, First, Middle Initial) Continental Airlines <hr/> Mailing Address P.O. Box 4607 <hr/> City Houston State TX Zip Code 77210 <hr/> Purpose of Disbursement Travel <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.63072.1 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 303.70
	[MEMO ITEM]
	Category/ Type
	[MEMO ITEM]

<b>C.</b> Full Name (Last, First, Middle Initial) Hyatt Hotels <hr/> Mailing Address 1200 Louisiana Street <hr/> City Houston State TX Zip Code 77002 <hr/> Purpose of Disbursement Travel <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.63072.2 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 73.16
	[MEMO ITEM]
	Category/ Type
	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Renaissance Hotels	Transaction ID: SB21B.63072.5 Date of Disbursement
	Mailing Address 50 North 3rd Street	<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Columbus State OH Zip Code 43215	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel	<input type="text" value="468.55"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: SB21B.65311 Date of Disbursement
	Mailing Address P.O. Box 8999	<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City San Francisco State CA Zip Code 94128	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Payment - See Memos	<input type="text" value="167.81"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) US Post Office	Transaction ID: SB21B.65311.1 Date of Disbursement
	Mailing Address 501 Commerce Drive	<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City Maumelle State AR Zip Code 72113	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage	<input type="text" value="38.10"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="167.81"/>
<b>TOTAL</b> 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 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Dish Network	Transaction ID: SB21B.65311.2 Date of Disbursement
	Mailing Address Department 0063	<input type="text" value="12"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Palatine State IL Zip Code 60055	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Expense	<input type="text" value="94.72"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: SB21B.65312 Date of Disbursement
	Mailing Address P.O. Box 8999	<input type="text" value="12"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City San Francisco State CA Zip Code 94128	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Payment - See Memos	<input type="text" value="1845.85"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Residence Inn New York	Transaction ID: SB21B.65312.3 Date of Disbursement
	Mailing Address 1033 Avenue of the Americas	<input type="text" value="12"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City New York State NY Zip Code 10018	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel	<input type="text" value="238.38"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1845.85"/>
<b>TOTAL</b> 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)

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<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)  
HUCK PAC

<b>A.</b> Full Name (Last, First, Middle Initial) National Car Rental Mailing Address 2200 69th Avenue City Moline State IL Zip Code 61265 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.65312.4 Date of Disbursement 12 / 27 / 2009
	Amount of Each Disbursement this Period 496.56 [MEMO ITEM]
<b>B.</b> Full Name (Last, First, Middle Initial) Courtyard by Marriott Mailing Address 140 L Street SE City Washington State DC Zip Code 20003 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.65312.6 Date of Disbursement 12 / 27 / 2009
	Amount of Each Disbursement this Period 677.51 [MEMO ITEM]

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

0.00

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

349844.36

**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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) <b>COMMITTEE TO RE-ELECT TRENT FRANKS TO CONGRESS</b>	<b>Transaction ID:</b> SB23.65296
	Mailing Address 12416 N. 57th Drive	Date of Disbursement 12 / 31 / 2009
	City Glendale State AZ Zip Code 85304	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Campaign Contributions	Category/Type
	Candidate Name TRENT FRANKS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: AZ District: 02	

B.	Full Name (Last, First, Middle Initial) <b>DICK KELSEY FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.65293
	Mailing Address 4031 East Harry Street	Date of Disbursement 12 / 31 / 2009
	City Wichita State KS Zip Code 67218	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Campaign Contribution	Category/Type
	Candidate Name RICHARD FRANKLIN KELSEY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: KS District: 04	

C.	Full Name (Last, First, Middle Initial) <b>FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE</b>	<b>Transaction ID:</b> SB23.56377
	Mailing Address 801 G STREET NW	Date of Disbursement 10 / 28 / 2009
	City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) FRIENDS OF DAVID HARMER	Transaction ID: SB23.56353
	Mailing Address 9321 SILVERBEND LANE	Date of Disbursement 10 / 29 / 2009
	City ELK GROVE State CA Zip Code 95624	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Campaign Contribution	Category/Type
	Candidate Name DAVID JEFFREY HARMER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 10	

B.	Full Name (Last, First, Middle Initial) KANSANS FOR HUELSKAMP	Transaction ID: SB23.65294
	Mailing Address PO Box 410	Date of Disbursement 12 / 31 / 2009
	City Fowler State KS Zip Code 67844	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Campaign Contribution	Category/Type
	Candidate Name TIMOTHY A HUELSKAMP	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: KS District: 01	

C.	Full Name (Last, First, Middle Initial) LINDER FOR CONGRESS	Transaction ID: SB23.65292
	Mailing Address P. O. Box 4026	Date of Disbursement 12 / 31 / 2009
	City Duluth State GA Zip Code 30096	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Campaign Contribution	Category/Type
	Candidate Name JOHN LINDER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: GA District: 07	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) MARCO RUBIO FOR US SENATE	Transaction ID: SB23.56349
	Mailing Address 4027 SOUTH LEJEUNE ROAD	Date of Disbursement 09 / 28 / 2009
	City CORAL GABLES State FL Zip Code 33146	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Campaign Contribution	Category/ Type
	Candidate Name MARCO RUBIO	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: FL District: 00	

B.	Full Name (Last, First, Middle Initial) MARCO RUBIO FOR US SENATE	Transaction ID: SB23.65290
	Mailing Address 4027 SOUTH LEJEUNE ROAD	Date of Disbursement 12 / 31 / 2009
	City CORAL GABLES State FL Zip Code 33146	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Campaign Contribution	Category/ Type
	Candidate Name MARCO RUBIO	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: FL District: 00	

C.	Full Name (Last, First, Middle Initial) NUNNELEE FOR CONGRESS	Transaction ID: SB23.65306
	Mailing Address 438 EAST MAIN ST PO BOX 7092	Date of Disbursement 12 / 31 / 2009
	City TUPELO State MS Zip Code 38802	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Campaign Contribution	Category/ Type
	Candidate Name PATRICK ALAN NUNNELEE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MS District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) REX RICE FOR CONGRESS		Transaction ID: SB23.65291	
	Mailing Address 301 PROVIDENCE WAY PO BOX 1706		Date of Disbursement 12 / 31 / 2009	
	City EASLEY	State SC	Zip Code 29642	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Campaign Contribution		Category/ Type	
	Candidate Name REX FONTAINE RICE			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: SC	District: 03		

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

1000.00

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

1000.00

# 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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HUCK PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Andre Bauer for Governor <hr/> Mailing Address P.O. Box 5088 <hr/> City Columbia State SC Zip Code 29250 <hr/> Purpose of Disbursement Campaign Contribution Candidate Name Andre Bauer <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB29.63106 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 9 <hr/> <b>Amount of Each Disbursement this Period</b> 2500.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Bill Bolling for Lieutenant Governor of Virginia <hr/> Mailing Address P.O. Box 8205 <hr/> City Richmond State VA Zip Code 23226 <hr/> Purpose of Disbursement Campaign Contribution Candidate Name Bill Bolling <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB29.56363 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 9 <hr/> <b>Amount of Each Disbursement this Period</b> 1000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Bill Bolling for Lieutenant Governor of Virginia <hr/> Mailing Address P.O. Box 8205 <hr/> City Richmond State VA Zip Code 23226 <hr/> Purpose of Disbursement Campaign Contribution Candidate Name Bill Bolling <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB29.56369 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 9 <hr/> <b>Amount of Each Disbursement this Period</b> 500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4000.00
<b>TOTAL</b> 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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HUCK PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) David Rivera for State Senate <hr/> Mailing Address P.O. Box 520633 <hr/> City Miami State FL Zip Code 33152 <hr/> Purpose of Disbursement Campaign Contribution Candidate Name David Rivera Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.56359 Date of Disbursement 09 / 28 / 2009 <hr/> Amount of Each Disbursement this Period 500.00
<b>B.</b>	Full Name (Last, First, Middle Initial) David Rivera for State Senate <hr/> Mailing Address P.O. Box 520633 <hr/> City Miami State FL Zip Code 33152 <hr/> Purpose of Disbursement Campaign Contribution Candidate Name David Rivera Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.65301 Date of Disbursement 12 / 31 / 2009 <hr/> Amount of Each Disbursement this Period 500.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Hickerson State Representative Campaign Committee <hr/> Mailing Address P.O. Box 3126 <hr/> City Texarkana State AR Zip Code 75504-3126 <hr/> Purpose of Disbursement Campaign Contribution Candidate Name Mary 'Prissy' Hickerson Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.56357 Date of Disbursement 09 / 22 / 2009 <hr/> Amount of Each Disbursement this Period 500.00

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

1500.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) John Kasich for Governor	Transaction ID: SB29.56360 Date of Disbursement
	Mailing Address 14 East Gay St. 2nd Floor	<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City Columbus State OH Zip Code 43215	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Contribution	<input type="text" value="1000.00"/>
	Candidate Name John Kasich	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) John Kasich for Governor	Transaction ID: SB29.65302 Date of Disbursement
	Mailing Address 14 East Gay St. 2nd Floor	<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City Columbus State OH Zip Code 43215	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Contribution	<input type="text" value="1000.00"/>
	Candidate Name John Kasich	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Ken Cuccinelli for Attorney General	Transaction ID: SB29.56366 Date of Disbursement
	Mailing Address 10560 Main Street Suite 218	<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City Fairfax State VA Zip Code 22030	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Contribution	<input type="text" value="1000.00"/>
	Candidate Name Ken Cuccinelli	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> 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)

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<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Ken Cuccinelli for Attorney General  Mailing Address 10560 Main Street Suite 218  City Fairfax State VA Zip Code 22030  Purpose of Disbursement Campaign Contribution Candidate Name Ken Cuccinelli  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  State: District:	Transaction ID: SB29.56370 Date of Disbursement 10 / 29 / 2009	Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) Matthew Shepard for Arkansas Representative  Mailing Address P.O. Box 12004  City El Dorado State AR Zip Code 71730  Purpose of Disbursement Campaign Contribution Candidate Name Matthew Shepard  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  State: District:	Transaction ID: SB29.65303 Date of Disbursement 12 / 31 / 2009	Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) McDonnell for Governor  Mailing Address 2819 North Parham Road Suite 210  City Richmond State VA Zip Code 23294  Purpose of Disbursement Campaign Contribution Candidate Name Bob McDonnell  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  State: District:	Transaction ID: SB29.56361 Date of Disbursement 09 / 28 / 2009	Amount of Each Disbursement this Period 1500.00

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

2500.00

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 316 / 319

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HUCK PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) McDonnell for Governor <hr/> Mailing Address 2819 North Parham Road Suite 210 <hr/> City Richmond State VA Zip Code 23294 <hr/> Purpose of Disbursement Campaign Contribution <hr/> Candidate Name Bob McDonnell <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.56368 Date of Disbursement 10 / 29 / 2009 <hr/> Amount of Each Disbursement this Period 500.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Northey for Secretary of Agriculture <hr/> Mailing Address P.O. Box 212 <hr/> City Okoboji State IA Zip Code 51355 <hr/> Purpose of Disbursement Campaign Contribution <hr/> Candidate Name Bill Northey <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.56367 Date of Disbursement 09 / 29 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Northey for Secretary of Agriculture <hr/> Mailing Address P.O. Box 212 <hr/> City Okoboji State IA Zip Code 51355 <hr/> Purpose of Disbursement Campaign Contribution <hr/> Candidate Name Bill Northey <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB29.65300 Date of Disbursement 12 / 31 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00

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

2500.00

**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 317 / 319

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Team Vander Plaats	Transaction ID: SB29.65299 Date of Disbursement
	Mailing Address P.O. Box 2010	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/>
	City State Zip Code Sioux City IA 51104	Amount of Each Disbursement this Period <input type="text" value="1500.00"/>
	Purpose of Disbursement Campaign Contribution	<input type="text"/>
	Candidate Name Bob Vander Plaats	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="1500.00"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
HUCK PAC

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Capitol Resources, Inc.			Nature of Debt (Purpose): Telemarketing - PAC Fundraising
Mailing Address 3213 Duke Street #672			
City Alexandria	State VA	ZIP Code 22314	

Outstanding Balance Beginning This Period	Transaction ID: SD10.67305	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
19026.91	18204.48	822.43

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> GSL Solutions, Inc.			Nature of Debt (Purpose): Web Development/Hosting
Mailing Address 1411 N. Westshore Boulevard Suite 204			
City Tampa	State FL	ZIP Code 33607	

Outstanding Balance Beginning This Period	Transaction ID: SD10.42477	
14668.28		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
21148.80	28931.89	6885.19

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> JPMS Cox			Nature of Debt (Purpose): Accounting & Compliance Fees
Mailing Address 11300 Cantrell Road Suite 301			
City Little Rock	State AR	ZIP Code 72212	

Outstanding Balance Beginning This Period	Transaction ID: SD10.67304	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
32002.30	20437.78	11564.52

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	19272.14
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
HUCK PAC

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> LCM Strategies			Nature of Debt (Purpose): Direct Mail
Mailing Address 3409 Hopkins Street			
City Nashville	State TN	ZIP Code 37215	

Outstanding Balance Beginning This Period 3500.00		<b>Transaction ID: SD10.42454</b>	
Amount Incurred This Period 18500.00	Payment This Period 22000.00	Outstanding Balance at Close of This Period 0.00	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Preferred Communications			Nature of Debt (Purpose): Direct Mail List Purchase
Mailing Address 6090 Franconia Road Suite D			
City Alexandria	State VA	ZIP Code 22310	

Outstanding Balance Beginning This Period 45000.00		<b>Transaction ID: SD10.14799</b>	
Amount Incurred This Period 0.00	Payment This Period 45000.00	Outstanding Balance at Close of This Period 0.00	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	19272.14
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)	▶	19272.14