Image# 12951797607 PAGE 1 / 25

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

1. NAME OF COMMITTEE (in full)  HPAC  ADDRESS (number and street)  Check if different than previously reported. (ACC)  WASHINGTON  C C00495911  C C00495911  C C00495911  (a) Quarterly Report (C1)  Quarterly Report (C1)  July 15  Quarterly Report (C2)  Quarterly Report (C3)  Apr 20 (M4)  PRE-Election  Report (Drivancy (Mar (12C))  PRE-Election  Report (C2)  Report (C3)  Report (C2)  PRE-Election  Report (C3)  Report (C2)  Report (C3)  Report (C2)  PRE-Election  Report (C3)
ADDRESS (number and street)  Check if different than previously reported. (ACC)  2. FEC IDENTIFICATION NUMBER  C C00495911  3. IS THIS NEW (N) OR  AMENDED (Non-Election Year Only)  Report (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15  Quarterly Report (Q2) October 15
ADDRESS (number and street)  Check if different than previously reported. (ACC)  WASHINGTON  2. FEC IDENTIFICATION NUMBER   C C C00495911  3. IS THIS REPORT (N) OR  AMENDED (N) OR (Non-Election Year Only)  Dec 20 (Ms) (Non-Election Year Only)  Primary (12P)  General (12G)  Runoff (12F  Runoff (12F  Runoff (12F  Runoff (12F  Runoff (12F  Runoff (12F  Runoff (12F)  Report The Convention (12C)  Special (12S)
ADDRESS (number and street)  Check if different than previously reported. (ACC)  WASHINGTON  2. FEC IDENTIFICATION NUMBER   C C C00495911  3. IS THIS REPORT (N) OR  AMENDED (N) OR (Non-Election Year Only)  Dec 20 (Ms) (Non-Election Year Only)  Primary (12P)  General (12G)  Runoff (12F)  Runoff (12F)  Runoff (12F)  Runoff (12F)
ADDRESS (number and street)  Check if different than previously reported. (ACC)  WASHINGTON  2. FEC IDENTIFICATION NUMBER   C C C00495911  3. IS THIS REPORT (N) OR  AMENDED (N) OR (Non-Election Year Only)  Dec 20 (Ms) (Non-Election Year Only)  Primary (12P)  General (12G)  Runoff (12F  Runoff (12F  Runoff (12F  Runoff (12F  Runoff (12F  Runoff (12F  Runoff (12F)  Report The Convention (12C)  Special (12S)
than previously reported. (ACC)  WASHINGTON  2. FEC IDENTIFICATION NUMBER   C C00495911  3. IS THIS REPORT (N) OR  AMENDED (A)  WASHINGTON  TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1)  July 15 Quarterly Report (Q2)  October 15  C C1TY   STATE   STATE   ZIP CODE   AMENDED (NOn-Election Year Only)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M7)  Non-Election Year Only)  Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE  PRE-Election  Report for the:  Convention (12C)  Special (12S)
Teported. (ACC)  2. FEC IDENTIFICATION NUMBER ▼  CITY ▲  STATE ▲  ZIP CODE ▲  C C00495911  3. IS THIS REPORT  (N) OR  AMENDED  (A)  AMENDED  (A)  AMENDED  (A)  Aug 20 (M8)  Nov 20 (M)  (Non-Election Year Only)  Per Or Report  (Choose One)  (a) Quarterly Reports:  April 15  Quarterly Report (Q1)  July 15  Quarterly Report (Q2)  October 15  Quarterly Report (Q2)  October 15
C C00495911  3. IS THIS REPORT (N) OR X AMENDED (N) OR X (A)  4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:  April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15  3. IS THIS REPORT (N)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:  April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15  REPORT (N) OR  X (A)  May 20 (M5) Aug 20 (M8) Nov 20 (M7) Nov 20 (M7) Nov 20 (M7) Nov 20 (M8)
(Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1)  July 15 Quarterly Report (Q2)  October 15  (b) Mort Election Report Due On:  Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M1)  Aug 20 (M8)  Non-Election (Non-Election Year Only)  Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE  PRE-Election Report for the:  Convention (12C)  Special (12S)
(a) Quarterly Reports:  Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M9)  Oct 20 (M10)  Jun 31 (YE  Primary (12P)  PRE-Election  Report for the:  Convention (12C)  Special (12S)
April 15 Quarterly Report (Q1)  July 15 Quarterly Report (Q2) October 15  April 15 Quarterly Report (Q1)  (c) 12-Day Primary (12P) General (12G) Runoff (12F)  Convention (12C) Special (12S)
July 15 Quarterly Report (Q1)  October 15  Quarterly Report (Q2)  Convention (12P)  Primary (12P)  General (12G)  Runoff (12F)  Convention (12C)  Special (12S)
October 15  Report for the: Convention (12C) Special (12S)
Quarterly Poport (Q3)
January 31 January 31
July 31 Mid-Year Report (Non-election  Once of (200)  Report (Non-election
Report for the:
Termination Report (TER)  Election on  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  David Satterfield  Date  David Satterfield  Date  David Satterfield
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

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name **HPAC** 2012 03 2012 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 19422.32 January 1, 2012 (b) Cash on Hand at 19422.32 Beginning of Reporting Period..... 34500.00 34500.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 53922.32 53922.32 6(a) and 6(c) for Column B)..... 52966.82 52966.82 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 955.50 955.50 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 63207.26 Schedule C and/or Schedule D) ..... 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**

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
contributions (other than loans) From:	rotal fills refloc	Odicildal Teal-to-Date
Than Political Committees		
(i) Itemized (use Schedule A)	34500.00	34500.00
(ii) Harkanaina d	0.00	0.00
	, 0.00	0.00
	34500.00	34500.00
o) Political Party Committees	0.00	0.00
,	0.00	0.00
	0.00	0.00
	34500.00	34500.00
	7	
	0.00	0.00
Il Loans Received	0.00	0.00
oan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
Refunds, Rebates, etc.)		
	0.00	0.00
	0.00	0.00
	0.00	0.00
·	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
·	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
	Than Political Committees  (i) Itemized (use Schedule A)	Than Political Committees (i) Itemized (use Schedule A)

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN B Calendar Year-to-Date	
1. (	Operating Expenditures:  (a) Allocated Federal/Non-Federal  Activity (from Schedule H4)	Total This Period	Caronida Tour to Buto
	(i) Federal Share	0.00	0.00
	(i) I sustai stiats		
	(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
-	Transfers to Affiliated/Other Party	32900.02	32300.02
	Committees	0.00	0.00
(	Contributions to		
í	Federal Candidates/Committees and Other Political Committees	0.00	0.00
I	Independent Expenditures		
(	(use Schedule E)	0.00	0.00
(	Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	
(	(use Schedule F)	0.00	0.00
	La constant de la con	0.00	0.00
L	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
F	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
	(333 = 332 = 3(4), (4), 3334 (4), 3334 (4)	4	
(	Other Disbursements	0.00	0.00
	Federal Election Activity (2 U.S.C. §431(20))		
(	(a) Allocated Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	7 7
	(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
_	Total Dishuranments (add Lines 24/2) 22		
	Total Disbursements (add Lines 21(c), 22,	50000 00	
4	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	52966.82	52966.82
-	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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	34500.00	34500.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34500.00	34500.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	52966.82	52966.82
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	52966.82	52966.82

## SCHEDULE A (FEC Form 3X)

	FOF	R LINE	NU	MBER	:	PAGE	6	OF	25
Use separate schedule(s)	(che	ck only	or	ne)					
for each category of the Detailed Summary Page	X	11a		11b		11c	12		
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ITEMIZED RECEIPTS 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) MS. MING CHEN HSU Date of Receipt Mailing Address 828 MASSELIN AVENUE 05 2012 City Zip Code State Transaction ID: SA11.15739 CA 90036-4722 LOS ANGELES Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. **CONTRIBUTION** Name of Employer Occupation RETIRED RETIRED Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B. MR. PETER B. KELLNER Date of Receipt Mailing Address 6801 COLLINS AVE. CR 1406 01 09 2012 City State Zip Code Transaction ID: SA11.17375 MIAMI BEACH FL 33141-3243 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. CONTRIBUTION Name of Employer Occupation RICHMOND GLOBAL, L.L.C. **INVESTMENTS** Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) c. MR. PETER MALONE Date of Receipt Mailing Address 149 RANDOLPH AVENUE M M / 09 01 2012 City Zip Code State Transaction ID: SA11.17295 MA MILTON 02186-3524 Amount of Each Receipt this Period FEC ID number of contributing 2000.00 С federal political committee. CONTRIBUTION Name of Employer Occupation CSP ASSOCIATES, INC. SENIOR MANAGING DIRECTOR Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 12000.00 SUBTOTAL of Receipts This Page (optional).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR	LINE	NU	MBER	PAGE		7	OF	2	25	
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		13		14		15		16		<u> </u>	17
not be cold or used by any parson for the purpose of coliciting contributions											

	Statements may not be sold or used by any person and address of any political committee to	
NAME OF COMMITTEE (In Full) HPAC		
Full Name (Last, First, Middle Initial) PETER SCOTT ODRISCOLL  Mailing Address 51 WEST 52ND STREET  City NEW YORK  FEC ID number of contributing federal political committee.  Name of Employer ORRICK, HERRINGTON & SUTCLIFFE LLP Receipt For: Primary General Other (specify)	State Zip Code NY 10019-6119  C  Occupation LAWYER  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)  MR. JOSHUA A. FINK  Mailing Address 137 WOOSTER ST.  #PH1A  City  NEW YORK  FEC ID number of contributing federal political committee.  Name of Employer  ENSO CAPITAL MANAGEMENT, L.L.C.  Receipt For:  Primary  General  Other (specify)   Full Name (Last, First, Middle Initial)	State Zip Code NY 10012-3197  C  Occupation C.E.O.  Aggregate Year-to-Date ▼  5000.00	Date of Receipt  O1 12 2012  Transaction ID : SA11.18419  Amount of Each Receipt this Period  5000.00  CONTRIBUTION
MS. VICTORIA W. HSU  Mailing Address 828 MASSELIN AVENUE  City LOS ANGELES  FEC ID number of contributing federal political committee.  Name of Employer  J.T. TORI COMPANY & FOUNDATION  Receipt For:  Primary General Other (specify)	State Zip Code CA 90036-4722  C  Occupation EXECUTIVE ASSISTANT  Aggregate Year-to-Date ▼  5000.00	Date of Receipt  13 2012  Transaction ID: SA11.18692  Amount of Each Receipt this Period  5000.00  CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)	<u> </u>	12000.00
TOTAL This Period (last page this line number	only)	

	FOR LINE NUMBER	R:   PAGE	E 8 OF	F 25
Use separate schedule(s)	(check only one)			
for each category of the Detailed Summary Page	X 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.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) HPAC		
Α.	Full Name (Last, First, Middle Initial) MR. JOHN STEVEN PRICE Mailing Address 230 EAST SOUTH TEMPLE S City SALT LAKE CITY FEC ID number of contributing federal political committee.	State Zip Code UT 84111-1205	Date of Receipt  O1 13 2012  Transaction ID: SA11.18662  Amount of Each Receipt this Period
	Name of Employer  PRICE REALTY GROUP  Receipt For:  Primary General  Other (specify) ▼	Occupation PRESIDENT  Aggregate Year-to-Date ▼  2500.00	CONTRIBUTION
В.	Full Name (Last, First, Middle Initial)  MR. ARTHUR BOURNE CHOATE  Mailing Address 1390 S. DIXIE HIGHWAY  SUITE 2221  City  CORAL GABLES  FEC ID number of contributing federal political committee.  Name of Employer  RETIRED  Receipt For:  Primary General  Other (specify) ▼	State Zip Code FL 33146-2946  C  Occupation RETIRED  Aggregate Year-to-Date ▼  2000.00	Date of Receipt  01 30 2012  Transaction ID : SA11.18956  Amount of Each Receipt this Period  2000.00  CONTRIBUTION
C.	Full Name (Last, First, Middle Initial)  MS. KATHLEEN M. CONLON  Mailing Address 42 REEDSDALE ROAD  City  MILTON  FEC ID number of contributing federal political committee.  Name of Employer  EDWARDS ANGELL PALMER & DODGE L.L.P  Receipt For:  Primary  General  Other (specify)	State Zip Code MA 02186-3324  C  Occupation ATTORNEY  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  01 30 2012  Transaction ID: SA11.18957  Amount of Each Receipt this Period  1000.00  CONTRIBUTION
s	UBTOTAL of Receipts This Page (optional)	<u> </u>	5500.00
Т	OTAL This Period (last page this line number of	only)	

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Use separate schedule(s) for each category of the	`	ck only	or	ne)					
Detailed Summary Page	<u> </u> ×	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) JOHN PÉRENCHIO Date of Receipt Mailing Address P.O. BOX 90 PMB408 02 2012 02 City Zip Code State Transaction ID: SA11.18963 ID 83353-0090 SUN VALLEY Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. **CONTRIBUTION** Name of Employer Occupation **DECKERS** DIRECTOR Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General REATTRIBUTION / REDESIGNATION REQUESTED 0.00 (AUTOMATIC) REATTRIBUTION FROM SPOUSE Other (specify) Full Name (Last, First, Middle Initial) **B.** STEPHANIE PERENCHIO Date of Receipt Mailing Address P.O. BOX 90 02 02 2012 City State Zip Code Transaction ID: SA11.18964 SUN VALLEY ID 83353-0090 Amount of Each Receipt this Period FEC ID number of contributing C -5000.00 federal political committee. CONTRIBUTION Name of Employer Occupation **SELF PHOTOGRAPHER** Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General REATTRIBUTION / REDESIGNATION REQUESTED 0.00 Other (specify) (AUTOMATIC) REATTRIBUTION TO SPOUSE Full Name (Last, First, Middle Initial) c. CRAIG MCCAW Date of Receipt Mailing Address 3410 CARILLON POINT M = M 03 02 2012 City Zip Code State Transaction ID: SA11.19519 WA **KIRKLAND** 98033-7317 Amount of Each Receipt this Period FEC ID number of contributing -5000.00 С federal political committee. CONTRIBUTION Name of Employer Occupation CEO EAGLE RIVER, INC. Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General REATTRIBUTION TO SPOUSE 0.00 Other (specify) 0.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Use separate schedule(s) for each category of the Detailed Summary Page	F	FOR LINE NUMBER: PAGE 10 OF									
	(c	check only one)									
		X	11a		11b		11c		12		
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not be sold or used by any person for the purpose of soliciting contributions											

Any information copied from such Reports and Statements may 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) SUSAN MCCAW Date of Receipt Mailing Address 3410 CARILLON POINT 03 2012 City Zip Code State Transaction ID: SA11.19518 WA 98033-7317 **KIRKLAND** Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. **CONTRIBUTION** Name of Employer Occupation COM INVESTMENTS, LLC **PRESIDENT** Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General REATTRIBUTION FROM SPOUSE 0.00 Other (specify) Full Name (Last, First, Middle Initial) B. LYNN FORESTER DE ROTHSCHILD Date of Receipt Mailing Address 711 5TH AVENUE 20TH FLOOR 02 2012 06 City State Zip Code Transaction ID: SA11.18962 **NEW YORK** NY 10022-3111 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. CONTRIBUTION Name of Employer Occupation INFORMATION REQUESTED PER BEST INFORMATION REQUESTED PER BEST EFF **EFFORTS**Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) c. MR. BRUCE LEFAVI Date of Receipt Mailing Address 2323 FOOTHILL DRIVE 06 2012 02 SUITE 100 City State Zip Code Transaction ID: SA11.19553 UT SALT LAKE CITY 84109-4910 Amount of Each Receipt this Period FEC ID number of contributing -5000.00 С federal political committee. CONTRIBUTION Name of Employer Occupation LEFAVI WEALTH MANAGEMENT PRESIDENT/FINANCIAL ADVISOR Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General REATTRIBUTION TO SPOUSE 0.00 Other (specify) 5000.00 SUBTOTAL of Receipts This Page (optional).....

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

	FOF	R LINE	NU	IMBER	:	PAGE	•	11 O	·F	25
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		717

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) MS. SHERYL LEFAVI Date of Receipt Mailing Address 2323 FOOTHILL DRIVE 06 2012 City State Zip Code Transaction ID: SA11.19552 UT 84109-4909 SALT LAKE CITY Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. CONTRIBUTION Name of Employer Occupation LEFAVI WEALTH MANAGEMENT VICE PRESIDENT Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General REATTRIBUTION FROM SPOUSE 0.00 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address

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

Zip Code

State

C

Occupation

Aggregate Year-to-Date ▼

Amount of Each Receipt this Period

City

FEC ID number of contributing

General

federal political committee.

Other (specify)

Name of Employer

Primary

Receipt For:

SCHEDULE B (FEC Form 3X)		FOF			FOR LINE NUMBER: PAGE 12 OF 25				
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	(check only	one)	23	<u> </u>	25	25 26
			Summary Page	27	28a	28b	24 28c	29	30b
Ar	by information copied from such Reports and Staten	nents may	not be sold or us	ed by any perso	on for the	purpose	of soliciting	contribu	utions
	for commercial purposes, other than using the name								
$\setminus$	NAME OF COMMITTEE (In Full)								
/	HPAC								
<u></u>	Full Name (Last, First, Middle Initial)								
A.	LINUS CATIGNANI				Date of	Disburse	ement		
	Moiling Address 4044 40TH AVE COUTH				M = M 01	/ D		2012	Y
	Mailing Address 1914 19TH AVE, SOUTH				Ül		)3	2012	
	•	State	Zip Code		Trans	action ID	: SB.10004	l	
	NASHVILLE Purpose of Disbursement	TN	37212		mano	uotion ib	. 05.1000-	,	
	FINANCE CONSULTING				Amount	of Each	Disburseme	ent this	Period
	Candidate Name			Category/				250	0.00
				Туре		- 7		250	0.00
	Office Sought: House Disbursen Senate	nent For: Primary	General						
	President	Other (spe							
	State: District:	\	37 <b>V</b>						
_	Full Name (Last, First, Middle Initial)								
В.	ADP					Disburse			
	Mailing Address 400 COVINA BLVD				M = M	/ D	03	2012	Y
					-				
		State CA	Zip Code		Trans	action ID	: SB.10000	)	
	SAN DIMAS Purpose of Disbursement	CA	91773						
	PAYROLL SERVICE				Amount	of Each	Disburseme	ent this	Period
	Candidate Name			Category/				62	4.71
	Office Sought: House Disbursen	nent For:		Туре		,	-	02	
		Primary	General						
	President	Other (spe	cify) 🔻						
_	State: District:								
_	Full Name (Last, First, Middle Initial)				Data of	Disburse	amont		
C.	CMDI				M M	/ D		Y	V
	Mailing Address 7704 LEESBURG PIKE				01		)3	2012	
	0"	<u> </u>	7: 0 !						
	,	State VA	Zip Code 22043		Trans	action ID	: SB.10001		
	Purpose of Disbursement								
	DATA PROCESSING SERVICES				Amount	of Each	Disburseme	ent this	Period
	Candidate Name			Category/ Type				701	5.00
	Office Sought: House Disbursen	nent For:		туре		,			
	Senate	Primary	General						
	President	Other (spe	cify) ▼						
_	State: District:								
,	UBTOTAL of Disbursements This Page (optional)							10139	9.71
Ľ	ODITIAL OF DISDUISEMENTS THIS FAGE (OPTIONAL)				-	- 1	7		
Т	OTAL This Period (last page this line number only)			·····					

SCHEDULE B (FEC Form 3X)				FOR LINE	NUMBER:			13 (	OF 25
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	one)		¬	7	
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	ny information copied from such Reports and Staten for commercial purposes, other than using the nam								
$\setminus$	NAME OF COMMITTEE (In Full)								
$ \rangle$	HPAC								
$\angle$	Full Name (Last, First, Middle Initial)								
Α.	,				Date of	Disbursen	nent		
					M M	/ D I	) / Y	Y	Υ
	Mailing Address 7119 W. SUNSET BLVD., #444				01	03	┛ ┕.	2012	
	City S	State	Zip Code						
	LOS ANGELES	CA	90046		Transa	ction ID :	SB.10003		
	Purpose of Disbursement								
	FINANCE CONSULTING				Amount	of Each [	Disburseme	nt this	Period
	Candidate Name			Category/ Type				2250	0.00
	Office Sought: House Disbursen	nent For:		i ype		-			
		Primary	General						
	President	Other (spec	cify) 🔻						
_	State: District:								
В.	Full Name (Last, First, Middle Initial)  GRAND SLAM FINANCE				Date of	Disbursen	nent		
-					M = M	/ D I		Y	Υ
	Mailing Address 13805 RESEARCH BLVD SUITE 125				01	03		2012	
	City S AUSTIN	State TX	Zip Code 78750		Transa	action ID :	SB.10002		
	Purpose of Disbursement								
	ACCOUNTING SERVICES				Amount	of Each [	Disburseme	nt this	Period
	Candidate Name			Category/ Type				11250	0.00
	Office Sought: House Disbursen	nent For:		ı ype		-			
	Senate	Primary	General						
		Other (spec	cify) 🔻						
_	State: District:								
C.	Full Name (Last, First, Middle Initial)  DEANNA HAYES				Date of	Disbursen	nent		
					M M	/ D I		ΥΥΥ	Υ
	Mailing Address 3200 APPENNINI WAY				01	05	J L.	2012	
	City 5	State	Zip Code		_		<b>OD</b> 10==:		
	CEDAR PARK	TX	78613		Transa	ction ID :	SB.10006		
	Purpose of Disbursement SHIPPING EXPENSE REIMBURSEMENT								
	Candidate Name			Onto the d	Amount	of Each [	Disburseme	nt this	Period
				Category/ Type				47	7.08
	Office Sought: House Disbursen					7	7		
		Primary	General						
	State: District:	Other (spe	City) ▼						
г	District.								
s	SUBTOTAL of Disbursements This Page (optional)							13547	.08
H	5 (1 · · · · /					1	7	-	
T	OTAL This Period (last page this line number only)					7			

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SCHEDULE B (FEC Form 3X)	11	FOR LINE	NUMBER:	PAGE 14 OF 25
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	f the		
	Detailed Summary Page	X 21b 27	22 23 28b	24 25 26 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) HPAC	7.			
Full Name (Last, First, Middle Initial)			Date of Disburseme	ont
A. AMERICAN EXPRESS			M M / D D	/ Y Y Y Y
Mailing Address PO BOX 360001			01 05	2012
	State Zip Code		Transaction ID : \$	SB.10005
FT LAUDERDALE Purpose of Disbursement	FL 33336			
CREDIT CARD PROCESSING FEE			Amount of Each Di	sbursement this Period
Candidate Name		Category/ Type		613.80
	nent For: Primary General Other (specify)	71.	,	,
Full Name (Last, First, Middle Initial)				
B. GRAND SLAM FINANCE			Date of Disburseme	_
Mailing Address 13805 RESEARCH BLVD SUITE 125			01 / 17	2012
City S AUSTIN	State Zip Code TX 78750		Transaction ID:	SB.10007
Purpose of Disbursement ACCOUNTING SERVICES		· · · ·	Amount of Each Di	sbursement this Period
Candidate Name		Category/ Type		15000.00
	nent For: Primary General Other (specify)	1,500		,
Full Name (Last, First, Middle Initial)  C. ADP			Date of Disburseme	
Mailing Address 400 COVINA BLVD			01 30	2012
SAN DIMAS	State Zip Code CA 91773		Transaction ID : \$	SB.10008
Purpose of Disbursement PAYROLL SERVICE			Amount of Each Di	sbursement this Period
Candidate Name		Category/ Type	Amount of Each Di	134.70
Office Sought:  Senate President  State:  Disbursen	nent For: Primary General Other (specify)	турс	1 1 1	7
SUBTOTAL of Disbursements This Page (optional)				15748.50
TOTAL This Period (last page this line number only)				

SCHEDULE B (FEC Form 3X)  FOR LINE NUMBER:			PAGE 15 OF 25	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 28a 28b	24 25 2 28c 29 3
Any information copied from such Reports and Statem				
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) HPAC	ne and address of any politi	cal committee to	solicit contributions fro	om such committee.
Full Name (Last, First, Middle Initial)  A. ELAVON MERCHANTS			Date of Disburseme	ent
Mailing Address ONE CONCOURSE PARKWAY SUITE 300			02 / 02	2012
ATLANTA	State Zip Code GA 30328		Transaction ID : S	SB.10009
Purpose of Disbursement CREDIT CARD PROCESSING FEE Candidate Name			Amount of Each Dis	sbursement this Period
Office Sought: House Disbursem	nent For:	Category/ Type		376.45
Senate President	Primary General Other (specify) ▼			
State: District:  Full Name (Last, First, Middle Initial)  B. AMERICAN EXPRESS			Date of Disburseme	/ Y = Y = Y
Mailing Address PO BOX 360001	Note 7: Code		02 06	2012
City S FT LAUDERDALE Purpose of Disbursement	State Zip Code FL 33336		Transaction ID: \$	SB.10010
CREDIT CARD PROCESSING FEE Candidate Name		Category/	Amount of Each Dis	sbursement this Period 409.40
	nent For: Primary General Other (specify)	Type		
Full Name (Last, First, Middle Initial)  C. GRAND SLAM FINANCE			Date of Disburseme	
Mailing Address 13805 RESEARCH BLVD SUITE 125			02 / 15	2012
AUSTIN	State Zip Code TX 78750		Transaction ID : S	SB.10011
Purpose of Disbursement ACCOUNTING SERVICES Candidate Name		Category/	Amount of Each Dis	sbursement this Period
	nent For: Primary General Other (specify)	Type		7300.00
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only).				8285.85

Any information copied from such Reports and Stater for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full)  HPAC		e $\times$ 21b 27 used by any person	22 23 24 25 26 28a 28b 28c 29 30
or for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full)			on for the nurnose of soliciting contributions
NAME OF COMMITTEE (In Full)	ne and address of any po	litical committee to	
		mucai committee to	Solicit Continuations from Such Confinitee.
Full Name (Last, First, Middle Initial) - ADP			Date of Disbursement
Mailing Address 400 COVINA BLVD			02 23 2012
SAN DIMAS	State Zip Code CA 91773		Transaction ID : SB.10012
Purpose of Disbursement PAYROLL SERVICE			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	205.73
Office Sought: House Disburser  Senate President	ment For:  Primary General  Other (specify) ▼	I	
State: District:			
Full Name (Last, First, Middle Initial)  ARENT FOX			Date of Disbursement
Mailing Address PO BOX 758670	7.01		02 27 2012
City  BALTIMORE  Purpose of Disbursement	State Zip Code MD 21275		Transaction ID : SB.10013
LEGAL CONSULTING			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1455.00
Office Sought: House Disburser  Senate President  State: District:	ment For: Primary General Other (specify) ▼	I	
Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address 7704 LEESBURG PIKE			02 27 2012
FALLS CHURCH	State Zip Code VA 22043		Transaction ID : SB.10014
Purpose of Disbursement DATA PROCESSING SERVICES Candidate Name			Amount of Each Disbursement this Period
		Category/ Type	3500.00
Office Sought: House Disburser  Senate President  State: District:	ment For: Primary ☐ General Other (specify) ▼	I	

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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 28a 28b	24 25 26 28c 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) HPAC	io and address of any politica	Committee to	Solicit Contribution	is nom such committee.
Full Name (Last, First, Middle Initial)  A. ADP			Date of Disburs	
Mailing Address 400 COVINA BLVD				06 2012
SAN DIMAS	State Zip Code CA 91773		Transaction II	D : SB.10015
Purpose of Disbursement PAYROLL SERVICE Candidate Name			Amount of Each	n Disbursement this Period
Office Sought: House Disbursen	nent For:	Category/ Type		84.95
Senate President	Primary General Other (specify) ▼			
State: District:  Full Name (Last, First, Middle Initial)  B.			Date of Disburs	sement
Mailing Address			M M / D	D / Y = Y = Y = Y
City	State Zip Code			
Purpose of Disbursement			Amount of Each	n Disbursement this Period
Candidate Name		Category/ Type		
President	nent For:  Primary General  Other (specify)			
State: District:  Full Name (Last, First, Middle Initial)  C.			Date of Disburs	sement
Mailing Address			M M / D	D / Y Y Y Y
City	State Zip Code			
Purpose of Disbursement			Amount of Each	n Disbursement this Period
Candidate Name		Category/ Type		
	nent For: Primary General Other (specify)			
SUBTOTAL of Disbursements This Page (optional)				84.95
TOTAL This Period (last page this line number only)				52966.82

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 18
FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) **HPAC** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FINANCE CONSULT-ORIGINAL DEBT LINUS CATIGNANI **ESTIMATED** Mailing Address 1914 19TH AVE, SOUTH State Zip Code TN **NASHVILLE** 37212 Transaction ID: SD.25 Outstanding Balance Beginning This Period 4044.05 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 2500.00 1544.05 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FINANCE CONSULT-ORIGINAL DEBT TAUSHA DINGMAN **ESTIMATED** Mailing Address 109 E 5300 S City State Zip Code **OGDEN** UT 84405 Outstanding Balance Beginning This Period Transaction ID: SD.26 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FINANCE CONSULT-ORIGINAL DEBT TARA ESFAHANIAN **ESTIMATED** Mailing Address 177 UPHAM STREET City State Zip Code **MELROSE** 02176 MA Transaction ID: SD.30 Outstanding Balance Beginning This Period 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 0.00 1544.05 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 0.004) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) **HPAC** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FINANCE CONSULT-ORIGINAL DEBT CLAUDIA LARSEN **ESTIMATED** Mailing Address 314 W CENTER #122 State Zip Code **BOUNTIFUL** 84010 Transaction ID: SD.34 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FINANCE CONSULTANT KAREN SPENCE Mailing Address 6190 ROSE COURT City State Zip Code **GRANITE BAY** CA 95746 Outstanding Balance Beginning This Period Transaction ID: SD.40 10000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 10000.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DATABASE PROCESSING CMDI Mailing Address 7704 LEESBURG PIKE City State Zip Code **FALLS CHURCH** 22043 VA Transaction ID: SD.22 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 22265.00 10015.00 12250.00 22250.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) **HPAC** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **FACILITY RENTAL** C2 GROUP LLC Mailing Address 325 7TH STREET, NW SUITE 400 State Zip Code DC WASHINGTON 20004 Transaction ID: SD.44 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1000.00 1000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING STRATEGIC INFORMATION CONSULTANTS Mailing Address PO BOX 13986 City State Zip Code MAUMELLE 72113 AR Outstanding Balance Beginning This Period Transaction ID: SD.41 8000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 8000.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FINANCE CONSULT-ORIGINAL DEBT THE WOODS HERBERGER GROUP **ESTIMATED** Mailing Address 1200 ANASTASIA AVE, STE 310 City State Zip Code **CORAL GABLES** 33134 FL Transaction ID: SD.42 Outstanding Balance Beginning This Period 7500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 7500.00 0.00 16500.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) **HPAC** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FINANCE CONSULT-ORIGINAL DEBT **TOD BOWEN ESTIMATED** Mailing Address 2931 E. DUBLIN-GRANVILLE RD. State Zip Code OH **COLUMBUS** 43231 Transaction ID: SD.43 Outstanding Balance Beginning This Period 375.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 375.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FINANCE CONSULT-ORIGINAL DEBT HOLLAND TAUCHER CONSULTING GROUP **ESTIMATED** Mailing Address PO BOX 684281 City State Zip Code **AUSTIN** 78768 TX Outstanding Balance Beginning This Period Transaction ID: SD.33 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FINANCE CONSULTANT MARRIOTT GROUP Mailing Address PO BOX 980847 Zip Code City State PARK CITY UT 84098 Transaction ID: SD.35 Outstanding Balance Beginning This Period 3333.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 3333.00 0.00 3708.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) **HPAC** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL EXPENSE MOBY DICK AIRWAYS LTD Mailing Address PO BOX 77518 State Zip Code DC WASHINGTON 20013 Transaction ID: SD.36 Outstanding Balance Beginning This Period 5632.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 5632.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FINANCE CONSULT-ORIGINAL DEBT DMM GROUP **ESTIMATED** Mailing Address 444 N MICHIGAN AVE #3600 City State Zip Code **CHICAGO** 60611 Outstanding Balance Beginning This Period Transaction ID: SD.29 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ACCOUNTING AND COMPLIANCE **GRAND SLAM FINANCE** Mailing Address 13805 RESEARCH BLVD Zip Code City State **AUSTIN** 78750 TX Transaction ID: SD.31 Outstanding Balance Beginning This Period 11250.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 11250.00 0.00 0.00 5632.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 23
FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) **HPAC** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FINANCE CONSULT-ORIGINAL DEBT HIGHWOOD CAPITAL **ESTIMATED** Mailing Address 915 E STREET, NW State Zip Code DC WASHINGTON 20004 Transaction ID: SD.32 Outstanding Balance Beginning This Period 6740.21 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 6740.21 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FINANCE CONSULT-ORIGINAL DEBT PACIFIC FUNDRAISING GROUP **ESTIMATED** Mailing Address 2208 29TH STREET, SUITE 300 City State Zip Code **SACREMENTO** CA 95817 Outstanding Balance Beginning This Period Transaction ID: SD.37 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FINANCE CONSULTANT PKL CONSULTING, INC Mailing Address 621 THORNWOOD LN Zip Code City State **NORTHFIELD** 60093 IL Transaction ID: SD.38 Outstanding Balance Beginning This Period 3333.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 3333.00 0.00 10073.21 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) **HPAC** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **NEW MEDIA CONSULTING** SMART INTERACTIVE Mailing Address 814 KING ST, SUITE 440 State Zip Code **ALEXANDRIA** 22314 Transaction ID: SD.39 Outstanding Balance Beginning This Period 3500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 3500.00 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FINANCE CONSULTANT CTM CONSULTING Mailing Address 7119 W. SUNSET BLVD., #444 City State Zip Code LOS ANGELES 90046 CA Outstanding Balance Beginning This Period Transaction ID: SD.27 2250.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 2250.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FINANCE CONSULT-ORIGINAL DEBT DGCG LLC **ESTIMATED** Mailing Address 5266 COLONEL JOHNSON LN City State Zip Code **ALEXANDRIA** 22304 VA Transaction ID: SD.28 Outstanding Balance Beginning This Period 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 0.00 3500.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 0.004) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 25
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NAME OF COMMITTEE (In Full) **HPAC** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FINANCE CONSULT-ORIGINAL DEBT BELLWEATHER CONSULTING **ESTIMATED** Mailing Address PO BOX 1253 City State Zip Code OAKLAND 34760 Transaction ID: SD.23 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FINANCE CONSULT-ORIGINAL DEBT **BUCKSHOT GROUP ESTIMATED** Mailing Address PO BOX 30005 City State Zip Code **BETHESDA** 20824-0000 MD Outstanding Balance Beginning This Period Transaction ID: SD.24 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 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 Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 0.00 1) SUBTOTALS This Period This Page (optional)..... 63207.26 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 63207.26 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶