

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

Hermanator PAC; The

ADDRESS (number and street)

PO Box 1804

☐Check if different  
than previously  
reported. (ACC)

Orlando

FL

32802

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00483115

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☒April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2011

through

03

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

Scott Toomey

Signature of Treasurer

Electronically Filed by Scott Toomey

Date

04

12

2011

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**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Hermanator PAC; The

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		2246.10
(b) Cash on Hand at Beginning of Reporting Period .....	2246.10	
(c) Total Receipts (from Line 19) .....	16206.21	16206.21
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	18452.31	18452.31
7. Total Disbursements (from Line 31) .....	18439.00	18439.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	13.31	13.31
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

### For further information contact:

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

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

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Hermanator PAC; The

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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) .....	10736.21	10736.21
(ii) Unitemized .....	470.00	470.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	11206.21	11206.21
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	16206.21	16206.21
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 Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	16206.21	16206.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	16206.21	16206.21

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	18439.00	18439.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	18439.00	18439.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18439.00	18439.00	

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) .....	16206.21	16206.21
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16206.21	16206.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **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 / 15

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Hermanator PAC; The

**A.**

Full Name (Last, First, Middle Initial)

Mary E Arledge

Mailing Address 2304 Carina Court

City

League City

State

TX

Zip Code

77573

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.9822

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Connie Schuette

Mailing Address Hillcrest Avenue

City

Wausau

State

WI

Zip Code

54401

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 / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.9816

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Tom Schuette

Mailing Address Hillcrest Avenue

City

Wausau

State

WI

Zip Code

54401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wausau Homes

Occupation

CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.9814

Amount of Each Receipt this Period

5000.00

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

10300.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hermanator PAC; The

**A.**

Full Name (Last, First, Middle Initial)

Scott Toomey

Mailing Address PO Box 1804

City

Orlando

State

FL

Zip Code

32802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Hermanator PAC

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

436.21

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.9849

Amount of Each Receipt this Period

436.21

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

436.21

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

10736.21

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

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

FOR LINE NUMBER: PAGE 8 / 15

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hermanator PAC; The

**A.**

Full Name (Last, First, Middle Initial)

CAIN FOR US SENATE

Mailing Address 825 FAIRWAYS COURT SUITE 303

City

STOCKBRIDGE

State

GA

Zip Code

30281

FEC ID number of contributing  
federal political committee.

**C**

C00387639

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11C.9813

Amount of Each Receipt this Period

5000.00

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

5000.00

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

5000.00



# **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)

PAGE 9 / 15

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Hermanator PAC; The

<b>A.</b> Full Name (Last, First, Middle Initial) Brookfield Suites	<b>Transaction ID:</b> SB29.9747 <b>Date of Disbursement</b>
Mailing Address 1200 South Moorland	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 6 / 2 0 1 1</div> </div>
City Brookfield State WI Zip Code 53005	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Lodging	<div>223.94</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Brookfield Suites	<b>Transaction ID:</b> SB29.9749 <b>Date of Disbursement</b>
Mailing Address 1200 South Moorland	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 6 / 2 0 1 1</div> </div>
City Brookfield State WI Zip Code 53005	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Lodging	<div>240.94</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Encore Resort	<b>Transaction ID:</b> SB29.9775 <b>Date of Disbursement</b>
Mailing Address 3131 Las Vegas Boulevard South	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 8 / 2 0 1 1</div> </div>
City Las Vegas State NV Zip Code 89109	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Lodging	<div>346.42</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**811.30**

**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)

PAGE 10 / 15

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Hermanator PAC; The

**A.**

Full Name (Last, First, Middle Initial)  
Encore Resort

Mailing Address 3131 Las Vegas Boulevard South

City Las Vegas State NV Zip Code 89109

Purpose of Disbursement  
Lodging

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.9773

Date of Disbursement

/   /

Amount of Each Disbursement this Period

754.22

**B.**

Full Name (Last, First, Middle Initial)  
Flemings

Mailing Address 15665 West Bluemound Road

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
Meetings

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.9740

Date of Disbursement

/   /

Amount of Each Disbursement this Period

301.98

**C.**

Full Name (Last, First, Middle Initial)  
Fundly

Mailing Address 70 Broadway Street

City Westford State MA Zip Code 01886

Purpose of Disbursement  
Credit Card Fees/Donation Software

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.9809

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1087.72

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

2143.92

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 15

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Hermanator PAC; The

<b>A.</b> Full Name (Last, First, Middle Initial) Holiday Inn - Capitol Hill	<b>Transaction ID:</b> SB29.9751 <b>Date of Disbursement</b>
Mailing Address 550 C Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 0 / 2 0 1 1</div> </div>
City Washinton State DC Zip Code 20024	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Lodging	<div>279.37</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Krista Branch Music	<b>Transaction ID:</b> SB29.9762 <b>Date of Disbursement</b>
Mailing Address 509 Autumnwood Court	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 8 / 2 0 1 1</div> </div>
City Nashville State TN Zip Code 37221	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Entertainment	<div>2500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Krista Branch Music	<b>Transaction ID:</b> SB29.9778 <b>Date of Disbursement</b>
Mailing Address 509 Autumnwood Court	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 3 / 2 0 1 1</div> </div>
City Nashville State TN Zip Code 37221	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Entertainment	<div>2500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

5279.37

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 15

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

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NAME OF COMMITTEE (In Full)  
Hermanator PAC; The

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Microtel Inn &amp; Suites</p> <p>Mailing Address 195 Country Club Drive</p> <p>City Stockbridge State GA Zip Code 30281</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.9735</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="201.45"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Sprint</p> <p>Mailing Address PO Box 4191</p> <p>City Carol Stream State IL Zip Code 60197</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.9788</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="462.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Sprint</p> <p>Mailing Address PO Box 4191</p> <p>City Carol Stream State IL Zip Code 60197</p> <p>Purpose of Disbursement Cell Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.9789</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="462.02"/></p>

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

**1125.47**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 15

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 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)  
Hermanator PAC; The

<b>A.</b> Full Name (Last, First, Middle Initial) Sun Trust Bank	<b>Transaction ID:</b> SB29.9770 <b>Date of Disbursement</b>
Mailing Address 4751 New Broad Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 7 / 2 0 1 1</div> </div>
City Orlando State FL Zip Code 32814	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Bank Fees	<div>72.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Sun Trust Bank	<b>Transaction ID:</b> SB29.9768 <b>Date of Disbursement</b>
Mailing Address 4751 New Broad Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 9 / 2 0 1 1</div> </div>
City Orlando State FL Zip Code 32814	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Bank Fees	<div>36.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Sun Trust Bank	<b>Transaction ID:</b> SB29.9766 <b>Date of Disbursement</b>
Mailing Address 4751 New Broad Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 1 1</div> </div>
City Orlando State FL Zip Code 32814	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Bank Fees	<div>10.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

118.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Hermanator PAC; The

<b>A.</b> Full Name (Last, First, Middle Initial) UPS	<b>Transaction ID:</b> SB29.9784 <b>Date of Disbursement</b>
Mailing Address 55 Glenlake Parkway, NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 5 / 2 0 1 1</div> </div>
City Atlanta State GA Zip Code 30328	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Shipping Candidate Name	<div> <div>175.18</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) UPS	<b>Transaction ID:</b> SB29.9780 <b>Date of Disbursement</b>
Mailing Address 55 Glenlake Parkway, NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 2 / 2 0 1 1</div> </div>
City Atlanta State GA Zip Code 30328	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Shipping Candidate Name	<div> <div>89.06</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Washington Political Group	<b>Transaction ID:</b> SB29.9807 <b>Date of Disbursement</b>
Mailing Address 1987 S. Lumpkin St.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 1 1</div> </div>
City Athens State GA Zip Code 30605	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Web & Mobile Consulting Candidate Name	<div> <div>5000.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**5264.24**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 15

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

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NAME OF COMMITTEE (In Full)

Hermanator PAC; The

A.

Full Name (Last, First, Middle Initial)

Whoop Technologies

Mailing Address 3495 Piedmont Road  
11 Piedmont Center #905

City Atlanta State GA Zip Code 30305

Purpose of Disbursement  
Mobile Technology

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.9743

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

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

2000.00

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

16742.30