

# 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.   
McDonald Hopkins LLC PAC

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)   
   -

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 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:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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 Mr. David M. Kall Esq.

Signature of Treasurer *Mr. David M. Kall Esq.* [Electronically Filed] Date  /  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**McDonald Hopkins LLC PAC**

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="2013"/>		38284.85
(b) Cash on Hand at Beginning of Reporting Period.....	38284.85	
(c) Total Receipts (from Line 19) .....	10455.08	10455.08
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	48739.93	48739.93
7. Total Disbursements (from Line 31).....	29507.76	29507.76
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	19232.17	19232.17
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**McDonald Hopkins LLC PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2013 To: M M / D D / Y Y Y Y 06 / 30 / 2013

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).....	5813.38	5813.38
(ii) Unitemized .....	4516.70	4516.70
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	10330.08	10330.08
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	10330.08	10330.08
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.....	125.00	125.00
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))..... ▶	10455.08	10455.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10455.08	10455.08

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	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.....	5000.00	5000.00
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 .....	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 .....	24507.76	24507.76
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)) ..	29507.76	29507.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29507.76	29507.76

**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) .....	10330.08	10330.08
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10330.08	10330.08
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 OF 41
	<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)  
**McDonald Hopkins LLC PAC**

**A. John Benko**  
Full Name (Last, First, Middle Initial)

Mailing Address McDonald Hopkins LLC  
39533 Woodward Ave, Ste 318

City Bloomfield Hills State MI Zip Code 48304

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2013

**Transaction ID : SA11AI.6179**

Amount of Each Receipt this Period  
62.50

Payroll Deduction

**B. John Benko**  
Full Name (Last, First, Middle Initial)

Mailing Address McDonald Hopkins LLC  
39533 Woodward Ave, Ste 318

City Bloomfield Hills State MI Zip Code 48304

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
312.50

Date of Receipt  
MM / DD / YYYY  
05 / 30 / 2013

**Transaction ID : SA11AI.6225**

Amount of Each Receipt this Period  
62.50

Payroll Deduction

**C. John Benko**  
Full Name (Last, First, Middle Initial)

Mailing Address McDonald Hopkins LLC  
39533 Woodward Ave, Ste 318

City Bloomfield Hills State MI Zip Code 48304

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
MM / DD / YYYY  
06 / 27 / 2013

**Transaction ID : SA11AI.6257**

Amount of Each Receipt this Period  
62.50

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	187.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 41
<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)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)  
**A. Todd Benni**

Mailing Address **McDonald Hopkins LLC**  
505 South Flagler Dr, Ste 300

City **West Palm Beach** State **FL** Zip Code **33401**

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

Name of Employer **McDonald Hopkins LLC** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.04**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	3

**Transaction ID : SA11AI.6262**

Amount of Each Receipt this Period  

3	3	.	3	4
---	---	---	---	---

**33.34**

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**B. Peter Bernhardt**

Mailing Address **7664 Ironhorse Blvd**

City **West Palm Beach** State **FL** Zip Code **33412**

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

Name of Employer **McDonald Hopkins LLC** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

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

**Transaction ID : SA11AI.6144**

Amount of Each Receipt this Period  

1	0	0	.	0	0
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**100.00**

Payroll deduction

Full Name (Last, First, Middle Initial)  
**C. Peter Bernhardt**

Mailing Address **7664 Ironhorse Blvd**

City **West Palm Beach** State **FL** Zip Code **33412**

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

Name of Employer **McDonald Hopkins LLC** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

**Transaction ID : SA11AI.6181**

Amount of Each Receipt this Period  

1	0	0	.	0	0
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**100.00**

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>233.34</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 41
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**McDonald Hopkins LLC PAC**

**A. Peter Bernhardt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7664 Ironhorse Blvd  
City West Palm Beach State FL Zip Code 33412  
FEC ID number of contributing federal political committee. **C**  
Name of Employer McDonald Hopkins LLC Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 30 / 2013  
**Transaction ID : SA11AI.6227**  
Amount of Each Receipt this Period 100.00  
Payroll Deduction

**B. Peter Bernhardt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7664 Ironhorse Blvd  
City West Palm Beach State FL Zip Code 33412  
FEC ID number of contributing federal political committee. **C**  
Name of Employer McDonald Hopkins LLC Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 27 / 2013  
**Transaction ID : SA11AI.6263**  
Amount of Each Receipt this Period 100.00  
Payroll Deduction

**C. James Boutros**  
Full Name (Last, First, Middle Initial)  
Mailing Address 309 Grosse Pointe Blvd  
City Grosse Pointe Farm State MI Zip Code 48236  
FEC ID number of contributing federal political committee. **C**  
Name of Employer McDonald Hopkins LLC Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : SA11AI.6182**  
Amount of Each Receipt this Period 62.50  
Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 262.50  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 41
<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)  
**McDonald Hopkins LLC PAC**

**A. James Boutrous**  
Full Name (Last, First, Middle Initial)  
Mailing Address 309 Grosse Pointe Blvd  
City Grosse Pointe Farm State MI Zip Code 48236  
FEC ID number of contributing federal political committee. **C**  
Name of Employer McDonald Hopkins LLC Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 312.50

Date of Receipt 05 / 30 / 2013  
**Transaction ID : SA11AI.6228**  
Amount of Each Receipt this Period 62.50  
Payroll Deduction

**B. James Boutrous**  
Full Name (Last, First, Middle Initial)  
Mailing Address 309 Grosse Pointe Blvd  
City Grosse Pointe Farm State MI Zip Code 48236  
FEC ID number of contributing federal political committee. **C**  
Name of Employer McDonald Hopkins LLC Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt 06 / 27 / 2013  
**Transaction ID : SA11AI.6264**  
Amount of Each Receipt this Period 62.50  
Payroll Deduction

**C. Alan Burger**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7005 Washington Road  
City West Palm Beach State FL Zip Code 33405  
FEC ID number of contributing federal political committee. **C**  
Name of Employer McDonald Hopkins LLC Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 30 / 2013  
**Transaction ID : SA11AI.6183**  
Amount of Each Receipt this Period 62.50  
Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 187.50  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 41
<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)  
**McDonald Hopkins LLC PAC**

**A. Alan Burger**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7005 Washington Road  
City West Palm Beach State FL Zip Code 33405  
FEC ID number of contributing federal political committee. **C**  
Name of Employer McDonald Hopkins LLC Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 312.50

Date of Receipt 05 / 30 / 2013  
Transaction ID : SA11AI.6229  
Amount of Each Receipt this Period 62.50  
Payroll Deduction

**B. Alan Burger**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7005 Washington Road  
City West Palm Beach State FL Zip Code 33405  
FEC ID number of contributing federal political committee. **C**  
Name of Employer McDonald Hopkins LLC Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt 06 / 27 / 2013  
Transaction ID : SA11AI.6265  
Amount of Each Receipt this Period 62.50  
Payroll Deduction

**c. Michael G Caputo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 528 Forestview Road  
City Bay Village State OH Zip Code 44140  
FEC ID number of contributing federal political committee. **C**  
Name of Employer McDonald Hopkins LLC Occupation Principal  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 27 / 2013  
Transaction ID : SA11AI.6147  
Amount of Each Receipt this Period 100.00  
Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 41
	<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)  
**McDonald Hopkins LLC PAC**

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

Mailing Address 528 Forestview Road

City Bay Village State OH Zip Code 44140

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

Name of Employer McDonald Hopkins LLC Occupation Principal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2013**

**Transaction ID : SA11AI.6184**

Amount of Each Receipt this Period  
**100.00**

Payroll Deduction

**B. Michael G Caputo**  
Full Name (Last, First, Middle Initial)

Mailing Address 528 Forestview Road

City Bay Village State OH Zip Code 44140

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

Name of Employer McDonald Hopkins LLC Occupation Principal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 30 / 2013**

**Transaction ID : SA11AI.6230**

Amount of Each Receipt this Period  
**100.00**

Payroll Deduction

**c. Michael G Caputo**  
Full Name (Last, First, Middle Initial)

Mailing Address 528 Forestview Road

City Bay Village State OH Zip Code 44140

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

Name of Employer McDonald Hopkins LLC Occupation Principal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 27 / 2013**

**Transaction ID : SA11AI.6266**

Amount of Each Receipt this Period  
**100.00**

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 41
	<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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NAME OF COMMITTEE (In Full)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)  
**A. Howard Coates**

Mailing Address 14237 Greentree Trail

City Wellington State FL Zip Code 33414

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 30 / 2013**

**Transaction ID : SA11AI.6231**

Amount of Each Receipt this Period  
**50.00**

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**B. Howard Coates**

Mailing Address 14237 Greentree Trail

City Wellington State FL Zip Code 33414

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 27 / 2013**

**Transaction ID : SA11AI.6267**

Amount of Each Receipt this Period  
**50.00**

Payroll Deduction

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

Mailing Address 33603 Hawkesbury Ct

City Avon State OH Zip Code 44011

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2013**

**Transaction ID : SA11AI.6186**

Amount of Each Receipt this Period  
**62.50**

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>162.50</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 41
	<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)  
**McDonald Hopkins LLC PAC**

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

Mailing Address 33603 Hawkesbury Ct

City Avon State OH Zip Code 44011

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **312.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 30 / 2013**

**Transaction ID : SA11AI.6232**

Amount of Each Receipt this Period  
**62.50**

Payroll Deduction

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

Mailing Address 33603 Hawkesbury Ct

City Avon State OH Zip Code 44011

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 27 / 2013**

**Transaction ID : SA11AI.6268**

Amount of Each Receipt this Period  
**62.50**

Payroll Deduction

**C. Dean DePiero**  
Full Name (Last, First, Middle Initial)

Mailing Address 6020 Kelley Lane

City Parma State OH Zip Code 44134

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **266.68**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 28 / 2013**

**Transaction ID : SA11AI.6100**

Amount of Each Receipt this Period  
**133.34**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **258.34**

**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 41
	<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)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial) <b>A. Dean DePiero</b>		Date of Receipt MM / DD / YYYY 03 / 27 / 2013 <b>Transaction ID : SA11AI.6150</b>
Mailing Address 6020 Kelley Lane		Amount of Each Receipt this Period 133.34
City Parma	State OH	Zip Code 44134
FEC ID number of contributing federal political committee. C	Name of Employer McDonald Hopkins LLC	Occupation Attorney
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.02	
Payroll deduction		

Full Name (Last, First, Middle Initial) <b>B. Dean DePiero</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : SA11AI.6187</b>
Mailing Address 6020 Kelley Lane		Amount of Each Receipt this Period 133.34
City Parma	State OH	Zip Code 44134
FEC ID number of contributing federal political committee. C	Name of Employer McDonald Hopkins LLC	Occupation Attorney
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 533.36	
Payroll Deduction		

Full Name (Last, First, Middle Initial) <b>C. Dean DePiero</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2013 <b>Transaction ID : SA11AI.6233</b>
Mailing Address 6020 Kelley Lane		Amount of Each Receipt this Period 133.34
City Parma	State OH	Zip Code 44134
FEC ID number of contributing federal political committee. C	Name of Employer McDonald Hopkins LLC	Occupation Attorney
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.70	
Payroll Deduction		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.02
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 41
	<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)  
**McDonald Hopkins LLC PAC**

**A. Dean DePiero**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6020 Kelley Lane  
City Parma State OH Zip Code 44134  
FEC ID number of contributing federal political committee. **C**  
Name of Employer McDonald Hopkins LLC Occupation Attorney  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **800.04**

Date of Receipt **06 / 27 / 2013**  
**Transaction ID : SA11AI.6269**  
Amount of Each Receipt this Period **133.34**  
Payroll Deduction

**B. James Giszczak**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5348 Clearview Dr  
City Tory State MI Zip Code 48098  
FEC ID number of contributing federal political committee. **C**  
Name of Employer McDonald Hopkins LLC Occupation Attorney  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 27 / 2013**  
**Transaction ID : SA11AI.6152**  
Amount of Each Receipt this Period **100.00**  
Payroll deduction

**C. James Giszczak**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5348 Clearview Dr  
City Tory State MI Zip Code 48098  
FEC ID number of contributing federal political committee. **C**  
Name of Employer McDonald Hopkins LLC Occupation Attorney  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **400.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : SA11AI.6189**  
Amount of Each Receipt this Period **100.00**  
Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **333.34**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 41
	<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)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial) <b>A. James Giszczak</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2013 <b>Transaction ID : SA11AI.6235</b>
Mailing Address 5348 Clearview Dr		Amount of Each Receipt this Period 100.00
City Tory	State MI	Zip Code 48098
FEC ID number of contributing federal political committee. C	Name of Employer McDonald Hopkins LLC	Occupation Attorney
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. James Giszczak</b>		Date of Receipt MM / DD / YYYY 06 / 27 / 2013 <b>Transaction ID : SA11AI.6271</b>
Mailing Address 5348 Clearview Dr		Amount of Each Receipt this Period 100.00
City Tory	State MI	Zip Code 48098
FEC ID number of contributing federal political committee. C	Name of Employer McDonald Hopkins LLC	Occupation Attorney
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Jeffrey R. Huntsberger Esq.</b>		Date of Receipt MM / DD / YYYY 03 / 04 / 2013 <b>Transaction ID : SA11AI.6133</b>
Mailing Address 11740 Raintree Drive		Amount of Each Receipt this Period 600.00
City Chardon	State OH	Zip Code 44024
FEC ID number of contributing federal political committee. C	Name of Employer McDonald Hopkins LLC	Occupation Attorney
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 41
<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)  
**McDonald Hopkins LLC PAC**

**A. Mr. David M. Kall Esq.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1190 West Parkway Bl  
 City Aurora State OH Zip Code 44202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer McDonald Hopkins LLC Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 22 / 2013  
**Transaction ID : SA11AI.6134**  
 Amount of Each Receipt this Period  
 750.00

**B. Mr. Mark D. Klimek Esq.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3319 Norwood Road  
 City Shaker Heights State OH Zip Code 44122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer McDonald Hopkins LLC Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 27 / 2013  
**Transaction ID : SA11AI.6273**  
 Amount of Each Receipt this Period  
 40.00  
 Payroll Deduction

**C. Michael Latiff**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 90 N. Deeplands  
 City Grosse Pointe Shor State MI Zip Code 48236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer McDonald Hopkins LLC Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : SA11AI.6192**  
 Amount of Each Receipt this Period  
 65.00  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	855.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 41
<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)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial) <b>A. Michael Latiff</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2013 <b>Transaction ID : SA11AI.6238</b>
Mailing Address 90 N. Deeplands		Amount of Each Receipt this Period 65.00
City Grosse Pointe Shor	State MI	Zip Code 48236
FEC ID number of contributing federal political committee. C	Name of Employer McDonald Hopkins LLC	Occupation Attorney
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) <b>B. Michael Latiff</b>		Date of Receipt MM / DD / YYYY 06 / 27 / 2013 <b>Transaction ID : SA11AI.6274</b>
Mailing Address 90 N. Deeplands		Amount of Each Receipt this Period 65.00
City Grosse Pointe Shor	State MI	Zip Code 48236
FEC ID number of contributing federal political committee. C	Name of Employer McDonald Hopkins LLC	Occupation Attorney
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) <b>C. Mr. Sean D. Malloy Esq.</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : SA11AI.6194</b>
Mailing Address 3422 Pelham Place		Amount of Each Receipt this Period 62.50
City Avon	State OH	Zip Code 44011
FEC ID number of contributing federal political committee. C	Name of Employer McDonald Hopkins LLC	Occupation Attorney
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Payroll Deduction		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	192.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 41
	<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)  
**McDonald Hopkins LLC PAC**

**A. Mr. Sean D. Malloy Esq.**

Full Name (Last, First, Middle Initial)  
Mailing Address 3422 Pelham Place

City Avon State OH Zip Code 44011

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **312.50**

Date of Receipt  
**05 / 30 / 2013**

**Transaction ID : SA11AI.6240**

Amount of Each Receipt this Period  
**62.50**

Payroll Deduction

**B. Mr. Sean D. Malloy Esq.**

Full Name (Last, First, Middle Initial)  
Mailing Address 3422 Pelham Place

City Avon State OH Zip Code 44011

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
**06 / 27 / 2013**

**Transaction ID : SA11AI.6276**

Amount of Each Receipt this Period  
**62.50**

Payroll Deduction

**C. Mr. Michael J. Meaney Esq.**

Full Name (Last, First, Middle Initial)  
Mailing Address 35157 Quartermane

City Bentleyville State OH Zip Code 44139

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**04 / 30 / 2013**

**Transaction ID : SA11AI.6195**

Amount of Each Receipt this Period  
**62.50**

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>187.50</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 41
	<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)  
**McDonald Hopkins LLC PAC**

**A. Mr. Michael J. Meaney Esq.**  
Full Name (Last, First, Middle Initial)

Mailing Address 35157 Quartermane

City Bentleyville State OH Zip Code 44139

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **312.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 30 / 2013**

**Transaction ID : SA11AI.6241**

Amount of Each Receipt this Period  
**62.50**

Payroll Deduction

**B. Mr. Michael J. Meaney Esq.**  
Full Name (Last, First, Middle Initial)

Mailing Address 35157 Quartermane

City Bentleyville State OH Zip Code 44139

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 27 / 2013**

**Transaction ID : SA11AI.6277**

Amount of Each Receipt this Period  
**62.50**

Payroll Deduction

**C. Mr. John Metzger Esq.**  
Full Name (Last, First, Middle Initial)

Mailing Address 8396 Ironhorse Court

City West Palm Beach State FL Zip Code 33412

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 27 / 2013**

**Transaction ID : SA11AI.6159**

Amount of Each Receipt this Period  
**100.00**

Payroll deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 41
	<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)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial) <b>A. Mr. John Metzger Esq.</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : SA11AI.6196</b>
Mailing Address 8396 Ironhorse Court		Amount of Each Receipt this Period 100.00
City West Palm Beach	State FL	Zip Code 33412
FEC ID number of contributing federal political committee. C	Name of Employer McDonald Hopkins LLC	Occupation Attorney
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) <b>B. Mr. John Metzger Esq.</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2013 <b>Transaction ID : SA11AI.6242</b>
Mailing Address 8396 Ironhorse Court		Amount of Each Receipt this Period 100.00
City West Palm Beach	State FL	Zip Code 33412
FEC ID number of contributing federal political committee. C	Name of Employer McDonald Hopkins LLC	Occupation Attorney
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) <b>C. Mr. John Metzger Esq.</b>		Date of Receipt MM / DD / YYYY 06 / 27 / 2013 <b>Transaction ID : SA11AI.6279</b>
Mailing Address 8396 Ironhorse Court		Amount of Each Receipt this Period 100.00
City West Palm Beach	State FL	Zip Code 33412
FEC ID number of contributing federal political committee. C	Name of Employer McDonald Hopkins LLC	Occupation Attorney
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Payroll Deduction		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 41
	<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)  
**McDonald Hopkins LLC PAC**

**A. John Mulligan**  
Full Name (Last, First, Middle Initial)

Mailing Address 20732 Sydenham Rd

City Shaker Heights State OH Zip Code 44122

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : SA11AI.6198**

Amount of Each Receipt this Period  
 62.50

Payroll Deduction

**B. John Mulligan**  
Full Name (Last, First, Middle Initial)

Mailing Address 20732 Sydenham Rd

City Shaker Heights State OH Zip Code 44122

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 30 / 2013  
**Transaction ID : SA11AI.6244**

Amount of Each Receipt this Period  
 62.50

Payroll Deduction

**C. John Mulligan**  
Full Name (Last, First, Middle Initial)

Mailing Address 20732 Sydenham Rd

City Shaker Heights State OH Zip Code 44122

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2013  
**Transaction ID : SA11AI.6281**

Amount of Each Receipt this Period  
 62.50

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	187.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 41
	<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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NAME OF COMMITTEE (In Full)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)  
**A. Scott Opincar**

Mailing Address 8397 Forest View Dr

City Olmsted Falls State OH Zip Code 44138

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : SA11AI.6199**

Amount of Each Receipt this Period  
62.50

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**B. Scott Opincar**

Mailing Address 8397 Forest View Dr

City Olmsted Falls State OH Zip Code 44138

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
312.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2013  
**Transaction ID : SA11AI.6245**

Amount of Each Receipt this Period  
62.50

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**C. Scott Opincar**

Mailing Address 8397 Forest View Dr

City Olmsted Falls State OH Zip Code 44138

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 27 / 2013  
**Transaction ID : SA11AI.6283**

Amount of Each Receipt this Period  
62.50

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	187.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 41
	<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)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)  
**A. Edward Quinlisk**

Mailing Address 1909 Eisenhower Lane

City Bolingbrook State IL Zip Code 60490

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.04**

Date of Receipt **06 / 27 / 2013**

**Transaction ID : SA11AI.6284**

Amount of Each Receipt this Period **33.34**

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**B. Bruce Reinhart**

Mailing Address McDonald Hopkins LLC  
505 South Flagler Dr, Ste 300

City West Palm Beach State FL Zip Code 33401

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **05 / 30 / 2013**

**Transaction ID : SA11AI.6248**

Amount of Each Receipt this Period **50.00**

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**C. Bruce Reinhart**

Mailing Address McDonald Hopkins LLC  
505 South Flagler Dr, Ste 300

City West Palm Beach State FL Zip Code 33401

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **06 / 27 / 2013**

**Transaction ID : SA11AI.6287**

Amount of Each Receipt this Period **50.00**

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>133.34</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 41
	<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)  
**McDonald Hopkins LLC PAC**

**A. Mr. Michael W. Wise Esq.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1109 Royal Oak

City Chagrin Falls	State OH	Zip Code 44022
-----------------------	-------------	-------------------

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

Name of Employer McDonald Hopkins LLC	Occupation Attorney
--	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : SA11AI.6203**

Amount of Each Receipt this Period  
65.00

Payroll Deduction

**B. Mr. Michael W. Wise Esq.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1109 Royal Oak

City Chagrin Falls	State OH	Zip Code 44022
-----------------------	-------------	-------------------

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

Name of Employer McDonald Hopkins LLC	Occupation Attorney
--	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2013

**Transaction ID : SA11AI.6249**

Amount of Each Receipt this Period  
65.00

Payroll Deduction

**C. Mr. Michael W. Wise Esq.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1109 Royal Oak

City Chagrin Falls	State OH	Zip Code 44022
-----------------------	-------------	-------------------

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

Name of Employer McDonald Hopkins LLC	Occupation Attorney
--	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2013

**Transaction ID : SA11AI.6289**

Amount of Each Receipt this Period  
65.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	195.00
<b>TOTAL</b> This Period (last page this line number only).....	5813.38

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

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

FOR LINE NUMBER: PAGE 26 OF 41  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**McDonald Hopkins LLC PAC**

**A. Sandoval for Governor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 370297  
 City Las Vegas State NV Zip Code 89137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 125.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 07 / 2013  
**Transaction ID : SA16.6030**  
 Amount of Each Receipt this Period  
 125.00

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	125.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)

## A. BOEHNER-PORTMAN HOUSE AND SENATE FUND

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB23.6205

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

## B. The RPCC Federal Campaign Committee

Mailing Address 1500 West 3rd Street  
Suite 120

City Cleveland State OH Zip Code 44113

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		2	6		2	0	1	3		

Transaction ID : SB23.6091

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

## C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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)..... ▶

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)

<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)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)

**A. Adam Putnam Campaign**

Mailing Address 111 East College Avenue, 2nd Floor

City Tallahassee State FL Zip Code 32301

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2013

Transaction ID : SB29.6255

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Andy Thompson for State Representative**

Mailing Address 416 Strecker Lane

City Marietta State OH Zip Code 45750

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2013

Transaction ID : SB29.6070

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Butler for Ohio**

Mailing Address 2321 Miami Village Drive

City Miamisburg State OH Zip Code 45342

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2013

Transaction ID : SB29.6126

Amount of Each Disbursement this Period

350.00

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

1100.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)

**A. Campaign Account of Spencer Eig**

Mailing Address 6905 Corsica Street

City State Zip Code  
Coral Gables FL 33146

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.6223**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Citizens for Amstutz**

Mailing Address 4456 Wood Lake Trail

City State Zip Code  
Wooster OH 44691

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.6031**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Citizens for Cheryl Grossman**

Mailing Address 3955 Brown Park Drive  
Suite A

City State Zip Code  
Hilliard OH 43026

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.6069**

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 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)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)

**A. Citizens for Cheryl Grossman**

Mailing Address 3955 Brown Park Drive  
Suite A

City Hilliard State OH Zip Code 43026

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 10 / 2013

Transaction ID : SB29.6251

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Citizens for Gonzales**

Mailing Address 865 Macon Alley

City Columbus State OH Zip Code 43206

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2013

Transaction ID : SB29.6136

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Citizens for Hall**

Mailing Address 31 North Hillside Drive

City Millersburg State OH Zip Code 44654

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 05 / 2013

Transaction ID : SB29.6071

Amount of Each Disbursement this Period

250.00

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

1100.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)

**A. Citizens for McGregor**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**010**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.6036**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Citizens for Mike Dovilla**

Mailing Address 62 Harnagy Street

City Berea State OH Zip Code 44017

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.6130**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Citizens for Obhof**

Mailing Address 5206 Crown Pointe Drive

City Medina State OH Zip Code 44256

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.6082**

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 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)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)

**A. Citizens for Sears**

Mailing Address 6711 Monroe Street  
Bldg 3, Suite D

City Sylvania State OH Zip Code 43560

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 18 / 2013

Transaction ID : SB29.6083

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Citizens for Terry Blair**

Mailing Address 9506 Lindner Lane

City Dayton State OH Zip Code 45458

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 11 / 2013

Transaction ID : SB29.6073

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Manning**

Mailing Address 5380 Barton Road

City North Ridgeville State OH Zip Code 44039

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 04 / 2013

Transaction ID : SB29.6067

Amount of Each Disbursement this Period

350.00

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

1050.00

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



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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Manning**

Mailing Address 5380 Barton Road

City North Ridgeville State OH Zip Code 44039

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.6174**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Richard Adams**

Mailing Address 1075 Hillcrest Drive

City Troy State OH Zip Code 45373

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.6211**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Stephen Slesnick**

Mailing Address 4725 Greenbriar Sq NE

City Canton State OH Zip Code 44714

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.6084**

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 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)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)

**A. Frank G. Jackson, For A Better Cleveland**

Mailing Address 3029 Prospect Avenue

City Cleveland State OH Zip Code 44115

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.6256**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Friends of Faber**

Mailing Address 7706 St. Rt. 703

City Celina State OH Zip Code 45822

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.6131**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Friends of John Eklund**

Mailing Address 12040 Burlington Glen Drvie

City Chardon State OH Zip Code 44024

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.6132**

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 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)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of John Eklund**

Mailing Address 12040 Burlington Glen Drvie

City Chardon State OH Zip Code 44024

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 03 / 2013

Transaction ID : **SB29.6250**

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Friends of Marlene B. Anielski**

Mailing Address 17150 Alexander Road

City Walton Hills State OH Zip Code 44146

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 11 / 2013

Transaction ID : **SB29.6074**

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Friends of Nan Baker**

Mailing Address 29761 Devonshire Oval

City Westlake State OH Zip Code 44145

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 13 / 2013

Transaction ID : **SB29.6213**

Amount of Each Disbursement this Period

350.00

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

1050.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Rogers**

Mailing Address 7290 Southmeadow Drive

City State Zip Code  
Concord OH 44077

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB29.6220

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Friends of Russ Pry**

Mailing Address 554 Weber Ave

City State Zip Code  
Akron OH 44310

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	3

Transaction ID : SB29.6039

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Friends of Tom Patton**

Mailing Address 17157 Rabbit Run Drive

City State Zip Code  
Strongsville OH 44136

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	1	3

Transaction ID : SB29.6068

Amount of Each Disbursement this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Tom Patton**

Mailing Address 17157 Rabbit Run Drive

City State Zip Code  
Strongsville OH 44136

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 10 / 2013

Transaction ID : SB29.6252

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Husted for Ohio**

Mailing Address 211 S. Fifth Street

City State Zip Code  
Columbus OH 43215

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 07 / 2013

Transaction ID : SB29.6208

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Jack Cera for State Representative**

Mailing Address 63899 Violet Lane

City State Zip Code  
Bellaire OH 43906

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 15 / 2013

Transaction ID : SB29.6170

Amount of Each Disbursement this Period

250.00

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

3750.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)

**A. Keep Kearney in the Senate**

Mailing Address PO Box 29077

City Cincinnati State OH Zip Code 45229

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.6076**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. LaRose for Senate**

Mailing Address 553 Royal Crest

City Copley State OH Zip Code 44321

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.6128**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. LaRose for Senate**

Mailing Address 553 Royal Crest

City Copley State OH Zip Code 44321

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.6216**

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 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)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)

**A. Oelslager for Ohio Committee**

Mailing Address 6706 Lake Cable Avenue NW

City North Canton State OH Zip Code 44720

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.6207**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Ohio House Republican Organizational Committee**

Mailing Address 4679 Winterest Drive

City Columbus State OH Zip Code 43204

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.6124**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Seitz for Senate Committee**

Mailing Address 4401 Abby Court

City Cincinnati State OH Zip Code 45201

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.6129**

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 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)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)

**A. Team Burke**

Mailing Address 275 West 4th Street

City Marysville State OH Zip Code 43040

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 18 / 2013

Transaction ID : SB29.6086

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

**B. The Committee to Elect Chris Widener**

Mailing Address 23 South Center Street

City Springfield State OH Zip Code 45502

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 13 / 2013

Transaction ID : SB29.6218

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. The Kevin L. Boyce Committee**

Mailing Address 1480 Dublin Road

City Columbus State OH Zip Code 43215

Purpose of Disbursement

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 29 / 2013

Transaction ID : SB29.6177

Amount of Each Disbursement this Period

250.00

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

1100.00

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



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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)

**A. The Republican Senate Campaign Committee**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 04 / 2013

Transaction ID : SB29.6125

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Troy Balderson for State Senator**

Mailing Address 3760 Greenbriar Drive

City Zanesville State OH Zip Code 43701

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 04 / 2013

Transaction ID : SB29.6127

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period

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

850.00

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

23200.00