



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Human Rights Campaign PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	1

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" style="display: inline-table; border-collapse: collapse;"><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		56986.29
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	56986.29									
(c) Total Receipts (from Line 19) .....	50623.21	50623.21								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	107609.50	107609.50								
7. Total Disbursements (from Line 31) .....	-2665.60	-2665.60								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	110275.10	110275.10								
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) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Human Rights Campaign PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	1

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	16848.33	16848.33
(i) Itemized (use Schedule A) .....	33770.43	33770.43
(ii) Unitemized .....	50618.76	50618.76
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	50618.76	50618.76
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	4.45	4.45
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)) .....	50623.21	50623.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	50623.21	50623.21

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	19.72	19.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	19.72	19.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-3500.00	-3500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	814.68	814.68
(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)) .....	814.68	814.68
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	-2665.60	-2665.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-2665.60	-2665.60

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	50618.76	50618.76
34. Total Contribution Refunds (from Line 28(d)) .....	814.68	814.68
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	49804.08	49804.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	19.72	19.72
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	19.72	19.72

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 23

(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)  
Human Rights Campaign PAC

**A.**

Full Name (Last, First, Middle Initial)  
Richard D. Babb

Mailing Address 6909 Helsem Way

City State Zip Code  
Dallas TX 75230-1920

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

Name of Employer Occupation  
Compass Bank Executive Vice President

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

Date of Receipt

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

Transaction ID: C3266309

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)  
Rhonda L. Berchuck

Mailing Address 320 Wayland Ave Apt 3

City State Zip Code  
Providence RI 02906-4537

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

Name of Employer Occupation  
Fidelity Investments Vice President, Creative Development

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

Date of Receipt

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

Transaction ID: C3266381

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)  
Dominic L. Bosco

Mailing Address 335 Big Canyon Drive S

City State Zip Code  
Palm Springs CA 92264

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

Name of Employer Occupation  
Retired M.D.

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

Date of Receipt

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

Transaction ID: C3266102

Amount of Each Receipt this Period

100.00

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

700.00

**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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 7 / 23
	<input checked="" 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)  
Human Rights Campaign PAC

**A.**

Full Name (Last, First, Middle Initial)  
Dominic L Bosco

Mailing Address 335 Big Canyon Drive S

City State Zip Code  
Palm Springs CA 92264

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

Name of Employer Retired Occupation M.D.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
01 / 21 / 2009

**Transaction ID:** C3266105

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Dominic L Bosco

Mailing Address 335 Big Canyon Drive S

City State Zip Code  
Palm Springs CA 92264

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

Name of Employer Retired Occupation M.D.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
01 / 21 / 2009

**Transaction ID:** C3266106

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Jo Ellen Buffie

Mailing Address 7550 Singleton St.

City State Zip Code  
Indianapolis IN 46227-8577

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 02 / 2009

**Transaction ID:** C3266390

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **700.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 23  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Human Rights Campaign PAC

**A.** Full Name (Last, First, Middle Initial)  
Stephen H. Carter

Mailing Address 2022 Scaymore Drive

City State Zip Code  
Winter Park FL 32789

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

Name of Employer Occupation  
American Airlines Flight Attendant

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

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

**Transaction ID:** C3266322

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Norman Cohn

Mailing Address 33 Graham Drive

City State Zip Code  
Athens OH 45701-1432

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

Name of Employer Occupation  
None Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

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

**Transaction ID:** C3266417

Amount of Each Receipt this Period  
300.00

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

Mailing Address 4611 Shadywood Lane

City State Zip Code  
Colleyville TX 76034-4718

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 ▼  
1200.00

Date of Receipt  

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

**Transaction ID:** C3266456

Amount of Each Receipt this Period  
1200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1800.00

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

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NAME OF COMMITTEE (In Full)  
Human Rights Campaign PAC

**A.** Full Name (Last, First, Middle Initial)  
Hugh H. Crawford

Mailing Address 1022 Santa Ana Street

City Laguna Beach State CA Zip Code 92651-3828

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 23 / 2009

**Transaction ID:** C3266328

Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Bob V. Deal

Mailing Address 201 Wyandotte Street, Apt. 405

City Kansas City State MO Zip Code 64105-1246

FEC ID number of contributing federal political committee. C

Name of Employer Real Food Baking Co. Occupation President/CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 01 / 08 / 2009

**Transaction ID:** C3266107

Amount of Each Receipt this Period 160.00

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

Mailing Address 201 Wyandotte Street, Apt. 405

City Kansas City State MO Zip Code 64105-1246

FEC ID number of contributing federal political committee. C

Name of Employer Real Food Baking Co. Occupation President/CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 01 / 08 / 2009

**Transaction ID:** C3266120

Amount of Each Receipt this Period 160.00

**SUBTOTAL** of Receipts This Page (optional) ..... 620.00

**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 / 23  
(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)  
Human Rights Campaign PAC

**A.**

Full Name (Last, First, Middle Initial)  
Stuart A. Friedman

Mailing Address 13708 Ardoon Ave

City Cleveland State OH Zip Code 44120-1517

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

Name of Employer Cuyahoga County Occupation Judge

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 01 / 23 / 2009  
Transaction ID: C3266235  
Amount of Each Receipt this Period: 300.00

**B.**

Full Name (Last, First, Middle Initial)  
John V. Gilhooly

Mailing Address 6232 Highgate Ln

City Dallas State TX Zip Code 75214-2156

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

Name of Employer retired Occupation Retired attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: 01 / 30 / 2009  
Transaction ID: C3266103  
Amount of Each Receipt this Period: 1300.00

**C.**

Full Name (Last, First, Middle Initial)  
Fred P. Hochberg

Mailing Address 40 Fifth Avenue #12A

City New York State NY Zip Code 10011-8843

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

Name of Employer Milano New School for Management and U Occupation Dean

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3200.00

Date of Receipt: 01 / 28 / 2009  
Transaction ID: C3266101  
Amount of Each Receipt this Period: 3200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4800.00**

**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 11 / 23
	<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)  
Human Rights Campaign PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Karin Johanson	Date of Receipt MM / DD / YYYY 01 / 14 / 2009
	Mailing Address 3016 Tilden Street, NW, #304	<b>Transaction ID:</b> C3266161
	City State Zip Code Washington DC 20008-3078	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Dewey Square Group Principal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dennis Kershner	Date of Receipt MM / DD / YYYY 01 / 23 / 2009
	Mailing Address 759 Kessler Lake Dr.	<b>Transaction ID:</b> C3266189
	City State Zip Code Dallas TX 75208	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Interior Resources Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Christine A. Koehler	Date of Receipt MM / DD / YYYY 01 / 23 / 2009
	Mailing Address 3983 Brockett Walk	<b>Transaction ID:</b> C3266307
	City State Zip Code Tucker GA 30084-6402	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Koehler and Riddick Lawyer	
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) .....	▶	2100.00
<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 12 / 23  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Human Rights Campaign PAC

**A.** Full Name (Last, First, Middle Initial)  
Chuck V. Loring  
Mailing Address P.O. Box 7396

City State Zip Code  
Fort Lauderdale FL 33338-7396

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

Name of Employer Self Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
MM / DD / YYYY  
01 / 07 / 2009

**Transaction ID:** C3266114

Amount of Each Receipt this Period  
1200.00

**B.** Full Name (Last, First, Middle Initial)  
Michael J Montague  
Mailing Address 622 Pine Cone Court

City State Zip Code  
Town and Country MO 63017-5908

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
MM / DD / YYYY  
01 / 28 / 2009

**Transaction ID:** C3266466

Amount of Each Receipt this Period  
1200.00

**C.** Full Name (Last, First, Middle Initial)  
Brad A Myers  
Mailing Address 4528 Olentangy Blvd

City State Zip Code  
Columbus OH 43214

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

Name of Employer Ohio State University Occupation University Registrar

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 23 / 2009

**Transaction ID:** C3266275

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2650.00**

**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 / 23

(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)  
Human Rights Campaign PAC

**A.**

Full Name (Last, First, Middle Initial)  
John Reed Payne

Mailing Address 1225 Lausanne Avenue

City State Zip Code  
Dallas TX 75208

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation  
Commercial Realtor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 23 / 2009

**Transaction ID:** C3266152

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
J. Christophe Pilley

Mailing Address 421 Richland Avenue

City State Zip Code  
Baton Rouge LA 70806-5260

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation  
Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 23 / 2009

**Transaction ID:** C3266153

Amount of Each Receipt this Period  
300.00

**C.**

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

Mailing Address 551 W Stratford Pl

City State Zip Code  
Chicago IL 60657-2629

FEC ID number of contributing federal political committee. C

Name of Employer Central Merchandising, In-c. Occupation  
Business Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 23 / 2009

**Transaction ID:** C3266163

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... 900.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 23  
(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)  
Human Rights Campaign PAC

**A.**

Full Name (Last, First, Middle Initial)  
Charles W. Prather

Mailing Address 1955 NE 7th Terrace

City State Zip Code  
Fort Lauderdale FL 33305

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

Name of Employer Bottom Line Innovation As-soc. Inc. Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: C3266325

Amount of Each Receipt this Period  
150.00

**B.**

Full Name (Last, First, Middle Initial)  
Charles W. Prather

Mailing Address 1955 NE 7th Terrace

City State Zip Code  
Fort Lauderdale FL 33305

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

Name of Employer Bottom Line Innovation As-soc. Inc. Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: C3266110

Amount of Each Receipt this Period  
150.00

**C.**

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

Mailing Address 2346 Fishinger Rd

City State Zip Code  
Columbus OH 43221-1251

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

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

Transaction ID: C3266467

Amount of Each Receipt this Period  
220.00

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

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NAME OF COMMITTEE (In Full)  
Human Rights Campaign PAC

**A.** Full Name (Last, First, Middle Initial)  
Peter M. Tortorello

Mailing Address 1447 North Mohawk

City State Zip Code  
Chicago IL 60610-1113

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

Name of Employer Occupation  
Koenig & Strey Broker Associate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
01 / 23 / 2009

**Transaction ID:** C3266352

Amount of Each Receipt this Period  
600.00

**B.** Full Name (Last, First, Middle Initial)  
Tambria Turco

Mailing Address 5523 Feather Ct

City State Zip Code  
Castro Valley CA 94552-2638

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

Name of Employer Occupation  
Covenant Care LLC Director of Clinical Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
01 / 23 / 2009

**Transaction ID:** C3266260

Amount of Each Receipt this Period  
300.00

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

Mailing Address 2102 N. 52nd St.

City State Zip Code  
Seattle WA 98103-6218

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 16 / 2009

**Transaction ID:** C3266162

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1400.00**

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

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NAME OF COMMITTEE (In Full)  
Human Rights Campaign PAC

**A.** Full Name (Last, First, Middle Initial)  
Gene H. Zaglin

Mailing Address 119 Oakmont Ave

City State Zip Code  
San Rafael CA 94901-1233

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

Name of Employer NA Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.33

Date of Receipt  
MM / DD / YYYY  
01 / 23 / 2009

**Transaction ID:** C3266268

Amount of Each Receipt this Period  
208.33

**B.** Full Name (Last, First, Middle Initial)  
Harry A. Zinn

Mailing Address 942 14th St Apt 5

City State Zip Code  
Santa Monica CA 90403-3141

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

Name of Employer Bate, Peterson, Deacon, Zinn & Young L Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
01 / 23 / 2009

**Transaction ID:** C3266232

Amount of Each Receipt this Period  
450.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **658.33**

**TOTAL** This Period (last page this line number only) ..... ► **16848.33**

**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)  
Human Rights Campaign PAC

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Establishment Services <hr/> Mailing Address 12138 Central Ave # 886 <hr/> City Mitchellville State MD Zip Code 20721-1910 <hr/> Purpose of Disbursement credit card processing 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: D213458 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 9
	Amount of Each Disbursement this Period 4.95 Category/Type

<b>B.</b> Full Name (Last, First, Middle Initial) American Express Establishment Services <hr/> Mailing Address 12138 Central Ave # 886 <hr/> City Mitchellville State MD Zip Code 20721-1910 <hr/> Purpose of Disbursement credit card processing 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: D213459 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1.69 Category/Type

<b>C.</b> Full Name (Last, First, Middle Initial) CyberSource Corp <hr/> Mailing Address 1295 Charleston Rd <hr/> City Mountain View State CA Zip Code 94043-1307 <hr/> Purpose of Disbursement credit card processing 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: D213460 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 4.62 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11.26
<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)  
Human Rights Campaign PAC

A.

Full Name (Last, First, Middle Initial)  
SunTrust

Transaction ID: D213461  
Date of Disbursement

Mailing Address 1445 New York Ave NW

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

City Washington State DC Zip Code 20005-2158

Amount of Each Disbursement this Period

Purpose of Disbursement  
Bank Charges

Category/ Type
-------------------

0.10
------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
SunTrust

Transaction ID: D213462  
Date of Disbursement

Mailing Address 1445 New York Ave NW

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

City Washington State DC Zip Code 20005-2158

Amount of Each Disbursement this Period

Purpose of Disbursement  
Bank Charges

Category/ Type
-------------------

3.36
------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
SunTrust

Transaction ID: D213463  
Date of Disbursement

Mailing Address 1445 New York Ave NW

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

City Washington State DC Zip Code 20005-2158

Amount of Each Disbursement this Period

Purpose of Disbursement  
Bank Charges

Category/ Type
-------------------

5.00
------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

8.46

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

19.72

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Human Rights Campaign PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jackie Speier for Congress</p> <p>Mailing Address PO BOX 112</p> <p>City Burlingame State CA Zip Code 94011</p> <p>Purpose of Disbursement check 6408 voided</p> <p>Candidate Name Jackie Speier</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 12</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D213400</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period -2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Cardoza For Congress</p> <p>Mailing Address 2724 Winton Way</p> <p>City Atwater State CA Zip Code 95301-2129</p> <p>Purpose of Disbursement check 6743 voided</p> <p>Candidate Name Dennis Cardoza</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 31</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D213401</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period -1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) JUDY BIGGERT FOR CONGRESS</p> <p>Mailing Address PO Box 367</p> <p>City Hinsdale State IL Zip Code 60522-0367</p> <p>Purpose of Disbursement check 6605 voided</p> <p>Candidate Name Judy Biggert</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 13</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D213402</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period -1000.00</p>

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

-4500.00

**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 20 / 23

<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)  
Human Rights Campaign PAC

A.

Full Name (Last, First, Middle Initial)  
Mark Kirk For Congress

Transaction ID: D213399

Date of Disbursement

Mailing Address PO Box 8

<sup>M</sup> 0	<sup>M</sup> 1	/	<sup>D</sup> 2	<sup>D</sup> 2	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 9
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

City Winnetka State IL Zip Code 60093-0008

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
contribution

--

Category/  
Type

Candidate Name  
Mark Kirk

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: IL District: 10

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

1000.00
---------

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

-3500.00
----------



# 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 checked="" 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)  
Human Rights Campaign PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. Richard H. Ember</p> <p>Mailing Address 712 Main St Ste 2110</p> <p>City Houston State TX Zip Code 77002-3206</p> <p>Purpose of Disbursement refund</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> D213391</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <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 style="text-align: center;"><input type="text" value="125.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Stephen Thomas O'Brien</p> <p>Mailing Address 1 Greenwich Ct.</p> <p>City Baltimore State MD Zip Code 21202-203</p> <p>Purpose of Disbursement refund</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> D213385</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <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 style="text-align: center;"><input type="text" value="100.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) David Pasternack</p> <p>Mailing Address 305 Daibes Court</p> <p>City Edgewater State NJ Zip Code 7020 -1029</p> <p>Purpose of Disbursement refund</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> D213387</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <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 style="text-align: center;"><input type="text" value="100.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="325.00"/>
<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 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 checked="" 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)  
Human Rights Campaign PAC

**A.**

Full Name (Last, First, Middle Initial)  
David Pasternack

Mailing Address 305 Daibes Court

City Edgewater State NJ Zip Code 7020 -1029

Purpose of Disbursement refund

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: D213388  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)  
David Pasternack

Mailing Address 305 Daibes Court

City Edgewater State NJ Zip Code 7020 -1029

Purpose of Disbursement refund

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: D213389  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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