

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

HPAC

ADDRESS (number and street) 1050 CONNECTICUT AVENUE NW

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

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

C C00495911

3. IS THIS REPORT NEW (N) OR AMENDED (A) 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 M M M / D D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2012 through 03 / 31 / 2012

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

Type or Print Name of Treasurer David Satterfield

Signature of Treasurer David Satterfield [Electronically Filed] Date 05 / 18 / 2012

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

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

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

HPAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		19422.32
(b) Cash on Hand at Beginning of Reporting Period.....	19422.32	
(c) Total Receipts (from Line 19)	34500.00	34500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	53922.32	53922.32
7. Total Disbursements (from Line 31).....	52966.82	52966.82
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	955.50	955.50
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)	63207.26	

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

HPAC

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2012 To: M M / D D / Y Y Y Y 03 / 31 / 2012

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).....	34500.00	34500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	34500.00	34500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	34500.00	34500.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	34500.00	34500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	34500.00	34500.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	52966.82	52966.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	52966.82	52966.82
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 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	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	52966.82	52966.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	52966.82	52966.82

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)	34500.00	34500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34500.00	34500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	52966.82	52966.82
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	52966.82	52966.82

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

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

FOR LINE NUMBER: PAGE 6 OF 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)
A. MS. MING CHEN HSU

Mailing Address **828 MASSELIN AVENUE**

City State Zip Code
LOS ANGELES CA 90036-4722

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
01 / 05 / 2012

Transaction ID : SA11.15739

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

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

Mailing Address **6801 COLLINS AVE.
CR 1406**

City State Zip Code
MIAMI BEACH FL 33141-3243

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
01 / 09 / 2012

Transaction ID : SA11.17375

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

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

Mailing Address **149 RANDOLPH AVENUE**

City State Zip Code
MILTON MA 02186-3524

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

Name of Employer Occupation
CSP ASSOCIATES, INC. SENIOR MANAGING DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
01 / 09 / 2012

Transaction ID : SA11.17295

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ **12000.00**

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)
A. PETER SCOTT ODRISCOLL

Mailing Address **51 WEST 52ND STREET**

City **NEW YORK** State **NY** Zip Code **10019-6119**

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

Name of Employer **ORRICK, HERRINGTON & SUTCLIFFE LLP** Occupation **LAWYER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt
01 / 09 / 2012
Transaction ID : SA11.17422

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

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

Mailing Address **137 WOOSTER ST.
#PH1A**

City **NEW YORK** State **NY** Zip Code **10012-3197**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
01 / 12 / 2012
Transaction ID : SA11.18419

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

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

Mailing Address **828 MASSELIN AVENUE**

City **LOS ANGELES** State **CA** Zip Code **90036-4722**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
01 / 13 / 2012
Transaction ID : SA11.18692

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ **12000.00**

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial) A. MR. JOHN STEVEN PRICE		Date of Receipt MM / DD / YYYY 01 / 13 / 2012 Transaction ID : SA11.18662
Mailing Address 230 EAST SOUTH TEMPLE STREET		Amount of Each Receipt this Period 2500.00
City SALT LAKE CITY	State UT	Zip Code 84111-1205
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer PRICE REALTY GROUP	Occupation PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. MR. ARTHUR BOURNE CHOATE		Date of Receipt MM / DD / YYYY 01 / 30 / 2012 Transaction ID : SA11.18956
Mailing Address 1390 S. DIXIE HIGHWAY SUITE 2221		Amount of Each Receipt this Period 2000.00
City CORAL GABLES	State FL	Zip Code 33146-2946
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. MS. KATHLEEN M. CONLON		Date of Receipt MM / DD / YYYY 01 / 30 / 2012 Transaction ID : SA11.18957
Mailing Address 42 REEDSDALE ROAD		Amount of Each Receipt this Period 1000.00
City MILTON	State MA	Zip Code 02186-3324
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer EDWARDS ANGELL PALMER & DODGE L.L.P	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
HPAC

A. JOHN PERENCHIO
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 90 PMB408
 City SUN VALLEY State ID Zip Code 83353-0090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DECKERS Occupation DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 02 / 02 / 2012
Transaction ID : SA11.18963
 Amount of Each Receipt this Period 5000.00
 CONTRIBUTION
[MEMO ITEM]
 REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REATTRIBUTION FROM SPOUSE

B. STEPHANIE PERENCHIO
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 90
 City SUN VALLEY State ID Zip Code 83353-0090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation PHOTOGRAPHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 02 / 02 / 2012
Transaction ID : SA11.18964
 Amount of Each Receipt this Period -5000.00
 CONTRIBUTION
[MEMO ITEM]
 REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REATTRIBUTION TO SPOUSE

C. CRAIG MCCAWE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3410 CARILLON POINT
 City KIRKLAND State WA Zip Code 98033-7317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EAGLE RIVER, INC. Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 02 / 03 / 2012
Transaction ID : SA11.19519
 Amount of Each Receipt this Period -5000.00
 CONTRIBUTION
[MEMO ITEM]
 REATTRIBUTION TO SPOUSE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 25
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HPAC

A. SUSAN MCCA
Full Name (Last, First, Middle Initial)
Mailing Address 3410 CARILLON POINT
City KIRKLAND State WA Zip Code 98033-7317
FEC ID number of contributing federal political committee. **C**
Name of Employer COM INVESTMENTS, LLC Occupation PRESIDENT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 02 / 03 / 2012
Transaction ID : SA11.19518
Amount of Each Receipt this Period 5000.00
CONTRIBUTION
[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

B. LYNN FORESTER DE ROTHSCHILD
Full Name (Last, First, Middle Initial)
Mailing Address 711 5TH AVENUE 20TH FLOOR
City NEW YORK State NY Zip Code 10022-3111
FEC ID number of contributing federal political committee. **C**
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 5000.00

Date of Receipt 02 / 06 / 2012
Transaction ID : SA11.18962
Amount of Each Receipt this Period 5000.00
CONTRIBUTION

C. MR. BRUCE LEFAVI
Full Name (Last, First, Middle Initial)
Mailing Address 2323 FOOTHILL DRIVE SUITE 100
City SALT LAKE CITY State UT Zip Code 84109-4910
FEC ID number of contributing federal political committee. **C**
Name of Employer LEFAVI WEALTH MANAGEMENT Occupation PRESIDENT/FINANCIAL ADVISOR
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 0.00

Date of Receipt 02 / 06 / 2012
Transaction ID : SA11.19553
Amount of Each Receipt this Period -5000.00
CONTRIBUTION
[MEMO ITEM]
REATTRIBUTION TO SPOUSE

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

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

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

FOR LINE NUMBER: PAGE 11 OF 25
(check only one)

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

A. Full Name (Last, First, Middle Initial)
MS. SHERYL LEFAVI

Mailing Address **2323 FOOTHILL DRIVE**

City **SALT LAKE CITY** State **UT** Zip Code **84109-4909**

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

Name of Employer **LEFAVI WEALTH MANAGEMENT** Occupation **VICE PRESIDENT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt
02 / 06 / 2012
Transaction ID : SA11.19552

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	34500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. LINUS CATIGNANI

Mailing Address 1914 19TH AVE, SOUTH

City NASHVILLE State TN Zip Code 37212

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB.10004**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. ADP

Mailing Address 400 COVINA BLVD

City SAN DIMAS State CA Zip Code 91773

Purpose of Disbursement
PAYROLL SERVICE

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB.10000**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement
DATA PROCESSING SERVICES

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB.10001**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. CTM CONSULTING

Mailing Address 7119 W. SUNSET BLVD., #444

City LOS ANGELES State CA Zip Code 90046

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 03 / 2012

Transaction ID : SB.10003

Amount of Each Disbursement this Period

2250.00

Full Name (Last, First, Middle Initial)

B. GRAND SLAM FINANCE

Mailing Address 13805 RESEARCH BLVD
SUITE 125

City AUSTIN State TX Zip Code 78750

Purpose of Disbursement
ACCOUNTING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 03 / 2012

Transaction ID : SB.10002

Amount of Each Disbursement this Period

11250.00

Full Name (Last, First, Middle Initial)

C. DEANNA HAYES

Mailing Address 3200 APPENNINI WAY

City CEDAR PARK State TX Zip Code 78613

Purpose of Disbursement
SHIPPING EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 05 / 2012

Transaction ID : SB.10006

Amount of Each Disbursement this Period

47.08

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

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

13547.08

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address PO BOX 360001

City State Zip Code
FT LAUDERDALE FL 33336

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

01 / 05 / 2012

Transaction ID : SB.10005

Amount of Each Disbursement this Period

613.80

Full Name (Last, First, Middle Initial)

B. GRAND SLAM FINANCE

Mailing Address 13805 RESEARCH BLVD
SUITE 125

City State Zip Code
AUSTIN TX 78750

Purpose of Disbursement
ACCOUNTING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

01 / 17 / 2012

Transaction ID : SB.10007

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

C. ADP

Mailing Address 400 COVINA BLVD

City State Zip Code
SAN DIMAS CA 91773

Purpose of Disbursement
PAYROLL SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

01 / 30 / 2012

Transaction ID : SB.10008

Amount of Each Disbursement this Period

134.70

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

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

15748.50

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. ELAVON MERCHANTS

Mailing Address ONE CONCOURSE PARKWAY
SUITE 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2012

Transaction ID : SB.10009

Amount of Each Disbursement this Period

376.45

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address PO BOX 360001

City FT LAUDERDALE State FL Zip Code 33336

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2012

Transaction ID : SB.10010

Amount of Each Disbursement this Period

409.40

Full Name (Last, First, Middle Initial)

C. GRAND SLAM FINANCE

Mailing Address 13805 RESEARCH BLVD
SUITE 125

City AUSTIN State TX Zip Code 78750

Purpose of Disbursement
ACCOUNTING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 15 / 2012

Transaction ID : SB.10011

Amount of Each Disbursement this Period

7500.00

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

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

8285.85

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. ADP

Mailing Address 400 COVINA BLVD

City SAN DIMAS State CA Zip Code 91773

Purpose of Disbursement
PAYROLL SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2012

Transaction ID : SB.10012

Amount of Each Disbursement this Period

205.73

Full Name (Last, First, Middle Initial)

B. ARENT FOX

Mailing Address PO BOX 758670

City BALTIMORE State MD Zip Code 21275

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2012

Transaction ID : SB.10013

Amount of Each Disbursement this Period

1455.00

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement
DATA PROCESSING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2012

Transaction ID : SB.10014

Amount of Each Disbursement this Period

3500.00

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

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

5160.73

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. ADP

Mailing Address 400 COVINA BLVD

City State Zip Code
SAN DIMAS CA 91773

Purpose of Disbursement
PAYROLL SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB.10015

Amount of Each Disbursement this Period

8	4	.	9	5
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Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--	--	--	--	--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

8	4	.	9	5
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5	2	9	6	6	.	8	2
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SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 18 OF 25
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
HPAC

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

Outstanding Balance Beginning This Period 4044.05	Transaction ID : SD.25	
Amount Incurred This Period 0.00	Payment This Period 2500.00	Outstanding Balance at Close of This Period 1544.05

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

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD.26	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD.30	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	1544.05
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 19 OF 25
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
HPAC

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

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD.34	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 10000.00	Transaction ID : SD.40	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CMDI	Nature of Debt (Purpose): DATABASE PROCESSING
Mailing Address 7704 LEESBURG PIKE	
City State Zip Code FALLS CHURCH VA 22043	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD.22	
Amount Incurred This Period 22265.00	Payment This Period 10015.00	Outstanding Balance at Close of This Period 12250.00

1) SUBTOTALS This Period This Page (optional)..... ▶	22250.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 20 OF 25
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
HPAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor C2 GROUP LLC	Nature of Debt (Purpose): FACILITY RENTAL
Mailing Address 325 7TH STREET, NW SUITE 400	
City State Zip Code WASHINGTON DC 20004	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD.44	
Amount Incurred This Period 1000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

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

Outstanding Balance Beginning This Period 8000.00	Transaction ID : SD.41	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 8000.00

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

Outstanding Balance Beginning This Period 7500.00	Transaction ID : SD.42	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7500.00

1) SUBTOTALS This Period This Page (optional)..... ▶	16500.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 21 OF 25
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
HPAC

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

Outstanding Balance Beginning This Period 375.00	Transaction ID : SD.43	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 375.00

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

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD.33	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 3333.00	Transaction ID : SD.35	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3333.00

1) SUBTOTALS This Period This Page (optional)..... ▶	3708.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 22 OF 25
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
HPAC

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

Outstanding Balance Beginning This Period 5632.00	Transaction ID : SD.36	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5632.00

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

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD.29	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 11250.00	Transaction ID : SD.31	
Amount Incurred This Period 0.00	Payment This Period 11250.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	5632.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 23 OF 25
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
HPAC

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

Outstanding Balance Beginning This Period 6740.21	Transaction ID : SD.32	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6740.21

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

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD.37	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 3333.00	Transaction ID : SD.38	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3333.00

1) SUBTOTALS This Period This Page (optional)..... ▶	10073.21
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 24 OF 25
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
HPAC

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

Outstanding Balance Beginning This Period 3500.00	Transaction ID : SD.39	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3500.00

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

Outstanding Balance Beginning This Period 2250.00	Transaction ID : SD.27	
Amount Incurred This Period 0.00	Payment This Period 2250.00	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD.28	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	3500.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 25 OF 25
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
HPAC

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

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD.23	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD.24	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	0.00
2) TOTALS This Period (last page this line number only)..... ▶	63207.26
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	63207.26