

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

HPAC

ADDRESS (number and street) 1050 CONNECTICUT AVENUE NW

Check if different than previously reported. (ACC) WASHINGTON DC 20036

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00495911

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 07 / 01 / 2011 through [MM] / [DD] / [YYYY] 12 / 31 / 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David Satterfield

Signature of Treasurer David Satterfield [Electronically Filed] Date 01 / 31 / 2012

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

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

HPAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="11102.55"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="417101.00"/>	<input type="text" value="628953.21"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="428203.55"/>	<input type="text" value="628953.21"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="408781.23"/>	<input type="text" value="609530.89"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="19422.32"/>	<input type="text" value="19422.32"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="120381.00"/>	

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

HPAC

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

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).....	417000.00	611300.00
(ii) Unitemized	101.00	12653.21
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	417101.00	623953.21
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	417101.00	628953.21
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	417101.00	628953.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	417101.00	628953.21

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	383781.23	582030.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	383781.23	582030.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	25000.00	25000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	25000.00	25000.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	408781.23	609530.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	408781.23	609530.89

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	417101.00	628953.21
34. Total Contribution Refunds (from Line 28(d))	25000.00	25000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	392101.00	603953.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	383781.23	582030.89
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	383781.23	582030.89

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)
HPAC

Full Name (Last, First, Middle Initial)
A. MR. ILAN KAUFTHAL

Mailing Address 143 E. LINDEN AVENUE

City ENGLEWOOD State NJ Zip Code 07631-3621

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

Name of Employer IRVING PLACE CAPITAL-SENIOR ADVISOR Occupation PRIVATE INVESTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011

Transaction ID : SA11.1381

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MRS. LINDA S. KAUFTHAL

Mailing Address 143 EAST LINDEN AVENUE

City ENGLEWOOD State NJ Zip Code 07631-3621

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 ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011

Transaction ID : SA11.1382

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. HENRY M. PAULSON JR.

Mailing Address 71 S. WACKER DRIVE SUITE 500

City CHICAGO State IL Zip Code 60606-4673

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

Name of Employer GOLDMAN SACHS Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2011

Transaction ID : SA11.1500

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	15000.00
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 OF 95
	<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)
HPAC

A. MR. ROBERT (RICE) M. POWELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 BANCROFT ROAD
 City ANDOVER State MA Zip Code 01810-4120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FRESENIUS MEDICAL CARE Occupation CHIEF EXECUTIVE OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 15 / 2011
Transaction ID : SA11.2380
 Amount of Each Receipt this Period 5000.00
 CONTRIBUTION

B. E. JEANNE GLEASON
 Full Name (Last, First, Middle Initial)
 Mailing Address 552 ELKNUD LANE
 City JOHNSTOWN State PA Zip Code 15905-2064
 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 ▼ 5000.00

Date of Receipt 07 / 19 / 2011
Transaction ID : SA11.2668
 Amount of Each Receipt this Period 5000.00
 CONTRIBUTION
[MEMO ITEM]
 REATTRIBUTION FROM SPOUSE

C. ROBERT A. GLEASON
 Full Name (Last, First, Middle Initial)
 Mailing Address 552 ELKNUD LANE
 City JOHNSTOWN State PA Zip Code 15905-2064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GLEASON AGENCY, A DIVISION OF ARTHUR Occupation INSURANCE BROKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 19 / 2011
Transaction ID : SA11.2669
 Amount of Each Receipt this Period -5000.00
 CONTRIBUTION
[MEMO ITEM]
 REATTRIBUTION TO SPOUSE

SUBTOTAL of Receipts This Page (optional)..... ▶ 5000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 95
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)
A. MR. MARC J. FALCONE

Mailing Address 1505 S. PAVILION CENTER DRIVE

City LAS VEGAS State NV Zip Code 89135-1403

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

Name of Employer FERTITTA ENTERTAINMENT Occupation C.F.O.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2011

Transaction ID : SA11.2612

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. FRANK J. FERTITTA III

Mailing Address 1505 S. PAVILION CENTER DRIVE

City LAS VEGAS State NV Zip Code 89135-1403

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

Name of Employer FERTITTA ENTERTAINMENT, L.L.C. Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2011

Transaction ID : SA11.2655

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MRS. JILL ANN FERTITTA

Mailing Address 1505 S. PAVILION CENTER DRIVE

City LAS VEGAS State NV Zip Code 89135-1403

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 ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2011

Transaction ID : SA11.2654

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 15000.00

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 OF 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)
A. MR. LORENZO J. FERTITTA

Mailing Address 1609 ENCLAVE COURT

City State Zip Code
LAS VEGAS NV 89134-6195

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

Name of Employer Occupation
ZUFFA, L.L.C. C.E.O./CHAIRMAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2011
Transaction ID : SA11.2656

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MRS. TERESA J. FERTITTA

Mailing Address 1609 ENCLAVE COURT

City State Zip Code
LAS VEGAS NV 89134-6195

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 M / D D D / Y Y Y Y Y Y
 07 / 20 / 2011
Transaction ID : SA11.2658

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. RICHARD J. HASKINS

Mailing Address 9325 TOURNAMENT CANYON DRIVE

City State Zip Code
LAS VEGAS NV 89144-0818

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

Name of Employer Occupation
FERTITTA ENTERTAINMENT L.L.C. EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2011
Transaction ID : SA11.2657

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 15000.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 95
(check only one)

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

Full Name (Last, First, Middle Initial)
A. MR. KIRK D. HENDRICK

Mailing Address 2270 CANDLESTICK AVENUE

City HENDERSON	State NV	Zip Code 89052-2359
-------------------	-------------	------------------------

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

Name of Employer U.F.C.	Occupation C.O.O.
----------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2011

Transaction ID : SA11.2611

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. JOHN MULKEY

Mailing Address 8913 PLAYERS CLUB DRIVE

City LAS VEGAS	State NV	Zip Code 89134-6354
-------------------	-------------	------------------------

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

Name of Employer ZUFFA, LLC	Occupation C.F.O.
--------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2011

Transaction ID : SA11.2659

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. SCOTT M. NIELSON

Mailing Address 9037 WATERFIELD COURT

City LAS VEGAS	State NV	Zip Code 89134-6193
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FEC ID number of contributing federal political committee. **C**

Name of Employer FERTITTA ENTERTAINMENT	Occupation LAWYER
--	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2011

Transaction ID : SA11.2610

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	15000.00
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 OF 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)
A. MR. LARRY E. TILLERY

Mailing Address **6140 EASTEX FREEWAY**

City **BEAUMONT** State **TX** Zip Code **77708-4415**

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

Name of Employer **DAY LIGHT MOTORS** Occupation **PRESIDENT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
07 / 20 / 2011
Transaction ID : SA11.2615

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

SEE REATTRIBUTION

Full Name (Last, First, Middle Initial)
B. JUDY TILLERY

Mailing Address **6140 EASTEX FREEWAY**

City **BEAUMONT** State **TX** Zip Code **77708-4415**

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 ▼ **5000.00**

Date of Receipt
07 / 28 / 2011
Transaction ID : SA11.3140

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

[MEMO ITEM]
 REATTRIBUTION FROM SPOUSE

Full Name (Last, First, Middle Initial)
C. MR. LARRY E. TILLERY

Mailing Address **6140 EASTEX FREEWAY**

City **BEAUMONT** State **TX** Zip Code **77708-4415**

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

Name of Employer **DAY LIGHT MOTORS** Occupation **PRESIDENT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
07 / 28 / 2011
Transaction ID : SA11.2615B

Amount of Each Receipt this Period
-5000.00

CONTRIBUTION

[MEMO ITEM]
 REATTRIBUTION TO SPOUSE

SUBTOTAL of Receipts This Page (optional)..... ▶ **10000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial) A. MR. BEN J. LIPPS		Date of Receipt MM / DD / YYYY 07 / 22 / 2011
Mailing Address 3333 W. COAST HIGHWAY SUITE 300		Transaction ID : SA11.2767
City NEWPORT BEACH	State CA	Zip Code 92663-4058
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5000.00	
Name of Employer FRESENIUS MEDICAL CARE	Occupation CHAIRMAN & C.E.O.	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. MR. DANA F. WHITE II		Date of Receipt MM / DD / YYYY 07 / 22 / 2011
Mailing Address 2960 W. SAHARA AVENUE		Transaction ID : SA11.2768
City LAS VEGAS	State NV	Zip Code 89102-1709
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5000.00	
Name of Employer ZUFFA L.L.C.	Occupation EXECUTIVE	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	SEE REATTRIBUTION

Full Name (Last, First, Middle Initial) C. MRS. ANNE WHITE		Date of Receipt MM / DD / YYYY 09 / 09 / 2011
Mailing Address 2960 W. SAHARA AVENUE		Transaction ID : SA11.6517
City LAS VEGAS	State NV	Zip Code 89102-1709
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5000.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	[MEMO ITEM] REATTRIBUTION FROM SPOUSE

SUBTOTAL of Receipts This Page (optional).....▶	10000.00
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 13 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HPAC

A. MR. DANA F. WHITE II
Full Name (Last, First, Middle Initial)
Mailing Address 2960 W. SAHARA AVENUE
City LAS VEGAS State NV Zip Code 89102-1709
FEC ID number of contributing federal political committee. **C**
Name of Employer ZUFFA L.L.C. Occupation EXECUTIVE
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 09 / 2011
Transaction ID : SA11.2768B
Amount of Each Receipt this Period -5000.00
CONTRIBUTION
[MEMO ITEM]
REATTRIBUTION TO SPOUSE

B. MR. DANA F. WHITE II
Full Name (Last, First, Middle Initial)
Mailing Address 2960 W. SAHARA AVENUE
City LAS VEGAS State NV Zip Code 89102-1709
FEC ID number of contributing federal political committee. **C**
Name of Employer ZUFFA L.L.C. Occupation EXECUTIVE
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 22 / 2011
Transaction ID : SA11.2769
Amount of Each Receipt this Period 5000.00
CONTRIBUTION

C. MR. CRAIG BORSARI
Full Name (Last, First, Middle Initial)
Mailing Address 7752 ROARING SPRINGS CIRCLE
City LOS VEGAS State NV Zip Code 89113-4038
FEC ID number of contributing federal political committee. **C**
Name of Employer ZUFFA, L.L.C. Occupation EXECUTIVE VICE PRESIDENT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 27 / 2011
Transaction ID : SA11.2914
Amount of Each Receipt this Period 5000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 10000.00
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 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial) A. MR. IKE LAWRENCE EPSTEIN		Date of Receipt MM / DD / YYYY 07 / 27 / 2011
Mailing Address 213 LUXAIRE CT.		Transaction ID : SA11.2921
City LAS VEGAS	State NV	Zip Code 89144-4318
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer ZUFFA, L.L.C.	Occupation ATTORNEY/BUSINESS EXECUTIVE	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. MR. MARC J. FALCONE		Date of Receipt MM / DD / YYYY 07 / 27 / 2011
Mailing Address 1505 S. PAVILION CENTER DRIVE		Transaction ID : SA11.3586A
City LAS VEGAS	State NV	Zip Code 89135-1403
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer FERTITTA ENTERTAINMENT	Occupation C.F.O.	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	CHARGED BACK \$5,000.00 ON 08/08/2011

Full Name (Last, First, Middle Initial) C. MR. KIRK D. HENDRICK		Date of Receipt MM / DD / YYYY 07 / 27 / 2011
Mailing Address 2270 CANDLESTICK AVENUE		Transaction ID : SA11.3702A
City HENDERSON	State NV	Zip Code 89052-2359
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer U.F.C.	Occupation C.O.O.	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	CHARGED BACK \$5,000.00 ON 08/10/2011

SUBTOTAL of Receipts This Page (optional).....▶	15000.00
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 15 OF 95
	<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)
HPAC

A. MR. A. PETER MONACO JR.
Full Name (Last, First, Middle Initial)

Mailing Address 311 MARLBOROUGH STREET

City BOSTON State MA Zip Code 02116-1608

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

Name of Employer RAPTOR GROUP Occupation INVESTMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 27 / 2011
Transaction ID : SA11.2913

Amount of Each Receipt this Period 5000.00

CONTRIBUTION

B. MR. SCOTT M. NIELSON
Full Name (Last, First, Middle Initial)

Mailing Address 9037 WATERFIELD COURT

City LAS VEGAS State NV Zip Code 89134-6193

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

Name of Employer FERTITTA ENTERTAINMENT Occupation LAWYER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 27 / 2011
Transaction ID : SA11.3305A

Amount of Each Receipt this Period 5000.00

CONTRIBUTION

CHARGED BACK \$5,000.00 ON 08/01/2011

C. MR. KEVIN KELLEY
Full Name (Last, First, Middle Initial)

Mailing Address 1505 PAVILION CENTER DRIVE S.

City LAS VEGAS State NV Zip Code 89135-1403

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

Name of Employer FERTITTA ENTERTAINMENT Occupation EXECUTIVE VICE PRESIDENT & C.O.O.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 01 / 2011
Transaction ID : SA11.3270

Amount of Each Receipt this Period 5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 15000.00

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 OF 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)
A. MR. SCOTT M. NIELSON

Mailing Address 9037 WATERFIELD COURT

City State Zip Code
LAS VEGAS NV 89134-6193

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

Name of Employer Occupation
FERTITTA ENTERTAINMENT LAWYER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2011
Transaction ID : SA11.3305B

Amount of Each Receipt this Period
-5000.00

CONTRIBUTION

CHARGED BACK

Full Name (Last, First, Middle Initial)
B. MRS. MARTHA B. KELLNER

Mailing Address 117 E. 78TH STREET

City State Zip Code
NEW YORK NY 10075-0301

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 M / D D D / Y Y Y Y Y Y
 08 / 04 / 2011
Transaction ID : SA11.3482

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. PETER B. KELLNER

Mailing Address 6801 COLLINS AVE.
CR 1406

City State Zip Code
MIAMI BEACH FL 33141-3243

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

Name of Employer Occupation
RICHMOND GLOBAL, L.L.C. INVESTMENTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 04 / 2011
Transaction ID : SA11.3481

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 5000.00

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 17 OF 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)
A. SARAH R. MONACO
 Mailing Address 311 MARLBOROUGH STREET
 City State Zip Code
 BOSTON MA 02116-1608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NA NA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 04 / 2011
Transaction ID : SA11.3490
 Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. SARAH R. MONACO
 Mailing Address 311 MARLBOROUGH STREET
 City State Zip Code
 BOSTON MA 02116-1608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NA NA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 04 / 2011
Transaction ID : SA11.3491
 Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. MARC J. FALCONE
 Mailing Address 1505 S. PAVILION CENTER DRIVE
 City State Zip Code
 LAS VEGAS NV 89135-1403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 FERTITTA ENTERTAINMENT C.F.O.
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2011
Transaction ID : SA11.3586B
 Amount of Each Receipt this Period
 -5000.00
 CONTRIBUTION
 CHARGED BACK

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial) A. MR. DAVID SIMMONS		Date of Receipt MM / DD / YYYY 08 / 08 / 2011
Mailing Address 515 SOUTH 700 EAST SUITE 2F		Transaction ID : SA11.3594
City SALT LAKE CITY	State UT	Zip Code 84102-2886
FEC ID number of contributing federal political committee.	C	
Name of Employer SIMMONS MEDIA GROUP INC.	Occupation BROADCASTING	Amount of Each Receipt this Period 5000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	CONTRIBUTION

Full Name (Last, First, Middle Initial) B. MR. KIRK D. HENDRICK		Date of Receipt MM / DD / YYYY 08 / 10 / 2011
Mailing Address 2270 CANDLESTICK AVENUE		Transaction ID : SA11.3702B
City HENDERSON	State NV	Zip Code 89052-2359
FEC ID number of contributing federal political committee.	C	
Name of Employer U.F.C.	Occupation C.O.O.	Amount of Each Receipt this Period -5000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	CONTRIBUTION CHARGED BACK

Full Name (Last, First, Middle Initial) C. MR. GEORGE A. KELLNER		Date of Receipt MM / DD / YYYY 08 / 10 / 2011
Mailing Address 117 E. 78 STREET		Transaction ID : SA11.3691
City NEW YORK	State NY	Zip Code 10075-0301
FEC ID number of contributing federal political committee.	C	
Name of Employer KELLNER DILEO & COMPANY	Occupation INVESTOR	Amount of Each Receipt this Period 5000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
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 19 OF 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)
A. MR. BRUCE LEFAVI

Mailing Address 2323 FOOTHILL DRIVE
SUITE 100

City State Zip Code
SALT LAKE CITY UT 84109-4910

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

Name of Employer Occupation
LEFAVI WEALTH MANAGEMENT PRESIDENT/FINANCIAL ADVISOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 10 / 2011
Transaction ID : SA11.3690

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

REATTRIBUTION REQUESTED

Full Name (Last, First, Middle Initial)
B. MIRJA RIESTER

Mailing Address 802 N. 3RD AVENUE

City State Zip Code
PHOENIX AZ 85003-1409

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

Name of Employer Occupation
RIESTER PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 11 / 2011
Transaction ID : SA11.3783

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MS. EUGENIA L. TAUBMAN

Mailing Address 2818 AVENHAM AVENUE SW

City State Zip Code
ROANOKE VA 24014-1529

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 ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 11 / 2011
Transaction ID : SA11.3786

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 12500.00

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 20 OF 95
	<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)
HPAC

A. MR. NICHOLAS F. TAUBMAN
Full Name (Last, First, Middle Initial)
Mailing Address 2818 AVENHAM AVE., SW
City ROANOKE State VA Zip Code 24014-1529
FEC ID number of contributing federal political committee. **C**
Name of Employer MOZART INVESTMENTS Occupation PRESIDENT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 5000.00

Date of Receipt 08 / 11 / 2011
Transaction ID : SA11.3785
Amount of Each Receipt this Period 5000.00
CONTRIBUTION

B. BALA AMBATI
Full Name (Last, First, Middle Initial)
Mailing Address 65 MARIO CAPECCHI DR.
City SALT LAKE CITY State UT Zip Code 84132-0005
FEC ID number of contributing federal political committee. **C**
Name of Employer UNIVERSITY OF UTAH Occupation PHYSICIAN
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 5000.00

Date of Receipt 08 / 12 / 2011
Transaction ID : SA11.3867
Amount of Each Receipt this Period 5000.00
CONTRIBUTION

C. VANESSA DIPALMA WRIGHT
Full Name (Last, First, Middle Initial)
Mailing Address 159 WEST BROADWAY SUITE 200
City SALT LAKE CITY State UT Zip Code 84101-1923
FEC ID number of contributing federal political committee. **C**
Name of Employer FARASHA LLC Occupation RETAIL
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 3000.00

Date of Receipt 08 / 12 / 2011
Transaction ID : SA11.3878
Amount of Each Receipt this Period 500.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 10500.00
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 21 OF 95
	<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)
HPAC

A. VANESSA DIPALMA WRIGHT
Full Name (Last, First, Middle Initial)
Mailing Address 159 WEST BROADWAY SUITE 200

City	State	Zip Code
SALT LAKE CITY	UT	84101-1923

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

Name of Employer	Occupation
FARASHA LLC	RETAIL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		13		2011

Transaction ID : SA11.3919

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

B. MR. RONALD J. SORINI
Full Name (Last, First, Middle Initial)
Mailing Address 540 N. LINCOLN STREET

City	State	Zip Code
HINSDALE	IL	60521-3447

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

Name of Employer	Occupation
SORINI & SAMET & ASSOCIATES	CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		19		2011

Transaction ID : SA11.4171

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. MS. MING CHEN HSU
Full Name (Last, First, Middle Initial)
Mailing Address 828 MASSELIN AVENUE

City	State	Zip Code
LOS ANGELES	CA	90036-4722

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 ▼
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		23		2011

Transaction ID : SA11.4665

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	8500.00
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 OF 95
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HPAC

A. JEFFREY WRIGHT
Full Name (Last, First, Middle Initial)

Mailing Address 159 WEST BROADWAY SUITE 200

City	State	Zip Code
SALT LAKE CITY	UT	84101-1923

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

Name of Employer	Occupation
ACTIUM PARTNERS LLC	INVESTMENTS/ PRIVATE EQUITY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2011

Transaction ID : SA11.4993

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

B. ROBIN WARREN
Full Name (Last, First, Middle Initial)

Mailing Address 222 PENNSYLVANIA AVE.
STE. 200

City	State	Zip Code
WINTER PARK	FL	32789-4105

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

Name of Employer	Occupation
SELF-EMPLOYED	MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2011

Transaction ID : SA11.5117

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

C. MR. JOSHUA A. FINK
Full Name (Last, First, Middle Initial)

Mailing Address 137 WOOSTER ST.
#PH1A

City	State	Zip Code
NEW YORK	NY	10012-3197

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

Name of Employer	Occupation
ENSO CAPITAL MANAGEMENT, L.L.C.	C.E.O.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2011

Transaction ID : SA11.5310

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	15000.00
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 OF 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)
A. MR. JOHN PRICE
 Mailing Address 230 EAST SOUTH TEMPLE STREET
 City State Zip Code
 SALT LAKE CITY UT 84111-1205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PRICE REALTY GROUP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2011
Transaction ID : SA11.5168
 Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. STEVEN PRICE
 Mailing Address 230 E. SOUTH TEMPLE STREET
 City State Zip Code
 SALT LAKE CITY UT 84111-1205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PRICE REALTY GROUP PRESIDENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2011
Transaction ID : SA11.5167
 Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. FREDERICK WARREN
 Mailing Address 222 PENNSYLVANIA AVENUE
 City State Zip Code
 WINTER PARK FL 32789-4105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF MANAGER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2011
Transaction ID : SA11.5187
 Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 10000.00
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 OF 95
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HPAC

A. MR. JAMES R. MALONE
Full Name (Last, First, Middle Initial)

Mailing Address 2210 VANDERBILT BEACH ROAD
SUITE 1206

City NAPLES State FL Zip Code 34109-8721

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

Name of Employer QORVAL Occupation SENIOR MANAGING PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
09 / 01 / 2011
Transaction ID : SA11.5309

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

B. MR. ROBERT ARNOTT
Full Name (Last, First, Middle Initial)

Mailing Address 411 AVOCADO AVE.

City CORONA DEL MAR State CA Zip Code 92625-1917

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

Name of Employer RESEARCH AFFILIATES Occupation INVESTMENTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
09 / 02 / 2011
Transaction ID : SA11.5348

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

C. MR. JACK BISTRICER
Full Name (Last, First, Middle Initial)

Mailing Address 145 ADELAIDE ST. WEST

City ONTARIO CANADA M5H 4E5 State Zip Code

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

Name of Employer INFORMATION REQUESTED PER BEST EFF(Occupation INFORMATION REQUESTED PER BEST EFF(

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
09 / 07 / 2011
Transaction ID : SA11.5741

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 12500.00

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 25 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HPAC

A. KHOSROW B. SEMNANI
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 11623
City SALT LAKE CITY State UT Zip Code 84147-0623
FEC ID number of contributing federal political committee. **C**
Name of Employer SK HART MANAGEMENT INC. Occupation PRESIDENT & OWNER
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **3500.00**

Date of Receipt **09 / 08 / 2011**
Transaction ID : SA11.5958
Amount of Each Receipt this Period **3500.00**
CONTRIBUTION

B. MRS. DORIS BISTRICER
Full Name (Last, First, Middle Initial)
Mailing Address TORONTO, ONTARIO M5H 4E5
145 ADELAIDE STREET WEST SUITE 500
City CANADA State FF Zip Code 00000
FEC ID number of contributing federal political committee. **C**
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **0.00**

Date of Receipt **09 / 09 / 2011**
Transaction ID : SA11.10322
Amount of Each Receipt this Period **5000.00**
CONTRIBUTION
REFUNDED \$5,000.00 ON 11/17/2011

C. MR. MALCOLM L. LAZIN
Full Name (Last, First, Middle Initial)
Mailing Address 307 DELANCEY STREET
City PHILADELPHIA State PA Zip Code 19106-4208
FEC ID number of contributing federal political committee. **C**
Name of Employer EQUALITY FORUM Occupation EXECUTIVE DIRECTOR
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **5000.00**

Date of Receipt **09 / 10 / 2011**
Transaction ID : SA11.6105
Amount of Each Receipt this Period **5000.00**
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **13500.00**
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 26 OF 95
	<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)
HPAC

A. MR. DWIGHT ANDERSON
Full Name (Last, First, Middle Initial)
Mailing Address 890 FOREST AVENUE
City RYE State NY Zip Code 10580-3106
FEC ID number of contributing federal political committee. **C**
Name of Employer OSPRAIE MANAGEMENT Occupation MANAGER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 19 / 2011
Transaction ID : SA11.6540
Amount of Each Receipt this Period 5000.00
CONTRIBUTION

B. MRS. JULIA ANDERSON
Full Name (Last, First, Middle Initial)
Mailing Address 890 FOREST AVENUE
City RYE State NY Zip Code 10580-3106
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 ▼ 5000.00

Date of Receipt 09 / 19 / 2011
Transaction ID : SA11.6539
Amount of Each Receipt this Period 5000.00
CONTRIBUTION

C. THE HONORA GEORGE P. SHULTZ
Full Name (Last, First, Middle Initial)
Mailing Address 434 GALVEZ MALL RM. 239
City STANFORD State CA Zip Code 94305-6003
FEC ID number of contributing federal political committee. **C**
Name of Employer HOOVER INSTITUTION, STANFORD UNIVER Occupation DISTINGUISHED FELLOW
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 19 / 2011
Transaction ID : SA11.6586
Amount of Each Receipt this Period 5000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 15000.00
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 OF 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)
A. MR. ALBERT ALEXANDER MONTAGUE

Mailing Address 1018 ASTURIA AVENUE

City State Zip Code
MIAMI FL 33134-4732

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

Name of Employer Occupation
MORGAN STANLEY FINANCIAL ADVISOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2011
Transaction ID : SA11.7437

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MS. VICTORIA W. HSU

Mailing Address 828 MASSELIN AVENUE

City State Zip Code
LOS ANGELES CA 90036-4722

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

Name of Employer Occupation
J.T. TORI COMPANY & FOUNDATION EXECUTIVE ASSISTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2011
Transaction ID : SA11.7203

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. PATRICK CHOVANEC

Mailing Address 14 COLONIAL DRIVE

City State Zip Code
RANCHO MIRAGE CA 92270-1600

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

Name of Employer Occupation
TSINGHUA UNIVERSITY UNIVERSITY PROFESSOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2011
Transaction ID : SA11.7438

Amount of Each Receipt this Period
3500.00

CONTRIBUTION

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 95
	<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)
HPAC

A. MS. ANNE C. GERAGHTY
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 ROWES WHARF
 APARTMENT 407
 City BOSTON State MA Zip Code 02110-3377
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 29 / 2011
Transaction ID : SA11.7439
 Amount of Each Receipt this Period 5000.00
 CONTRIBUTION

B. EDYE HADDOCK
 Full Name (Last, First, Middle Initial)
 Mailing Address 641 PINETREE ROAD
 City WINTER PARK State FL Zip Code 32789-1506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MURPHY PROPERTIES Occupation COMMERCIAL REAL ESTATE BROKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 29 / 2011
Transaction ID : SA11.7321
 Amount of Each Receipt this Period 5000.00
 CONTRIBUTION

C. MRS. DEANIE STEIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4470 WORTH DRIVE
 City JACKSONVILLE State FL Zip Code 32207-7506
 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 ▼ 5000.00

Date of Receipt 09 / 29 / 2011
Transaction ID : SA11.7441
 Amount of Each Receipt this Period 10000.00
 CONTRIBUTION
 SEE REATTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	20000.00
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 29 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HPAC

A. MRS. DEANIE STEIN
Full Name (Last, First, Middle Initial)

Mailing Address 4470 WORTH DRIVE

City JACKSONVILLE State FL Zip Code 32207-7506

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 ▼ **5000.00**

Date of Receipt: **09 / 29 / 2011**

Transaction ID : SA11.7441B

Amount of Each Receipt this Period: **-5000.00**

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION TO SPOUSE

B. MR. JAY STEIN
Full Name (Last, First, Middle Initial)

Mailing Address 4470 WORTH DRIVE

City JACKSONVILLE State FL Zip Code 32207-7506

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

Name of Employer: **STEIN MART** Occupation: **MERCHANT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt: **09 / 29 / 2011**

Transaction ID : SA11.7440

Amount of Each Receipt this Period: **5000.00**

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

C. MR. GERALD G. GLASS
Full Name (Last, First, Middle Initial)

Mailing Address 3970 MARTIN COURT

City WESTON State FL Zip Code 33331-4025

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

Name of Employer: **AACS** Occupation: **CEO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt: **09 / 30 / 2011**

Transaction ID : SA11.7956

Amount of Each Receipt this Period: **2500.00**

CONTRIBUTION

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: (check only one)	PAGE 30 OF 95
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HPAC

A. MRS. CLEONE P. ECCLES
 Full Name (Last, First, Middle Initial)
 Mailing Address 4075 OAKVIEW DRIVE
 City SALT LAKE CITY State UT Zip Code 84124-4043
 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 10 / 05 / 2011
Transaction ID : SA11.8004
 Amount of Each Receipt this Period 5000.00
 CONTRIBUTION

B. MR. BLAINE HUNTSMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2834 ETIENNE WAY
 City SANDY State UT Zip Code 84093-1115
 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 10 / 05 / 2011
Transaction ID : SA11.8032
 Amount of Each Receipt this Period 2500.00
 CONTRIBUTION

C. MR. WILLIAM K. REAGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1492 PENROSE DRIVE
 City SALT LAKE CITY State UT Zip Code 84103-4467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer REAGAN BILLBOARDS Occupation EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 05 / 2011
Transaction ID : SA11.8005
 Amount of Each Receipt this Period 20000.00
 CONTRIBUTION
 SEE REATTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 27500.00
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 31 OF 95
	<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)
HPAC

A. MRS. JULIA D. REAGAN
Full Name (Last, First, Middle Initial)

Mailing Address 1492 PENROSE DRIVE

City State Zip Code
SALT LAKE CITY UT 84103-4467

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 M / D D D / Y Y Y Y Y Y
10 / 05 / 2011

Transaction ID : SA11.8006

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

B. MR. WILLIAM K. REAGAN
Full Name (Last, First, Middle Initial)

Mailing Address 1492 PENROSE DRIVE

City State Zip Code
SALT LAKE CITY UT 84103-4467

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

Name of Employer Occupation
REAGAN BILLBOARDS EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 05 / 2011

Transaction ID : SA11.8005B

Amount of Each Receipt this Period
-5000.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION TO SPOUSE

C. C. BOYDEN GRAY
Full Name (Last, First, Middle Initial)

Mailing Address 1537 28TH STREET NW

City State Zip Code
WASHINGTON DC 20007-3059

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

Name of Employer Occupation
GRAY & SCHMITZ, LLP ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2011

Transaction ID : SA11.8432

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
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 OF 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)
A. MS. VICTORIA W. HSU

Mailing Address **828 MASSELIN AVENUE**

City State Zip Code
LOS ANGELES CA 90036-4722

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

Name of Employer Occupation
J.T. TORI COMPANY & FOUNDATION EXECUTIVE ASSISTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
10 / 19 / 2011

Transaction ID : SA11.8433

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MRS. JACQUELINE EVELYN AUTRY

Mailing Address **4843 COLFAX AVENUE**

City State Zip Code
STUDIO CITY CA 91604

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 ▼
5000.00

Date of Receipt
10 / 28 / 2011

Transaction ID : SA11.8817

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MRS. MARGIE PERENCHIO

Mailing Address **1999 AVENUE OF THE STARS
SUTIE 3050**

City State Zip Code
LOS ANGELES CA 90067-6022

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

Name of Employer Occupation
LA ART HOUSE ARTIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
10 / 28 / 2011

Transaction ID : SA11.8818

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ► **11000.00**

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 33 OF 95
	<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)
HPAC

Full Name (Last, First, Middle Initial) A. MR. A. JERROLD PERENCHIO		Date of Receipt MM / DD / YYYY 11 / 07 / 2011
Mailing Address 1999 AVENUE OF THE STARS SUITE 3050		Transaction ID : SA11.9512
City LOS ANGELES	State CA	Zip Code 90067-4613
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 5000.00
Name of Employer CHARTWELL PARTNERS L.L.C.	Occupation PRESIDENT	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. MRS. CYNTHIA LUFKIN		Date of Receipt MM / DD / YYYY 11 / 09 / 2011
Mailing Address 36 HINKLE ROAD		Transaction ID : SA11.9631
City WASHINGTON DEPOT	State CT	Zip Code 06793-1001
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 5000.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. MR. DAN W. LUFKIN		Date of Receipt MM / DD / YYYY 11 / 09 / 2011
Mailing Address 36 HINKLE ROAD		Transaction ID : SA11.9633
City WASHINGTON DEPOT	State CT	Zip Code 06793-1001
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 5000.00
Name of Employer SELF-EMPLOYED	Occupation FINANCE	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional).....▶	15000.00
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 34 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HPAC

A. MS. PATRICIA MCGRIMLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 W. 7TH STREET
 City SOUTH BOSTON State MA Zip Code 02127-2584
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2011
Transaction ID : SA11.9628
 Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. MR. J. PATRICK MICHAELS JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 E. KENNEDY BLVD. SUITE 3300
 City TAMPA State FL Zip Code 33602-5151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 COMMUNICATIONS EQUITY ASSOCIATES, L.L.C. INVESTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 11 / 2011
Transaction ID : SA11.9826
 Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

C. MS. VICTORIA W. HSU
 Full Name (Last, First, Middle Initial)
 Mailing Address 828 MASSELIN AVENUE
 City LOS ANGELES State CA Zip Code 90036-4722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 J.T. TORI COMPANY & FOUNDATION EXECUTIVE ASSISTANT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2011
Transaction ID : SA11.10082
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 5500.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 35 OF 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)
A. MR. PETER SCOTT O'DRISCOLL
Mailing Address INFO REQUESTED
City State Zip Code
INFO REQUESTED XX 99999
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt
11 / 16 / 2011
Transaction ID : SA11.10073
Amount of Each Receipt this Period
500.00
CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. ROBERT DICKINSON
Mailing Address 29 TAHITI BEACH ISLAND
City State Zip Code
CORAL GABLES FL 33143-6540
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 ▼
5000.00

Date of Receipt
11 / 22 / 2011
Transaction ID : SA11.10357
Amount of Each Receipt this Period
5000.00
CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MRS. CHRISTY K. MACK
Mailing Address 2 SUNSET LANE
City State Zip Code
RYE NY 10580-1624
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
BRAVEWELL COLLABORATIVE PRESIDENT
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
5000.00

Date of Receipt
11 / 22 / 2011
Transaction ID : SA11.10359
Amount of Each Receipt this Period
5000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ► **10500.00**
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 36 OF 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)
A. MR. JAMES R. SWARTZ

Mailing Address 7745 BALD EAGLE DRIVE

City State Zip Code
PARK CITY UT 84060

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

Name of Employer Occupation
ACCEL PARTNERS VENTURE CAPITALIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2011
Transaction ID : SA11.10356

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MRS. SUSAN L. SWARTZ

Mailing Address 7745 BALD EAGLE DRIVE

City State Zip Code
PARK CITY UT 84060

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

Name of Employer Occupation
SELF-EMPLOYED ARTIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2011
Transaction ID : SA11.10358

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MS. PATRICIA BRAVO

Mailing Address 424 E. 52ND STREET 5G

City State Zip Code
NEW YORK NY 10022-6583

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

Name of Employer Occupation
NIKKO CERAMICS MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : SA11.11030

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 15000.00

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 OF 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HPAC

A. MR. GEORGE A. WEISS
 Full Name (Last, First, Middle Initial)
 Mailing Address ONE STATE STREET
 20TH FLOOR
 City HARTFORD State CT Zip Code 06103-3113
 Date of Receipt 12 / 01 / 2011
 Transaction ID : SA11.11031
 Amount of Each Receipt this Period 5000.00
 CONTRIBUTION
 FEC ID number of contributing federal political committee. C
 Name of Employer GEORGE WEISS ASSOCIATES Occupation PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 5000.00

B. MS. ELSIE H. HILLMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5120 HOLYROAD ROAD
 City PITTSBURGH State PA Zip Code 15213-3810
 Date of Receipt 12 / 09 / 2011
 Transaction ID : SA11.11952
 Amount of Each Receipt this Period 5000.00
 CONTRIBUTION
 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 5000.00

C. MS. VICTORIA W. HSU
 Full Name (Last, First, Middle Initial)
 Mailing Address 828 MASSELIN AVENUE
 City LOS ANGELES State CA Zip Code 90036-4722
 Date of Receipt 12 / 09 / 2011
 Transaction ID : SA11.11951
 Amount of Each Receipt this Period 1000.00
 CONTRIBUTION
 FEC ID number of contributing federal political committee. C
 Name of Employer J.T. TORI COMPANY & FOUNDATION Occupation EXECUTIVE ASSISTANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 4000.00

SUBTOTAL of Receipts This Page (optional).....▶ 11000.00
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 38 OF 95
	<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)
HPAC

Full Name (Last, First, Middle Initial) A. MR. BRUCE LEFAVI		Date of Receipt 12 / 09 / 2011 Transaction ID : SA11.11946
Mailing Address 2323 FOOTHILL DRIVE SUITE 100		Amount of Each Receipt this Period 7500.00
City SALT LAKE CITY	State UT	Zip Code 84109-4910
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer LEFAVI WEALTH MANAGEMENT	Occupation PRESIDENT/FINANCIAL ADVISOR	REATTRIBUTION REQUESTED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) B. EZEKIEL DUMKE IV		Date of Receipt 12 / 12 / 2011 Transaction ID : SA11.12160
Mailing Address 3134 SOUTH 1885 EAST		Amount of Each Receipt this Period 1000.00
City SALT LAKE CITY	State UT	Zip Code 84106-3957
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer QUINN DUMKE LLC	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. HAROLD BEZNOS		Date of Receipt 12 / 14 / 2011 Transaction ID : SA11.12313
Mailing Address 31731 NORTHWESTERN HIGHWAY # 250		Amount of Each Receipt this Period 2500.00
City FARMINGTON HILLS	State MI	Zip Code 48334-1654
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer BEZTAK PROPERTIES	Occupation DEVELOPER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional).....▶	11000.00
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 39 OF 95
	<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)
HPAC

Full Name (Last, First, Middle Initial)
A. DANNY PROSKI

Mailing Address 50 SWEET BAY

City IRVINE State CA Zip Code 92603-0210

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

Name of Employer AMERICAN HEALTH INVESTORS Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2011

Transaction ID : SA11.12527

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. FRANCES J. SCHOLLES

Mailing Address 34 STERN LANE

City ATHERTON State CA Zip Code 94027-5423

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

Name of Employer INVESTOR Occupation SELF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2011

Transaction ID : SA11.12542

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. CRAIG MCCA W

Mailing Address 3410 CARILLON POINT

City KIRKLAND State WA Zip Code 98033-7317

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

Name of Employer EAGLE RIVER, INC. Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2011

Transaction ID : SA11.13082

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

REATTRIBUTION REQUESTED

SUBTOTAL of Receipts This Page (optional).....▶	17500.00
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 40 OF 95
	<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)
HPAC

A. MR. IGOR BEST-DEVEREUX
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 2518

City State Zip Code
SALT LAKE CITY UT 84110-2518

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

Name of Employer Occupation
FORTEGRA FINANCIAL CORPORATION EXECUTIVE VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2011

Transaction ID : SA11.13250

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

B. MR. BLAINE HUNTSMAN
Full Name (Last, First, Middle Initial)

Mailing Address 2834 ETIENNE WAY

City State Zip Code
SANDY UT 84093-1115

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 ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2011

Transaction ID : SA11.13249

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

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

Mailing Address P.O. BOX 90

City State Zip Code
SUN VALLEY ID 83353-0090

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

Name of Employer Occupation
SELF PHOTOGRAPHER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2011

Transaction ID : SA11.13756

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

REATTRIBUTION REQUESTED

SUBTOTAL of Receipts This Page (optional).....▶	17500.00
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 OF 95
(check only one)

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

Full Name (Last, First, Middle Initial)
A. MRS. GWENDOLYN H. MCCA

Mailing Address P.O. BOX 21749

City State Zip Code
SEATTLE WA 98111-3749

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 Y
12 / 30 / 2011

Transaction ID : SA11.15303

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. JOHN E. MCCA JR.

Mailing Address P.O. BOX 21749

City State Zip Code
SEATTLE WA 98111-3749

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

Name of Employer Occupation
ORCA BAY CAPITAL INVESTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 30 / 2011

Transaction ID : SA11.15302

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	417000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. JOSEPH AHEARN

Mailing Address 302 KEMEYS COVE

City State Zip Code
BRIAR CLIFF NY 10510

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2011

Transaction ID : SB.1A

Amount of Each Disbursement this Period

1666.67

Full Name (Last, First, Middle Initial)

B. CLAUDIA LARSEN

Mailing Address 314 W CENTER #122

City State Zip Code
BOUNTIFUL UT 84010

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2011

Transaction ID : SB.6A

Amount of Each Disbursement this Period

3333.34

Full Name (Last, First, Middle Initial)

C. BELLWETHER CONSULTING

Mailing Address PO BOX 1253

City State Zip Code
OAKLAND FL 34760

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2011

Transaction ID : SB.2A

Amount of Each Disbursement this Period

4726.33

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

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

9726.34

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. BUCKSHOT GROUP

Mailing Address PO BOX 30005

City State Zip Code
BETHESDA MD 20824-0000

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2011

Transaction ID : **SB.3000A**

Amount of Each Disbursement this Period

2916.66

Full Name (Last, First, Middle Initial)

B. DINGMAN, TAUSHA

Mailing Address 109 E 5300 S

City State Zip Code
OGDEN UT 84405

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2011

Transaction ID : **SB.4**

Amount of Each Disbursement this Period

1666.67

Full Name (Last, First, Middle Initial)

C. DMM GROUP

Mailing Address 444 N MICHIGAN AVE #3600

City State Zip Code
CHICAGO IL 60611

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2011

Transaction ID : **SB.7A**

Amount of Each Disbursement this Period

1666.67

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

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

6250.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. HOLLAND TAUCHER CONSULTING GROUP

Mailing Address PO BOX 684281

City State Zip Code
AUSTIN TX 78768

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2011

Transaction ID : **SB.5A**

Amount of Each Disbursement this Period

3333.33

Full Name (Last, First, Middle Initial)

B. ELAVON MERCHANTS

Mailing Address ONE CONCOURSE PARKWAY

City State Zip Code
ATLANTA GA 30328

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 02 / 2011

Transaction ID : **SB.8**

Amount of Each Disbursement this Period

1464.91

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address PO BOX 360001

City State Zip Code
FT LAUDERDALE FL 33336

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 05 / 2011

Transaction ID : **SB.9A**

Amount of Each Disbursement this Period

813.25

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

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

5611.49

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. CAMPAIGN RESOURCE GROUP

Mailing Address PO BOX 230197

City GRAND RAPIDS State MI Zip Code 49523

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2011

Transaction ID : **SB.12J**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. INTEGRATED CAMPAIGN SOLUTIONS

Mailing Address 526 DAROCO AVENUE

City CORAL GABLES State FL Zip Code 33146

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2011

Transaction ID : **SB.11J**

Amount of Each Disbursement this Period

3333.33

Full Name (Last, First, Middle Initial)

C. PACIFIC FUNDRAISING GROUP

Mailing Address 2208 29TH STREET, SUITE 300

City SACRAMENTO State CA Zip Code 95817

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2011

Transaction ID : **SB.10**

Amount of Each Disbursement this Period

5000.00

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

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

10833.33

**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)
HPAC

Full Name (Last, First, Middle Initial)

A. STRATEGIC PERCEPTION

Mailing Address 6158 MULLHOLLAND HIGHWAY

City HOLLYWOOD State CA Zip Code 90068

Purpose of Disbursement
MEDIA

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2011

Transaction ID : SB.13J

Amount of Each Disbursement this Period

1654.43

Full Name (Last, First, Middle Initial)

B. WILES CONSULTING

Mailing Address 2110 OAK HAMMOCK DRIVE

City PONTE VEDRE BEACH State FL Zip Code 32082

Purpose of Disbursement
MANAGEMENT CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2011

Transaction ID : SB.14J

Amount of Each Disbursement this Period

20833.33

Full Name (Last, First, Middle Initial)

C. HARLAND CLARKE PRINTING

Mailing Address 10931 LAUREATE DRIVE

City SAN ANTONIO State TX Zip Code 78249

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2011

Transaction ID : SB.15A

Amount of Each Disbursement this Period

42.40

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

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

22530.16

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. HURD, REBEKAH

Mailing Address 13746 DARCHANCE ROAD

City WINDEREMERE State FL Zip Code 34786

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2011

Transaction ID : SB.16

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. M STREET

Mailing Address 3039 M STREET NW #3

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2011

Transaction ID : SB.17J

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. ARENT FOX

Mailing Address PO BOX 758670

City BALTIMORE State MD Zip Code 21275

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2011

Transaction ID : SB.18AB

Amount of Each Disbursement this Period

5000.00

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

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

12000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. GRAND SLAM FINANCE

Mailing Address 13805 RESEARCH BLVD

City State Zip Code
AUSTIN TX 78750

Purpose of Disbursement
ACCOUNTING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2011

Transaction ID : SB.19A

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

B. JOSEPH AHEARN

Mailing Address 302 KEMEYS COVE

City State Zip Code
BRIARCLIFF NY 10510

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2011

Transaction ID : SB.22A

Amount of Each Disbursement this Period

1924.80

Full Name (Last, First, Middle Initial)

C. NEIL ASHDOWN

Mailing Address 6264 CRYSTAL RIVER DR.

City State Zip Code
MURRAY UT 84123

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2011

Transaction ID : SB.24A

Amount of Each Disbursement this Period

6647.09

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

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

18571.89

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. KEVIN CURRAN

Mailing Address 719 OAKLAND ST

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 29 / 2011

Transaction ID : SB.23

Amount of Each Disbursement this Period

3541.61

Full Name (Last, First, Middle Initial)

B. CARA MASON

Mailing Address 98 N HILLVIEW DR.

City ST. PETERS State MO Zip Code 63376

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 29 / 2011

Transaction ID : SB.25A

Amount of Each Disbursement this Period

2579.76

Full Name (Last, First, Middle Initial)

C. ALLY SCHMEISER

Mailing Address 733 15TH ST., NW #802

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 29 / 2011

Transaction ID : SB.26A

Amount of Each Disbursement this Period

2687.65

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

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

8809.02

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. ROBERT WASINGER

Mailing Address 10638 TIMBERIDGE RD

City State Zip Code
FAIRFAX STATION VA 22039

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
07 / 29 / 2011

Transaction ID : **SB.27**

Amount of Each Disbursement this Period

3949.78

Full Name (Last, First, Middle Initial)

B. CAROLYN WREN

Mailing Address 55 W CHURCH ST., #2518

City State Zip Code
ORLANDO FL 32801

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
07 / 29 / 2011

Transaction ID : **SB.28**

Amount of Each Disbursement this Period

1963.34

Full Name (Last, First, Middle Initial)

C. IRS

Mailing Address PO BOX 105083

City State Zip Code
ATLANTA GA 30348

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
07 / 29 / 2011

Transaction ID : **SB.20C**

Amount of Each Disbursement this Period

9818.47

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

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

15731.59

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. ELAVON MERCHANTS

Mailing Address ONE CONCOURSE PARKWAY

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2011

Transaction ID : SB.1

Amount of Each Disbursement this Period

55.00

Full Name (Last, First, Middle Initial)

B. LISA ROSKELLEY

Mailing Address P.O. BOX 607

City ODGEN State UT Zip Code 84402

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2011

Transaction ID : SB.3A

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement
DATA PROCESSING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2011

Transaction ID : SB.4A

Amount of Each Disbursement this Period

2015.00

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

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

5570.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. GRAND SLAM FINANCE

Mailing Address 13805 RESEARCH BLVD

City AUSTIN State TX Zip Code 78750

Purpose of Disbursement
ACCOUNTING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2011

Transaction ID : SB.2

Amount of Each Disbursement this Period

13750.00

Full Name (Last, First, Middle Initial)

B. LCM STRATEGIES

Mailing Address 1914 19TH AVE, SOUTH

City NASHVILLE State TN Zip Code 37212

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2011

Transaction ID : SB.5U

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address PO BOX 360001

City FT LAUDERDALE State FL Zip Code 33336

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2011

Transaction ID : SB.6U

Amount of Each Disbursement this Period

584.60

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

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

16834.60

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 7704 LEESBURG PIKE

City State Zip Code
FALLS CHURCH VA 22043

Purpose of Disbursement
DATA PROCESSING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2011

Transaction ID : SB.8A

Amount of Each Disbursement this Period

2925.30

Full Name (Last, First, Middle Initial)

B. CTM CONSULTING

Mailing Address 7119 W. SUNSET BLVD., #444

City State Zip Code
LOS ANGELES CA 90046

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2011

Transaction ID : SB.9

Amount of Each Disbursement this Period

2850.00

Full Name (Last, First, Middle Initial)

C. JOSEPH AHEARN

Mailing Address 302 KEMEYS COVE

City State Zip Code
BRIARCLIFF NY 10510

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2011

Transaction ID : SB.11A

Amount of Each Disbursement this Period

1068.94

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

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

6844.24

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. CARA MASON

Mailing Address 98 N HILLVIEW DR.

City State Zip Code
ST. PETERS MO 63376

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB.13A**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. ALLY SCHMEISER

Mailing Address 733 15TH ST., NW #802

City State Zip Code
WASHINGTON DC 20005

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB.14A**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. CAROLINE WREN

Mailing Address 55 WEST CHURCH ST #2518

City State Zip Code
ORLANDO FL 32801

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB.12A**

Amount of Each Disbursement this Period

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. ADP

Mailing Address 400 COVINA BLVD

City State Zip Code
SAN DIMAS CA 91773

Purpose of Disbursement
PAYROLL SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
08 / 12 / 2011

Transaction ID : **SB.10A**

Amount of Each Disbursement this Period

735.47

Full Name (Last, First, Middle Initial)

B. IRS

Mailing Address PO BOX 105083

City State Zip Code
ATLANTA GA 30348

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
08 / 12 / 2011

Transaction ID : **SB.15C**

Amount of Each Disbursement this Period

1432.83

Full Name (Last, First, Middle Initial)

C. RACHEL MCGREGOR

Mailing Address 26 BAYLOR CIRCLE

City State Zip Code
WHITE PLAINS NY 10605

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
08 / 16 / 2011

Transaction ID : **SB.17A**

Amount of Each Disbursement this Period

4375.00

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

6543.30

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)
HPAC

Full Name (Last, First, Middle Initial)

A. BELLWETHER CONSULTING

Mailing Address PO BOX 1253

City OAKLAND State FL Zip Code 34760

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 16 / 2011

Transaction ID : SB.16A

Amount of Each Disbursement this Period

3896.60

Full Name (Last, First, Middle Initial)

B. GRAND SLAM FINANCE

Mailing Address 13805 RESEARCH BLVD

City AUSTIN State TX Zip Code 78750

Purpose of Disbursement
ACCOUNTING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 16 / 2011

Transaction ID : SB.19B

Amount of Each Disbursement this Period

12500.00

Full Name (Last, First, Middle Initial)

C. M STREET

Mailing Address 3039 M STREET NW #3

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 16 / 2011

Transaction ID : SB.18A

Amount of Each Disbursement this Period

5000.00

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

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

21396.60

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. DEANNA HAYES

Mailing Address 3200 APPENNINI WAY

City CEDAR PARK State TX Zip Code 78613

Purpose of Disbursement
DELIVERY REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 18 / 2011

Transaction ID : **SB.20A**

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

B. ADP

Mailing Address 400 COVINA BLVD

City SAN DIMAS State CA Zip Code 91773

Purpose of Disbursement
PAYROLL SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2011

Transaction ID : **SB.21A**

Amount of Each Disbursement this Period

31.26

Full Name (Last, First, Middle Initial)

C. JOSEPH AHEARN

Mailing Address 302 KEMEYS COVE

City BRIARCLIFF State NY Zip Code 10510

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 29 / 2011

Transaction ID : **SB.23A**

Amount of Each Disbursement this Period

1068.95

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

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

1110.21

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. CARA MASON

Mailing Address 98 N HILLVIEW DR.

City State Zip Code
ST. PETERS MO 63376

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
08 / 29 / 2011

Transaction ID : SB.25

Amount of Each Disbursement this Period

1435.49

Full Name (Last, First, Middle Initial)

B. ALLY SCHMEISER

Mailing Address 733 15TH ST., NW #802

City State Zip Code
WASHINGTON DC 20005

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
08 / 29 / 2011

Transaction ID : SB.26

Amount of Each Disbursement this Period

1465.70

Full Name (Last, First, Middle Initial)

C. CAROLINE WREN

Mailing Address 55 WEST CHURCH ST #2518

City State Zip Code
ORLANDO FL 32801

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
08 / 29 / 2011

Transaction ID : SB.24

Amount of Each Disbursement this Period

1092.07

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

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

3993.26

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. IRS

Mailing Address PO BOX 105083

City ATLANTA State GA Zip Code 30348

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 29 / 2011

Transaction ID : SB.27C

Amount of Each Disbursement this Period

1432.79

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement
DATA PROCESSING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2011

Transaction ID : SB.1S

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

C. ELAVON MERCHANTS

Mailing Address ONE CONCOURSE PARKWAY

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2011

Transaction ID : SB.3S

Amount of Each Disbursement this Period

638.00

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

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

5570.79

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. GRAND SLAM FINANCE

Mailing Address 13805 RESEARCH BLVD

City AUSTIN State TX Zip Code 78750

Purpose of Disbursement
ACCOUNTING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 01 / 2011

Transaction ID : SB.2S

Amount of Each Disbursement this Period

7500.00

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address PO BOX 360001

City FT LAUDERDALE State FL Zip Code 33336

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2011

Transaction ID : SB.4S

Amount of Each Disbursement this Period

1851.95

Full Name (Last, First, Middle Initial)

C. REBEKAH HURD

Mailing Address 13746 DARCHANCE ROAD

City WINDEREMERE State FL Zip Code 34786

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 08 / 2011

Transaction ID : SB.5

Amount of Each Disbursement this Period

1500.00

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

10851.95

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)
HPAC

Full Name (Last, First, Middle Initial)

A. BELLWETHER CONSULTING

Mailing Address PO BOX 1253

City OAKLAND State FL Zip Code 34760

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2011

Transaction ID : SB.6

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

B. DGCG LLC

Mailing Address 5266 COLONEL JOHNSON LN

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2011

Transaction ID : SB.7S

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. GRAND SLAM FINANCE

Mailing Address 13805 RESEARCH BLVD

City AUSTIN State TX Zip Code 78750

Purpose of Disbursement
ACCOUNTING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2011

Transaction ID : SB.8S

Amount of Each Disbursement this Period

7500.00

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

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

13500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. ADP

Mailing Address 400 COVINA BLVD

City SAN DIMAS State CA Zip Code 91773

Purpose of Disbursement
PAYROLL SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SB.9S

Amount of Each Disbursement this Period

31.51

Full Name (Last, First, Middle Initial)

B. ARENT FOX

Mailing Address PO BOX 758670

City BALTIMORE State MD Zip Code 21275

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2011

Transaction ID : SB.10S

Amount of Each Disbursement this Period

7721.00

Full Name (Last, First, Middle Initial)

C. WELLS FARGO BANK

Mailing Address 111 CONGRESS AVE
3RD FLOOR

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2011

Transaction ID : SB.C111

Amount of Each Disbursement this Period

130.00

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

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

7882.51

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. JOSEPH AHEARN

Mailing Address 302 KEMEYS COVE

City State Zip Code
BRIARCLIFF NY 10510

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB.11

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. CARA MASON

Mailing Address 98 N HILLVIEW DR.

City State Zip Code
ST. PETERS MO 63376

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB.13

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. ALLY SCHMEISER

Mailing Address 733 15TH ST., NW #802

City State Zip Code
WASHINGTON DC 20005

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB.14

Amount of Each Disbursement this Period

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)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. CAROLYN WREN

Mailing Address 55 W CHURCH ST., #2518

City ORLANDO State FL Zip Code 32801

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y
09 / 15 / 2011

Transaction ID : SB.12

Amount of Each Disbursement this Period

1092.06

Full Name (Last, First, Middle Initial)

B. IRS

Mailing Address PO BOX 105083

City ATLANTA State GA Zip Code 30348

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y
09 / 15 / 2011

Transaction ID : SB.15

Amount of Each Disbursement this Period

1412.43

Full Name (Last, First, Middle Initial)

C. GRAND SLAM FINANCE

Mailing Address 13805 RESEARCH BLVD

City AUSTIN State TX Zip Code 78750

Purpose of Disbursement
ACCOUNTING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y
09 / 16 / 2011

Transaction ID : SB.16S

Amount of Each Disbursement this Period

10000.00

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

12504.49

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)
HPAC

Full Name (Last, First, Middle Initial)

A. SMART INTERACTIVE

Mailing Address 814 KING ST, SUITE 440

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
MEDIA REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
09 / 19 / 2011

Transaction ID : SB.17

Amount of Each Disbursement this Period

-3500.00

Full Name (Last, First, Middle Initial)

B. TAUSHA DINGMAN

Mailing Address 109 E 5300 S

City OGDEN State UT Zip Code 84405

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
09 / 20 / 2011

Transaction ID : SB.18

Amount of Each Disbursement this Period

1250.00

Full Name (Last, First, Middle Initial)

C. ANNIE EKERN

Mailing Address 1212 NEW YORK AVE, NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
09 / 20 / 2011

Transaction ID : SB.19

Amount of Each Disbursement this Period

2500.00

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

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

250.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. TARA ESFAHANIAN

Mailing Address 177 UPHAM STREET

City MELROSE State MA Zip Code 02176

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2011

Transaction ID : **SB.20**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. CLAUDIA LARSEN

Mailing Address 314 W CENTER #122

City BOUNTIFUL State UT Zip Code 84010

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2011

Transaction ID : **SB.21**

Amount of Each Disbursement this Period

1250.00

Full Name (Last, First, Middle Initial)

C. ADP

Mailing Address 400 COVINA BLVD

City SAN DIMAS State CA Zip Code 91773

Purpose of Disbursement
PAYROLL SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2011

Transaction ID : **SB.22S**

Amount of Each Disbursement this Period

41.51

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

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

3791.51

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. JOSEPH AHEARN

Mailing Address 302 KEMEYS COVE

City State Zip Code
BRIARCLIFF NY 10510

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2011

Transaction ID : **SB.29**

Amount of Each Disbursement this Period

1068.95

Full Name (Last, First, Middle Initial)

B. CARA MASON

Mailing Address 98 N HILLVIEW DR.

City State Zip Code
ST. PETERS MO 63376

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2011

Transaction ID : **SB.31**

Amount of Each Disbursement this Period

1435.49

Full Name (Last, First, Middle Initial)

C. ALLY SCHMEISER

Mailing Address 733 15TH ST., NW #802

City State Zip Code
WASHINGTON DC 20005

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2011

Transaction ID : **SB.32**

Amount of Each Disbursement this Period

1465.70

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

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

3970.14

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)
A. CAROLYN WREN

Mailing Address **55 W CHURCH ST., #2518**

City **ORLANDO** State **FL** Zip Code **32801**

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **10 / 03 / 2011**

Transaction ID : SB.30

Amount of Each Disbursement this Period: **1092.07**

Category/Type

Full Name (Last, First, Middle Initial)
B. CAPITAL BUSINESS SERVICES LLC

Mailing Address **14423 OLD HAMMOND WHY**

City **BATON ROUGE** State **LA** Zip Code **70816**

Purpose of Disbursement
FUNDRAISING EVENT EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **10 / 03 / 2011**

Transaction ID : SB.230

Amount of Each Disbursement this Period: **3128.39**

Category/Type

Full Name (Last, First, Middle Initial)
C. DMM GROUP

Mailing Address **444 N MICHIGAN AVE #3600**

City **CHICAGO** State **IL** Zip Code **60611**

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **10 / 03 / 2011**

Transaction ID : SB.270

Amount of Each Disbursement this Period: **2500.00**

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ **6720.46**

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)
HPAC

Full Name (Last, First, Middle Initial)

A. ELAVON MERCHANTS

Mailing Address ONE CONCOURSE PARKWAY

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2011

Transaction ID : **SB.280**

Amount of Each Disbursement this Period

376.45

Full Name (Last, First, Middle Initial)

B. GRAND SLAM FINANCE

Mailing Address 13805 RESEARCH BLVD

City AUSTIN State TX Zip Code 78750

Purpose of Disbursement
ACCOUNTING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2011

Transaction ID : **SB.240**

Amount of Each Disbursement this Period

12500.00

Full Name (Last, First, Middle Initial)

C. HOLLAND TAUCHER CONSULTING GROUP

Mailing Address PO BOX 684281

City AUSTIN State TX Zip Code 78768

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2011

Transaction ID : **SB.250**

Amount of Each Disbursement this Period

5000.00

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

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

17876.45

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. INTEGRATED CAMPAIGN SOLUTIONS

Mailing Address 526 DAROCO AVENUE

City State Zip Code
CORAL GABLES FL 33146

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 03 / 2011

Transaction ID : **SB.260**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. IRS

Mailing Address PO BOX 105083

City State Zip Code
ATLANTA GA 30348

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 03 / 2011

Transaction ID : **SB.33**

Amount of Each Disbursement this Period

1406.99

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address PO BOX 360001

City State Zip Code
FT LAUDERDALE FL 33336

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 05 / 2011

Transaction ID : **SB.34**

Amount of Each Disbursement this Period

292.30

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

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

6699.29

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. ANNIE EKERN

Mailing Address 1212 NEW YORK AVE, NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2011			

Transaction ID : SB.37

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. BUCKSHOT GROUP

Mailing Address PO BOX 30005

City BETHESDA State MD Zip Code 20824-0000

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2011			

Transaction ID : SB.35

Amount of Each Disbursement this Period

4375.00

Full Name (Last, First, Middle Initial)

C. CAMPAIGN RESOURCE GROUP

Mailing Address PO BOX 230197

City GRAND RAPIDS State MI Zip Code 49523

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2011			

Transaction ID : SB.36

Amount of Each Disbursement this Period

3750.00

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

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

10625.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. CTM CONSULTING

Mailing Address 7119 W. SUNSET BLVD., #444

City LOS ANGELES State CA Zip Code 90046

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 06 / 2011

Transaction ID : SB.38

Amount of Each Disbursement this Period

2250.00

Full Name (Last, First, Middle Initial)

B. GRAND SLAM FINANCE

Mailing Address 13805 RESEARCH BLVD

City AUSTIN State TX Zip Code 78750

Purpose of Disbursement
ACCOUNTING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 06 / 2011

Transaction ID : SB.39

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

C. ADP

Mailing Address 400 COVINA BLVD

City SAN DIMAS State CA Zip Code 91773

Purpose of Disbursement
PAYROLL SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : SB.40

Amount of Each Disbursement this Period

31.51

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

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

12281.51

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. JOSEPH AHEARN

Mailing Address 302 KEMEYS COVE

City State Zip Code
BRIARCLIFF NY 10510

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB.41**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. JOSEPH AHEARN

Mailing Address 302 KEMEYS COVE

City State Zip Code
BRIARCLIFF NY 10510

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB.46**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. CARA MASON

Mailing Address 98 N HILLVIEW DR.

City State Zip Code
ST. PETERS MO 63376

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB.42**

Amount of Each Disbursement this Period

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)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)
A. CARA MASON

Date of Disbursement: / /

Mailing Address **98 N HILLVIEW DR.**

City **ST. PETERS** State **MO** Zip Code **63376**

Purpose of Disbursement **PAYROLL** Category/Type:

Candidate Name

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

State: District:

Transaction ID : **SB.47**

Amount of Each Disbursement this Period:

Full Name (Last, First, Middle Initial)
B. ALLY SCHMEISER

Date of Disbursement: / /

Mailing Address **733 15TH ST., NW #802**

City **WASHINGTON** State **DC** Zip Code **20005**

Purpose of Disbursement **PAYROLL** Category/Type:

Candidate Name

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

State: District:

Transaction ID : **SB.43**

Amount of Each Disbursement this Period:

Full Name (Last, First, Middle Initial)
C. ALLY SCHMEISER

Date of Disbursement: / /

Mailing Address **733 15TH ST., NW #802**

City **WASHINGTON** State **DC** Zip Code **20005**

Purpose of Disbursement **PAYROLL** Category/Type:

Candidate Name

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

State: District:

Transaction ID : **SB.48**

Amount of Each Disbursement this Period:

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)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. IRS

Mailing Address PO BOX 105083

City ATLANTA State GA Zip Code 30348

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2011

Transaction ID : SB.44

Amount of Each Disbursement this Period

1143.27

Full Name (Last, First, Middle Initial)

B. IRS

Mailing Address PO BOX 105083

City ATLANTA State GA Zip Code 30348

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2011

Transaction ID : SB.49

Amount of Each Disbursement this Period

1143.24

Full Name (Last, First, Middle Initial)

C. ARENT FOX

Mailing Address PO BOX 758670

City BALTIMORE State MD Zip Code 21275

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 28 / 2011

Transaction ID : SB.45

Amount of Each Disbursement this Period

177.13

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

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

2463.64

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. FLORIDA U.C. FUND

Mailing Address FLORIDA DEPARTMENT OF REVENUE

City TALLAHASSEE State FL Zip Code 32399

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2011

Transaction ID : SB.50

Amount of Each Disbursement this Period

1166.40

Full Name (Last, First, Middle Initial)

B. GRAND SLAM FINANCE

Mailing Address 13805 RESEARCH BLVD

City AUSTIN State TX Zip Code 78750

Purpose of Disbursement
ACCOUNTING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2011

Transaction ID : SB.52

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. INTEGRATED CAMPAIGN SOLUTIONS

Mailing Address 526 DAROCO AVENUE

City CORAL GABLES State FL Zip Code 33146

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2011

Transaction ID : SB.51

Amount of Each Disbursement this Period

5000.00

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

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

11166.40

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. ELAVON MERCHANTS

Mailing Address ONE CONCOURSE PARKWAY

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2011

Transaction ID : SB.1000

Amount of Each Disbursement this Period

131.70

Full Name (Last, First, Middle Initial)

B. ADP

Mailing Address 400 COVINA BLVD

City SAN DIMAS State CA Zip Code 91773

Purpose of Disbursement
PAYROLL SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2011

Transaction ID : SB.20001

Amount of Each Disbursement this Period

47.09

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address PO BOX 360001

City FT LAUDERDALE State FL Zip Code 33336

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2011

Transaction ID : SB.3

Amount of Each Disbursement this Period

58.70

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

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

237.49

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. INTEGRATED CAMPAIGN SOLUTIONS

Mailing Address 526 DAROCO AVENUE

City State Zip Code
CORAL GABLES FL 33146

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 12 / 2011

Transaction ID : **SB.4000**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. PACIFIC FUNDRAISING GROUP

Mailing Address 2208 29TH STREET, SUITE 300

City State Zip Code
SACRAMENTO CA 95817

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 12 / 2011

Transaction ID : **SB.5500**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. ADP

Mailing Address 400 COVINA BLVD

City State Zip Code
SAN DIMAS CA 91773

Purpose of Disbursement
PAYROLL SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 14 / 2011

Transaction ID : **SB.6000**

Amount of Each Disbursement this Period

27.91

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

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

5027.91

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. GRAND SLAM FINANCE

Mailing Address 13805 RESEARCH BLVD

City State Zip Code
AUSTIN TX 78750

Purpose of Disbursement
ACCOUNTING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 22 / 2011

Transaction ID : **SB.9000**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. INTEGRATED CAMPAIGN SOLUTIONS

Mailing Address 526 DAROCO AVENUE

City State Zip Code
CORAL GABLES FL 33146

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 22 / 2011

Transaction ID : **SB.1001**

Amount of Each Disbursement this Period

3750.00

Full Name (Last, First, Middle Initial)

C. PACIFIC FUNDRAISING GROUP

Mailing Address 2208 29TH STREET, SUITE 300

City State Zip Code
SACRAMENTO CA 95817

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 22 / 2011

Transaction ID : **SB.1100**

Amount of Each Disbursement this Period

3750.00

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

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

10000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address 3875 AIRWAYS BLVD, H3

City State Zip Code
MEMPHIS TN 38116

Purpose of Disbursement
DELIVERY EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 29 / 2011

Transaction ID : SB.12011

Amount of Each Disbursement this Period

69.82

Full Name (Last, First, Middle Initial)

B. ELAVON MERCHANTS

Mailing Address ONE CONCOURSE PARKWAY

City State Zip Code
ATLANTA GA 30328

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2011

Transaction ID : SB.1300

Amount of Each Disbursement this Period

143.95

Full Name (Last, First, Middle Initial)

C. RACHEL MCGREGOR

Mailing Address 26 BAYLOR CIRCLE

City State Zip Code
WHITE PLAINS NY 10605

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2011

Transaction ID : SB.1500

Amount of Each Disbursement this Period

5000.00

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

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

5213.77

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. CTM CONSULTING

Mailing Address 7119 W. SUNSET BLVD., #444

City LOS ANGELES State CA Zip Code 90046

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2011

Transaction ID : SB.1600

Amount of Each Disbursement this Period

2250.00

Full Name (Last, First, Middle Initial)

B. GRAND SLAM FINANCE

Mailing Address 13805 RESEARCH BLVD

City AUSTIN State TX Zip Code 78750

Purpose of Disbursement
ACCOUNTING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2011

Transaction ID : SB.1400

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address PO BOX 360001

City FT LAUDERDALE State FL Zip Code 33336

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2011

Transaction ID : SB.1700

Amount of Each Disbursement this Period

321.50

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

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

6071.50

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address 3875 AIRWAYS BLVD, H3

City State Zip Code
MEMPHIS TN 38116

Purpose of Disbursement
DELIVERY EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2011

Transaction ID : **SB.1800**

Amount of Each Disbursement this Period

66.80

Full Name (Last, First, Middle Initial)

B. REBEKAH HURD

Mailing Address 13746 DARCHANCE ROAD

City State Zip Code
WINDEREMERE FL 34786

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : **SB.1900**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. GRAND SLAM FINANCE

Mailing Address 13805 RESEARCH BLVD

City State Zip Code
AUSTIN TX 78750

Purpose of Disbursement
ACCOUNTING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : **SB.2000**

Amount of Each Disbursement this Period

5000.00

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

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

6566.80

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. GRAND SLAM FINANCE

Mailing Address 13805 RESEARCH BLVD

City AUSTIN State TX Zip Code 78750

Purpose of Disbursement
ACCOUNTING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 13 / 2011

Transaction ID : **SB.2100**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. REBEKAH HURD

Mailing Address 13746 DARCHANCE ROAD

City WINDEREMERE State FL Zip Code 34786

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2011

Transaction ID : **SB.2300**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. RACHEL MCGREGOR

Mailing Address 26 BAYLOR CIRCLE

City WHITE PLAINS State NY Zip Code 10605

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2011

Transaction ID : **SB.2200**

Amount of Each Disbursement this Period

3750.00

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

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

7750.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. TARA ESFAHANIAN

Mailing Address 177 UPHAM STREET

City MELROSE State MA Zip Code 02176

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 19 / 2011

Transaction ID : **SB.2700**

Amount of Each Disbursement this Period

2500.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. DMM GROUP

Mailing Address 444 N MICHIGAN AVE #3600

City CHICAGO State IL Zip Code 60611

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 19 / 2011

Transaction ID : **SB.2600**

Amount of Each Disbursement this Period

2500.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. GRAND SLAM FINANCE

Mailing Address 13805 RESEARCH BLVD

City AUSTIN State TX Zip Code 78750

Purpose of Disbursement
ACCOUNTING SERVICES

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 19 / 2011

Transaction ID : **SB.2900**

Amount of Each Disbursement this Period

5000.00

Category/
Type

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

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

10000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. HOLLAND TAUCHER CONSULTING GROUP

Mailing Address PO BOX 684281

City State Zip Code
AUSTIN TX 78768

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2011

Transaction ID : **SB.2800**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. INTEGRATED CAMPAIGN SOLUTIONS

Mailing Address 526 DAROCO AVENUE

City State Zip Code
CORAL GABLES FL 33146

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2011

Transaction ID : **SB.2500**

Amount of Each Disbursement this Period

1250.00

Full Name (Last, First, Middle Initial)

C. PACIFIC FUNDRAISING GROUP

Mailing Address 2208 29TH STREET, SUITE 300

City State Zip Code
SACRAMENTO CA 95817

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2011

Transaction ID : **SB.2400**

Amount of Each Disbursement this Period

7500.00

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

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

11250.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 7704 LEESBURG PIKE

City State Zip Code
FALLS CHURCH VA 22043

Purpose of Disbursement
DATA PROCESSING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2011

Transaction ID : SB.3100

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. GRAND SLAM FINANCE

Mailing Address 13805 RESEARCH BLVD

City State Zip Code
AUSTIN TX 78750

Purpose of Disbursement
ACCOUNTING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2011

Transaction ID : SB.3000

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. GRAND SLAM FINANCE

Mailing Address 13805 RESEARCH BLVD

City State Zip Code
AUSTIN TX 78750

Purpose of Disbursement
ACCOUNTING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2011

Transaction ID : SB.3200

Amount of Each Disbursement this Period

3750.00

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

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

7250.00

383781.23

**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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. RICH LINDER

Mailing Address 7810 CHATSWORTH CT

City SANDY State UT Zip Code 84093

Purpose of Disbursement
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.7

Amount of Each Disbursement this Period

Category/Type

Full Name (Last, First, Middle Initial)

B. CHRISTOPHER K GLEASON

Mailing Address 255 SILVER BIRCH LANE

City JOHNSTOWN State PA Zip Code 15905

Purpose of Disbursement
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.22

Amount of Each Disbursement this Period

Category/Type

Full Name (Last, First, Middle Initial)

C. MRS DORIS BISTRICER

Mailing Address 145 ADELAIDE STREET WEST

City TORONTO State ON Zip Code

Purpose of Disbursement
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.7000

Amount of Each Disbursement this Period

Category/Type

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)

<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)
HPAC

Full Name (Last, First, Middle Initial)

A. WILLIAM K REAGAN

Mailing Address 1492 PENROSE DR

City State Zip Code
SALT LAKE CITY UT 84103

Purpose of Disbursement
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 17 / 2011

Transaction ID : SB.8000

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

10000.00

25000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 89 OF 95
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
HPAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor LINUS CATIGNANI	Nature of Debt (Purpose): FINANCE CONSULTANT
Mailing Address 1914 19TH AVE, SOUTH	
City State Zip Code NASHVILLE TN 37212	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD.3	
Amount Incurred This Period 5000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor TAUSHA DINGMAN	Nature of Debt (Purpose): FINANCE CONSULTANT
Mailing Address 109 E 5300 S	
City State Zip Code OGDEN UT 84405	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD.6	
Amount Incurred This Period 2500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor TARA ESFAHANIAN	Nature of Debt (Purpose): FINANCE CONSULTANT
Mailing Address 177 UPHAM STREET	
City State Zip Code MELROSE MA 02176	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD.8	
Amount Incurred This Period 2500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00

1) SUBTOTALS This Period This Page (optional)..... ▶	10000.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 90 OF 95
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
HPAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CLAUDIA LARSEN	Nature of Debt (Purpose): FINANCE CONSULTANT
Mailing Address 314 W CENTER #122	
City State Zip Code BOUNTIFUL UT 84010	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD.12	
Amount Incurred This Period 1250.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1250.00

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

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD.18	
Amount Incurred This Period 10000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10000.00

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

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD.19	
Amount Incurred This Period 8000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 8000.00

1) SUBTOTALS This Period This Page (optional)..... ▶	19250.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 91 OF 95
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
HPAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE WOODS HERBERGER GROUP	Nature of Debt (Purpose): FINANCE CONSULTANT
Mailing Address 1200 ANASTASIA AVE, STE 310	
City State Zip Code CORAL GABLES FL 33134	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD.20	
Amount Incurred This Period 8333.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 8333.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor TOD BOWEN	Nature of Debt (Purpose): FINANCE CONSULTANT
Mailing Address 2931 E. DUBLIN-GRANVILLE RD.	
City State Zip Code COLUMBUS OH 43231	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD.21	
Amount Incurred This Period 1250.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1250.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor HOLLAND TAUCHER CONSULTING GROUP	Nature of Debt (Purpose): FINANCE CONSULTANT
Mailing Address PO BOX 684281	
City State Zip Code AUSTIN TX 78768	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD.11	
Amount Incurred This Period 2500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00

1) SUBTOTALS This Period This Page (optional)..... ▶	12083.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 92 OF 95
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
HPAC

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

Outstanding Balance Beginning This Period	Transaction ID : SD.13	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="3333.00"/>	<input type="text" value="0.00"/>	<input type="text" value="3333.00"/>

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

Outstanding Balance Beginning This Period	Transaction ID : SD.14	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="5632.00"/>	<input type="text" value="0.00"/>	<input type="text" value="5632.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor DMM GROUP		Nature of Debt (Purpose): FINANCE CONSULTANT
Mailing Address 444 N MICHIGAN AVE #3600		
City	State	Zip Code
CHICAGO	IL	60611

Outstanding Balance Beginning This Period	Transaction ID : SD.7	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="2500.00"/>	<input type="text" value="0.00"/>	<input type="text" value="2500.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="11465.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 93 OF 95
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
HPAC

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

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD.9	
Amount Incurred This Period 11250.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 11250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor HIGHWOOD CAPITAL	Nature of Debt (Purpose): FINANCE CONSULTANT
Mailing Address 915 E STREET, NW	
City State Zip Code WASHINGTON DC 20004	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD.10	
Amount Incurred This Period 18750.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 18750.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PACIFIC FUNDRAISING GROUP	Nature of Debt (Purpose): FINANCE CONSULTANT
Mailing Address 2208 29TH STREET, SUITE 300	
City State Zip Code SACRAMENTO CA 95817	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD.15	
Amount Incurred This Period 13750.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 13750.00

1) SUBTOTALS This Period This Page (optional)..... ▶	43750.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 94 OF 95
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
HPAC

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

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD.16	
Amount Incurred This Period 3333.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3333.00

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

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD.17	
Amount Incurred This Period 3500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3500.00

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

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD.4	
Amount Incurred This Period 2250.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2250.00

1) SUBTOTALS This Period This Page (optional)..... ▶	9083.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 95 OF 95
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
HPAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor DGCG LLC	Nature of Debt (Purpose): FINANCE CONSULTANT
Mailing Address 5266 COLONEL JOHNSON LN	
City State Zip Code ALEXANDRIA VA 22304	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD.5	
Amount Incurred This Period 2500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor BELLWEATHER CONSULTING	Nature of Debt (Purpose): FINANCE CONSULTANT
Mailing Address PO BOX 1253	
City State Zip Code OAKLAND FL 34760	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD.1	
Amount Incurred This Period 3500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor BUCKSHOT GROUP	Nature of Debt (Purpose): FINANCE CONSULTANT
Mailing Address PO BOX 30005	
City State Zip Code BETHESDA MD 20824-0000	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD.2	
Amount Incurred This Period 8750.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 8750.00

1) SUBTOTALS This Period This Page (optional)..... ▶	14750.00
2) TOTALS This Period (last page this line number only)..... ▶	120381.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	120381.00