

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

HillPAC

ADDRESS (number and street) 4420 Fairfax Drive

Check if different than previously reported. (ACC) Arlington VA 22202

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00363994

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

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

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

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

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

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 09 01 2008 through 09 30 2008

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 Allison Wright

Signature of Treasurer Electronically Filed by Allison Wright Date 10 20 2008

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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FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
HillPAC

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		8534.51
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	201370.84									
(c) Total Receipts (from Line 19) .....	509798.00	1178943.56								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	711168.84	1187478.07								
7. Total Disbursements (from Line 31) .....	328017.02	804326.25								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	383151.82	383151.82								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
HILLPAC

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	438150.00	1037133.00
(i) Itemized (use Schedule A) .....	4898.00	22112.00
(ii) Unitemized .....	443048.00	1059245.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	66750.00	118750.00
(c) Other Political Committees (such as PACs) .....	509798.00	1177995.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
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	948.56
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	509798.00	1178943.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	509798.00	1178943.56

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	248017.02	724276.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	248017.02	724276.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	75000.00	75000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	5000.00	5050.00
(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)) .....	5000.00	5050.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	328017.02	804326.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	328017.02	804326.25

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	509798.00	1177995.00
34. Total Contribution Refunds (from Line 28(d)) .....	5000.00	5050.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	504798.00	1172945.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	248017.02	724276.25
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	948.56
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	248017.02	723327.69

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 151  
(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

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)  
HILLPAC

**A.**

Full Name (Last, First, Middle Initial)  
Yves Andre Istel

Mailing Address 1251 Avenue of the Americans

City State Zip Code  
New York NY 10020

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

Name of Employer Rothschild Occupation Investment Banker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2008

Transaction ID: C61129

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Adem Arici

Mailing Address 59 Maiden Ln

City State Zip Code  
New York NY 10038

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

Name of Employer Zeytuna Market Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2008

Transaction ID: C61169

Amount of Each Receipt this Period  
5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Ernest P. Baptista

Mailing Address 14 Stevens Road

City State Zip Code  
Cranston RI 02910

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

Name of Employer Gencorp Insurance Group Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2008

Transaction ID: C61201

Amount of Each Receipt this Period  
3000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 9000.00

**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 / 151  
(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)  
**HILLPAC**

**A.**

Full Name (Last, First, Middle Initial) Kathleen Begala		Date of Receipt <table border="1" style="font-size: small; text-align: center;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		0	8		2	0	0	8													
Mailing Address 146 Central Park West		<b>Transaction ID:</b> C61130																				
City State Zip Code New York NY 10023	Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>1000.00</td></tr></table>		1000.00																			
1000.00																						
FEC ID number of contributing federal political committee. <b>C</b>																						
Name of Employer Self-employed	Occupation Communications Consultant																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>1000.00</td></tr></table>		1000.00																			
1000.00																						

**B.**

Full Name (Last, First, Middle Initial) David Belluck		Date of Receipt <table border="1" style="font-size: small; text-align: center;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		3	0		2	0	0	8													
Mailing Address 699 Boylston Street		<b>Transaction ID:</b> C61275																				
City State Zip Code Boston MA 02116	Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>5000.00</td></tr></table>		5000.00																			
5000.00																						
FEC ID number of contributing federal political committee. <b>C</b>																						
Name of Employer Riverside Partners	Occupation Private Equity Investor																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>5000.00</td></tr></table>		5000.00																			
5000.00																						

**C.**

Full Name (Last, First, Middle Initial) David Bensinger		Date of Receipt <table border="1" style="font-size: small; text-align: center;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		1	2		2	0	0	8													
Mailing Address 69 West 9th Street 10B		<b>Transaction ID:</b> C61523																				
City State Zip Code New York NY 10011	Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>2300.00</td></tr></table>		2300.00																			
2300.00																						
FEC ID number of contributing federal political committee. <b>C</b>																						
Name of Employer LEP	Occupation Anaylst																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>2300.00</td></tr></table>		2300.00																			
2300.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<table border="1" style="width: 100%;"><tr><td style="text-align: right;"><b>8300.00</b></td></tr></table>	<b>8300.00</b>
<b>8300.00</b>		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1" style="width: 100%;"><tr><td style="text-align: right;"> </td></tr></table>	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 151  
(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)  
HILLPAC

**A.**

Full Name (Last, First, Middle Initial) Paul Bernon		Date of Receipt MM / DD / YYYY 09 / 19 / 2008
Mailing Address 61 Bristol Road		<b>Transaction ID:</b> C61524
City Wellesley	State MA	Zip Code 02481
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Rubicon Real Estate Holdings	Occupation Principal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Sara Billingsley		Date of Receipt MM / DD / YYYY 09 / 25 / 2008
Mailing Address 61 Richfield Road		<b>Transaction ID:</b> C61525
City Arlington	State MA	Zip Code 02474
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Not Employed	Occupation Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) James Blanchard		Date of Receipt MM / DD / YYYY 09 / 05 / 2008
Mailing Address 22326 Valley Oaks		<b>Transaction ID:</b> C61121
City Franklin	State MI	Zip Code 48025
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer Verner Lipfert Bernhard McPherson & Ha	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5500.00
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 151  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HillPAC

**A.** Full Name (Last, First, Middle Initial)  
Janet Blanchard  
Mailing Address 22326 Valley Oaks  
City State Zip Code  
Beverly Hills MI 48025  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Not Employed Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt MM / DD / YYYY  
09 / 05 / 2008  
Transaction ID: C61122  
Amount of Each Receipt this Period 5000.00

**B.** Full Name (Last, First, Middle Initial)  
Christie Burton  
Mailing Address 833 17th St #2  
City State Zip Code  
Santa Monica CA 90403  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Information Requested  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt MM / DD / YYYY  
09 / 05 / 2008  
Transaction ID: C61117  
Amount of Each Receipt this Period 5000.00

**C.** Full Name (Last, First, Middle Initial)  
Carol L. Canino  
Mailing Address 24 Woodside Creek  
City State Zip Code  
Hartford CT 86165  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Gemma Power Occupation Owner  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00  
Date of Receipt MM / DD / YYYY  
09 / 30 / 2008  
Transaction ID: C61276  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 10500.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 10 / 151  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HillPAC

**A.** Full Name (Last, First, Middle Initial)  
Juanita Castro

Mailing Address 710 Catalonia Avenue

City State Zip Code  
Coral Gables FL 33134

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

Name of Employer Occupation  
None Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
09 / 08 / 2008

**Transaction ID:** C61141

Amount of Each Receipt this Period  
3000.00

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

Mailing Address 934 Woodmere Drive

City State Zip Code  
North Woodmere NY 11581

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

Name of Employer Occupation  
Self-employed Business Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2008

**Transaction ID:** C61217

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 46 Cotswold Road

City State Zip Code  
Brookline MA 02445

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

Name of Employer Occupation  
Boston Community Capital CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2008

**Transaction ID:** C61277

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4250.00**

**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 / 151  
(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)  
HILLPAC

**A.**

Full Name (Last, First, Middle Initial)  
Judy Chon

Mailing Address 16 Gallatin Drive

City Dix Hills State NY Zip Code 11746

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

Name of Employer Not Employed Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 09 / 30 / 2008  
**Transaction ID: C61209**  
 Amount of Each Receipt this Period: 2000.00

**B.**

Full Name (Last, First, Middle Initial)  
Steve S. Chon

Mailing Address 11-11 131 Street

City College Point State NY Zip Code 11356

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

Name of Employer Spa Castle Inc. Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 09 / 30 / 2008  
**Transaction ID: C61210**  
 Amount of Each Receipt this Period: 2000.00

**C.**

Full Name (Last, First, Middle Initial)  
Monica Cordova

Mailing Address 1865 Kennedy Cswy #15-l

City North Bay Village State FL Zip Code 33141

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

Name of Employer Self-employed Occupation Producer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 09 / 08 / 2008  
**Transaction ID: C61142**  
 Amount of Each Receipt this Period: 2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6500.00

**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 12 / 151  
(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)  
HILLPAC

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

Mailing Address 27 Oyster Lane  
Post Office Box 295

City Chilmark State MA Zip Code 02535

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

Name of Employer Self-employed Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 30 / 2008  
Transaction ID: C61251  
Amount of Each Receipt this Period 5000.00

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

Mailing Address 18 Ogden Lane

City Middleton State MA Zip Code 01949

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

Name of Employer Devine Millimet and Branch Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 30 / 2008  
Transaction ID: C61256  
Amount of Each Receipt this Period 1500.00

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

Mailing Address 15 Ridge Drive  
Apartment 7

City East Providence State RI Zip Code 02914

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

Name of Employer Duarte Allstaet Agency Occupation Property Inspection

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2008  
Transaction ID: C61194  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7500.00

**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 13 / 151  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HILLPAC

**A.** Full Name (Last, First, Middle Initial)  
Lynne M. Dunphy

Mailing Address 226 White Hall, 2 Heathman Road

City State Zip Code  
Kingston RI 02881

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

Name of Employer University of Rhode Island      Occupation Professor of Nursing

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2008

**Transaction ID:** C61193

Amount of Each Receipt this Period  
600.00

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

Mailing Address 120 East 2nd Avenue

City State Zip Code  
New York NY 10003

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

Name of Employer Eastman & Eastman      Occupation Attorney

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 12 / 2008

**Transaction ID:** C61158

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 26 Jay Street  
Apartment 1

City State Zip Code  
Somerville MA 02144

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

Name of Employer Raske Baerlein Strategic      Occupation Consultant

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2008

**Transaction ID:** C61249

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1900.00

**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 14 / 151  
(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)  
HILLPAC

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

Mailing Address 70 Elmgrove Avenue

City Providence State RI Zip Code 02906

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

Name of Employer University of RI Occupation Professor/Psychotherapist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2008  
**Transaction ID: C61195**  
 Amount of Each Receipt this Period 1000.00

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

Mailing Address 8581 Santa Monica Blvd

City Los Angeles State CA Zip Code 90069

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

Name of Employer Ferrazzi Greenlight Occupation Chairman

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 08 / 2008  
**Transaction ID: C61144**  
 Amount of Each Receipt this Period 5000.00

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

Mailing Address 6 Beaufort Road Suite 5

City Jamaica Plain State MA Zip Code 02130

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

Name of Employer Mary Fifield Associates Occupation Consultant

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 30 / 2008  
**Transaction ID: C61233**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6250.00

**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 15 / 151

(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)  
HILLPAC

**A.**

Full Name (Last, First, Middle Initial)  
Susan Firestone

Mailing Address 84 Ardsley Road

City State Zip Code  
Longmeadow MA 01106

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

Name of Employer Occupation  
Plastic Packaging Corp Owner

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	8

Transaction ID: C61438

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
John Fish

Mailing Address 65 Allerton Street

City State Zip Code  
Boston MA 02119-2901

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

Name of Employer Occupation  
Suffolk Construction Co. President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

Transaction ID: C61238

Amount of Each Receipt this Period  
5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Carl Freer

Mailing Address 591 Broadway  
5th Floor

City State Zip Code  
New York NY 10012

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

Name of Employer Occupation  
Media Power Business Development Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

Transaction ID: C61278

Amount of Each Receipt this Period  
5000.00

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

10250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 151  
(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
							17

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NAME OF COMMITTEE (In Full)  
HILLPAC

**A.**

Full Name (Last, First, Middle Initial) Ericka Freer		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
Mailing Address 591 Broadway 5th Floor		<b>Transaction ID:</b> C61279
City New York	State NY	Zip Code 10012
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Not Employed	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**B.**

Full Name (Last, First, Middle Initial) Shanti Fry		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
Mailing Address 8 Berkeley Street		<b>Transaction ID:</b> C61239
City Cambridge	State MA	Zip Code 02138
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Not Employed	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**C.**

Full Name (Last, First, Middle Initial) Sonia Gardner		Date of Receipt MM / DD / YYYY 09 / 19 / 2008
Mailing Address 535 Madison Ave 14FL		<b>Transaction ID:</b> C61170
City New York	State NY	Zip Code 10022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Avenue Capital	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	15000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 151  
(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)  
HillPAC

**A.**

Full Name (Last, First, Middle Initial)  
Sandra S. Gelber

Mailing Address 1527 Washington Avenue

City State Zip Code  
Wilmette IL 60091

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

Name of Employer Not Employed Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2008

Transaction ID: C61258

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Rona Ginott

Mailing Address 650 Lake Avenue

City State Zip Code  
Greenwich CT 06830

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

Name of Employer Self-employed Occupation Educational Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 08 / 2008

Transaction ID: C61140

Amount of Each Receipt this Period  
5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Carol R. Goldberg

Mailing Address 270 Beacon Street - H-3

City State Zip Code  
Boston MA 02116

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

Name of Employer Avcar Group, Ltd Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 19 / 2008

Transaction ID: C61442

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **12500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 151  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
HILLPAC

**A.** Full Name (Last, First, Middle Initial)  
Deborah Goldberg

Mailing Address 37 Hyslop Road

City State Zip Code  
Brookline MA 02445

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

Name of Employer Not Employed Occupation Not Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2008

**Transaction ID:** C61443

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 1963 Tumin Rd

City State Zip Code  
La Habra CA 90631

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

Name of Employer Not Employed Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 05 / 2008

**Transaction ID:** C61116

Amount of Each Receipt this Period  
3000.00

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

Mailing Address 6 Deep Meadow Road

City State Zip Code  
Barrington RI 02806

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

Name of Employer Self-employed Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2008

**Transaction ID:** C61200

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6000.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 151  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HILLPAC

**A.** Full Name (Last, First, Middle Initial)  
Reagan E. Gray

Mailing Address 115 Marlborough Street 1

City State Zip Code  
Boston MA 02116

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

Name of Employer Johnson Gray Advertising      Occupation Partner

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	8

**Transaction ID:** C61250

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1977 Garpur Drive

City State Zip Code  
Oakland CA 94611

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

Name of Employer Tetlys Bio Science      Occupation Attorney

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      2000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	8	/	2	0	0	8

**Transaction ID:** C61135

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 25 Edgehill Road

City State Zip Code  
Brookline MA 02445

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

Name of Employer Not Employed      Occupation Not Employed

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	8

**Transaction ID:** C61225

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2750.00**

**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 20 / 151

(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)  
HILLPAC

**A.**

Full Name (Last, First, Middle Initial)

Dana Guefen

Mailing Address 4602 Holt

City State Zip Code  
Bellaire TX 77401

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

Name of Employer Not Employed Occupation  
Homemaker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	8

Transaction ID: C61139

Amount of Each Receipt this Period

5000.00
---------

**B.**

Full Name (Last, First, Middle Initial)

Constance Gustafson

Mailing Address 690 Croton Heights Rd

City State Zip Code  
Yorktown Heights NY 10598

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

Name of Employer Not Employed Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	0	8

Transaction ID: C61165

Amount of Each Receipt this Period

5000.00
---------

**C.**

Full Name (Last, First, Middle Initial)

Kate Hafner

Mailing Address 74 Fenway  
Apartment 31

City State Zip Code  
Boston MA 02115

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

Name of Employer Bingham McCutchen LLP Occupation  
Attorney

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
2700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

Transaction ID: C61237

Amount of Each Receipt this Period

2700.00
---------

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

12700.00
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**TOTAL** This Period (last page this line number only) ..... ▶

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 151  
(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)  
HillPAC

**A.**

Full Name (Last, First, Middle Initial)  
Gerald T. Harrington

Mailing Address 209 Blackbery Hill Drive

City State Zip Code  
South Kingstown RI 02879

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

Name of Employer Capitol City Group Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2008

**Transaction ID:** C61198

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Alan G. Hassenfeld

Mailing Address 85 Shore Road

City State Zip Code  
Bristol RI 02809

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

Name of Employer Hasbro Inc. Occupation Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2008

**Transaction ID:** C61186

Amount of Each Receipt this Period  
5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Vivien Hassenfeld

Mailing Address 40 Chestnut Street

City State Zip Code  
Boston MA 02108-3507

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

Name of Employer Not Employed Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2008

**Transaction ID:** C61187

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **15000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 151  
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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)  
HILLPAC

**A.**

Full Name (Last, First, Middle Initial)  
Dixie Heath

Mailing Address 3887 West Dune Buggy Drive

City State Zip Code  
South Jordan UT 84095

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

Name of Employer Not Employed Occupation Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2008

Transaction ID: C61182

Amount of Each Receipt this Period  
2500.00

**B.**

Full Name (Last, First, Middle Initial)  
Carol Hillman

Mailing Address 299 Belknap Road Suite 100

City State Zip Code  
Framingham MA 01701

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

Name of Employer Not Employed Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2008

Transaction ID: C61257

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Fred P. Hochberg

Mailing Address 40 Fifth Avenue Apartment 12A

City State Zip Code  
New York NY 10011

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

Name of Employer Self-employed Occupation Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
09 / 19 / 2008

Transaction ID: C61168

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 151  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

NAME OF COMMITTEE (In Full)  
HillPAC

**A.**

Full Name (Last, First, Middle Initial)  
Priscilla Houghton

Mailing Address 91 Atlantic Ave

City State Zip Code  
Cohasset MA 02025

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

Name of Employer Not Employed Occupation Not Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2008

Transaction ID: C61167

Amount of Each Receipt this Period  
2300.00

**B.**

Full Name (Last, First, Middle Initial)  
Christine Hsin-Ning Hao

Mailing Address 11E #344 Tun HWA S Road, Sec 1

City State Zip Code  
Taipei Taiwan

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

Name of Employer AAEECC, Taipei Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2008

Transaction ID: C61126

Amount of Each Receipt this Period  
3000.00

**C.**

Full Name (Last, First, Middle Initial)  
Louis Jaffe

Mailing Address 2677 Larkin Street  
Apartment 104

City State Zip Code  
San Francisco CA 94109

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

Name of Employer Self-employed Occupation Private Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2008

Transaction ID: C61455

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **5550.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 151

(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

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)  
HILLPAC

**A.**

Full Name (Last, First, Middle Initial)  
Richard Jenrette

Mailing Address 277 Park Avenue

City State Zip Code  
New York NY 10172

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

Name of Employer Occupation  
Donaldson, Lufkin & Jenrette, Inc. Chair Emeritus

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 08 / 2008

Transaction ID: C61138

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Rosemarie T. Johnson

Mailing Address 12 Lake View Avenue

City State Zip Code  
Cambridge MA 02138

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

Name of Employer Occupation  
Not Employed Homemaker

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2008

Transaction ID: C61253

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Steve Johnson

Mailing Address 12 Lake View Avenue

City State Zip Code  
Cambridge MA 02138

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

Name of Employer Occupation  
Choice Stream CEO

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2008

Transaction ID: C61254

Amount of Each Receipt this Period

5000.00

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

15000.00

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



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

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

FOR LINE NUMBER: PAGE 25 / 151  
(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)  
HILLPAC

**A.** Full Name (Last, First, Middle Initial)  
Christina Kang

Mailing Address 112 West 18 Street  
Number 5A

City State Zip Code  
New York NY 10011

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

Name of Employer Occupation  
Paradigm Art Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2008

**Transaction ID:** C61263

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 4 Magazine Place

City State Zip Code  
Hilton Head Island SC 29228-3911

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

Name of Employer Occupation  
Not Employed Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2008

**Transaction ID:** C61222

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 1 Commonwealth Avenue

City State Zip Code  
Boston MA 02116

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

Name of Employer Occupation  
Kessler Group Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2008

**Transaction ID:** C61241

Amount of Each Receipt this Period  
5000.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 151

(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

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)  
HILLPAC

**A.**

Full Name (Last, First, Middle Initial)  
Patricia M. Kessler

Mailing Address 1 Commonwealth Avenue

City State Zip Code  
Boston MA 02116

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

Name of Employer Not Employed Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2008

Transaction ID: C61242

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Do Young Kim

Mailing Address 1190 6th Avenue

City State Zip Code  
New York NY 10036

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

Name of Employer Self-employed Occupation Real Estate

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2008

Transaction ID: C61207

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Kevin D. Kim

Mailing Address 43-23 Coldeu Street  
Number 18 D

City State Zip Code  
New York NY 11355

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

Name of Employer Self-employed Occupation Lawyer

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2008

Transaction ID: C61266

Amount of Each Receipt this Period

5000.00

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

11000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 151  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HILLPAC

**A.** Full Name (Last, First, Middle Initial)  
Ki Kim

Mailing Address 25 Tweed Boulevard

City State Zip Code  
Nyack NY 10960

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

Name of Employer U.S. Meat, Inc. Occupation Co-Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: C61214  
Amount of Each Receipt this Period: 2000.00

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

Mailing Address 308 South Railroad Street

City State Zip Code  
Staten Island NY 10312-4060

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

Name of Employer Lucky Farm Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: C61205  
Amount of Each Receipt this Period: 1500.00

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

Mailing Address 235 East 40th Street  
Number 9A

City State Zip Code  
New York NY 10016

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

Name of Employer MK Enterprises, Inc. Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: C61265  
Amount of Each Receipt this Period: 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 8500.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 151  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HILLPAC

**A.** Full Name (Last, First, Middle Initial)  
Soonja Kim

Mailing Address 235 East 40th Street  
Number 9A

City State Zip Code  
New York NY 10016

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

Name of Employer Not Employed      Occupation Retired

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	8

**Transaction ID:** C61264

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 25 Tweed Boulevard

City State Zip Code  
Nyack NY 10960

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

Name of Employer U.S. Meat, Inc.      Occupation Co-Owner

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      2500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	8

**Transaction ID:** C61213

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 4 Greythorne Woods Circle

City State Zip Code  
Wayne PA 19087

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

Name of Employer Axa Advisors      Occupation Financial Advisor

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	9	/	2	0	0	8

**Transaction ID:** C61459

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7750.00**

**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 29 / 151  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
HillPAC

**A.** Full Name (Last, First, Middle Initial)  
Rachel Lavine  
 Mailing Address 37 West 12th St #6C  
 City State Zip Code  
 New York NY 10011  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 08 / 2008  
**Transaction ID:** C61131  
 Amount of Each Receipt this Period  
 3600.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-employed Occupation  
 Self-employed Attorney  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 3600.00

**B.** Full Name (Last, First, Middle Initial)  
Chanwoo Lee  
 Mailing Address 44 Debora Drive  
 City State Zip Code  
 Plainview NY 11803  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2008  
**Transaction ID:** C61267  
 Amount of Each Receipt this Period  
 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-employed Occupation  
 Self-employed Attorney  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Jacquelin Lee  
 Mailing Address 159 High Street  
 City State Zip Code  
 Closter NJ 07624  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2008  
**Transaction ID:** C61216  
 Amount of Each Receipt this Period  
 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-employed Occupation  
 Self-employed Realtor  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5600.00  
**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 30 / 151  
(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)  
HillPAC

**A.**

Full Name (Last, First, Middle Initial) Jongsuk S. Lee		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
Mailing Address 323 Continental Drive		<b>Transaction ID:</b> C61268
City Manhasset Hills	State NY	Zip Code 11040
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Not Employed	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Jung Rye Lee		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
Mailing Address 40-04 Bowne Street Number 3H		<b>Transaction ID:</b> C61212
City Flushing	State NY	Zip Code 11354
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-employed	Occupation Massage Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**C.**

Full Name (Last, First, Middle Initial) Kyeung S. Lee		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
Mailing Address 44 Debora Drive		<b>Transaction ID:</b> C61215
City Plainview	State NY	Zip Code 11803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Not Employed	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 31 / 151  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HillPAC

**A.** Full Name (Last, First, Middle Initial)  
Ok Ja Lee

Mailing Address 233 12th Street  
Apartment 5B

City Palisades Park State NJ Zip Code 07650

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

Name of Employer East NY Nail Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2008  
Transaction ID: C61211  
Amount of Each Receipt this Period 500.00

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

Mailing Address 28 Hitching Post Lane

City Chappaqua State NY Zip Code 10514-1207

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

Name of Employer Self-employed Occupation Jewelry Designer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 23 / 2008  
Transaction ID: C61463  
Amount of Each Receipt this Period 250.00

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

Mailing Address 591 Broadway  
5th Floor

City New York State NY Zip Code 10012

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

Name of Employer Not Employed Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 30 / 2008  
Transaction ID: C61284  
Amount of Each Receipt this Period 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 5750.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 151  
(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)  
HillPAC

**A.** Full Name (Last, First, Middle Initial)  
Mikael P. Ljungman

Mailing Address 591 Broadway  
5th Floor

City State Zip Code  
New York NY 10012

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

Name of Employer Occupation  
Media Power Business Development Manager

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2008

**Transaction ID: C61280**

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 1370 Ave of Americas  
29th FL

City State Zip Code  
New York NY 10019

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

Name of Employer Occupation  
Wellsford Real Properties Inc. Chairman

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
09 / 19 / 2008

**Transaction ID: C61171**

Amount of Each Receipt this Period  
5000.00

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

Mailing Address Post Office Box 319

City State Zip Code  
Bristol RI 02809

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

Name of Employer Occupation  
SJS Incorporated President

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2008

**Transaction ID: C61273**

Amount of Each Receipt this Period  
1000.00

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

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 151

(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

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)  
HILLPAC

**A.**

Full Name (Last, First, Middle Initial)  
Suzanne Magaziner

Mailing Address Post Office Box 319

City State Zip Code  
Bristol RI 02809

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

Name of Employer Occupation  
Self-employed Strategy Consultant

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2008

Transaction ID: C61272

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Stephanie H. Markos

Mailing Address 14 Melrose Street  
Number 4

City State Zip Code  
Boston MA 02116

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

Name of Employer Occupation  
USDOT Research

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2008

Transaction ID: C61235

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)  
Maureen Mavrinac

Mailing Address 1223 Wilshire Boulevard  
Number 1045

City State Zip Code  
Santa Monica CA 90403

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

Name of Employer Occupation  
FCSMG DOC

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 28 / 2008

Transaction ID: C61471

Amount of Each Receipt this Period

1000.00

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

2350.00

**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 34 / 151  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HILLPAC

**A.** Full Name (Last, First, Middle Initial)  
Richard M. McAuliffe, Jr.  
Mailing Address 80 Fox Run  
City East Greenwich State RI Zip Code 02818  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Mayforth Group Occupation President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3000.00  
Date of Receipt 09 / 30 / 2008  
Transaction ID: C61196  
Amount of Each Receipt this Period 3000.00

**B.** Full Name (Last, First, Middle Initial)  
John McConnell  
Mailing Address 750 Elmgrove Avenue  
City Providence State RI Zip Code 02906-4900  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Motley Rice, LLC Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 09 / 30 / 2008  
Transaction ID: C61199  
Amount of Each Receipt this Period 5000.00

**C.** Full Name (Last, First, Middle Initial)  
Allison McMillan  
Mailing Address 101 Gideon Lawton Lane  
City Portsmouth State RI Zip Code 02871  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Providence Singers, Inc Occupation Executive Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 09 / 12 / 2008  
Transaction ID: C61473  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 9000.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 151  
(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)  
HILLPAC

**A.**

Full Name (Last, First, Middle Initial) Dennis Mehiel		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
Mailing Address 115 Stevens Avenue		<b>Transaction ID:</b> C61219
City Valhalla	State NY	Zip Code 10595
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer Four M Corporation	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**B.**

Full Name (Last, First, Middle Initial) Paulette Meyer		Date of Receipt MM / DD / YYYY 09 / 08 / 2008
Mailing Address 1714 Stockton Street Suite 400		<b>Transaction ID:</b> C61136
City San Francisco	State CA	Zip Code 94133
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer Self-employed	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**C.**

Full Name (Last, First, Middle Initial) Mahnaz Moinian		Date of Receipt MM / DD / YYYY 09 / 08 / 2008
Mailing Address 1045 Park Ave #15B		<b>Transaction ID:</b> C61128
City New York	State NY	Zip Code 10028
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer Melonie De France	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	15000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 36 / 151  
(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)  
HILLPAC

**A.** Full Name (Last, First, Middle Initial)  
James E. Moore  
 Mailing Address 5 Ocean Lawn Lane  
 City Newport State RI Zip Code 02840  
 Date of Receipt 09 / 30 / 2008  
**Transaction ID: C61274**  
 Amount of Each Receipt this Period 2000.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Not Employed Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

**B.** Full Name (Last, First, Middle Initial)  
Brandon Moran  
 Mailing Address 1952 N Hudson Ave Unit 3  
 City Chicago State IL Zip Code 60614  
 Date of Receipt 09 / 05 / 2008  
**Transaction ID: C61124**  
 Amount of Each Receipt this Period 5000.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Not Employed Occupation Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

**C.** Full Name (Last, First, Middle Initial)  
Maura Morey  
 Mailing Address 134 Lyford Drive  
 City Tiburon State CA Zip Code 94920  
 Date of Receipt 09 / 08 / 2008  
**Transaction ID: C61134**  
 Amount of Each Receipt this Period 5000.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer RWM Management Inc. Occupation VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

**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 37 / 151  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HillPAC

**A.** Full Name (Last, First, Middle Initial)  
Suzanne M. Morrison

Mailing Address 62 L Street  
Apartment 2

City State Zip Code  
South Boston MA 02127

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

Name of Employer Occupation  
Brigham Women's Hospital Program Director

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2008

**Transaction ID:** C61228

Amount of Each Receipt this Period  
250.00

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

Mailing Address 800 Corporate Drive  
Suite 500

City State Zip Code  
Fort Lauderdale FL 33334

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

Name of Employer Occupation  
Moskowitz Mendel Salem Si-  
imowitz President

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2008

**Transaction ID:** C61146

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 21 Walnut Street

City State Zip Code  
Boston MA 02108

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

Name of Employer Occupation  
Not Employed Retired

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2008

**Transaction ID:** C61246

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5750.00**

**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 38 / 151  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HILLPAC

**A.** Full Name (Last, First, Middle Initial)  
Robert E. Nederlander

Mailing Address 1450 Broadway  
Suite 2000

City State Zip Code  
New York NY 10018

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

Name of Employer Occupation  
Nederlander Productions Theatrical Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
09 / 08 / 2008

**Transaction ID:** C61149

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Yun Hwa No

Mailing Address 4309 68th Street

City State Zip Code  
Woodside NY 11377

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

Name of Employer Occupation  
Self-employed Restaurant Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2008

**Transaction ID:** C61204

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 265 West 37th Street

City State Zip Code  
New York NY 10018-5746

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

Name of Employer Occupation  
Self-employed Designer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2008

**Transaction ID:** C61208

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 151
	<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)  
HILLPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Jonathan Orszag	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 101 Loring Avenue	<b>Transaction ID:</b> C61281
	City State Zip Code Los Angeles CA 90024	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Compass Lexecon, LLC Senior Managing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Amarilis Osorio	Date of Receipt MM / DD / YYYY 09 / 19 / 2008
	Mailing Address 15 Star Island Dr	<b>Transaction ID:</b> C61160
	City State Zip Code Miami Beach FL 33139	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Not Employed Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Joseph Paolino, Jr.	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 76 Dorrance Street Suite 500	<b>Transaction ID:</b> C61192
	City State Zip Code Providence RI 02903	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Paolino Properties Developer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	12000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 151  
(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)  
HILLPAC

**A.**

Full Name (Last, First, Middle Initial) John Young Park		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
Mailing Address 1049 Rosedale Road		<b>Transaction ID:</b> C61269
City Valley Stream	State NY	Zip Code 11581
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1800.00
Name of Employer Self-employed	Occupation Small Business Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

**B.**

Full Name (Last, First, Middle Initial) Tony Park		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
Mailing Address 791 George Street		<b>Transaction ID:</b> C61206
City Teaneck	State NJ	Zip Code 07666-5308
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Sun Market	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

**C.**

Full Name (Last, First, Middle Initial) Steven C. Parrish		Date of Receipt MM / DD / YYYY 09 / 19 / 2008
Mailing Address 5 McMahon Lane		<b>Transaction ID:</b> C61163
City Westport	State CT	Zip Code 06880
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Altria Group, Inc.	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	7550.00
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 151  
(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)  
HILLPAC

**A.**

Full Name (Last, First, Middle Initial)  
Lois G. Pines

Mailing Address 40 Helene Road

City Waban State MA Zip Code 02468-1025

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

Name of Employer Self-employed Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 30 / 2008

Transaction ID: C61247

Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Abigail Pollack

Mailing Address 2501 Bay Ave

City Miami State FL Zip Code 33140

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

Name of Employer Self-employed Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 08 / 2008

Transaction ID: C61148

Amount of Each Receipt this Period 5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Benjamin Pough

Mailing Address 825 8th Avenue

City Manhattan State NY Zip Code 10019

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

Name of Employer Def Jam Records Occupation Sr-VP of Promotions

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 09 / 08 / 2008

Transaction ID: C61127

Amount of Each Receipt this Period 1600.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6850.00

**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 42 / 151  
(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)  
HILLPAC

**A.** Full Name (Last, First, Middle Initial)  
Robert Raben

Mailing Address 213 E Street, Northeast

City Washington State DC Zip Code 20002

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

Name of Employer The Raben Group Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 09 / 19 / 2008

Transaction ID: C61388

Amount of Each Receipt this Period 3000.00

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

Mailing Address 20 Bridle Path

City Westwood State MA Zip Code 02090

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

Name of Employer The Rasky Baerlein Group Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt 09 / 30 / 2008

Transaction ID: C61252

Amount of Each Receipt this Period 2300.00

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

Mailing Address 41 Holland Avenue

City Demarest State NJ Zip Code 07627

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

Name of Employer NY Golf Center Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2008

Transaction ID: C61203

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 6300.00

**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 43 / 151  
(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)  
HILLPAC

**A.** Full Name (Last, First, Middle Initial)  
Rebecca L. Roin

Mailing Address 706 West Wrightwood

City State Zip Code  
Chicago IL 60614

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2008

**Transaction ID:** C61259

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 35 Shawkemo Road

City State Zip Code  
Nantucket MA 02554

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

Name of Employer Not Employed Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2008

**Transaction ID:** C61245

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 20 Park Plaza Suite 633

City State Zip Code  
Boston MA 02116

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

Name of Employer Ross & Associates Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2008

**Transaction ID:** C61226

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 8000.00

**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 44 / 151  
(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)  
HILLPAC

**A.**

Full Name (Last, First, Middle Initial) Ophelia P. Rudin		Date of Receipt MM / DD / YYYY 09 / 08 / 2008
Mailing Address 960 Park Avenue		<b>Transaction ID:</b> C61133
City New York	State NY	Zip Code 10028
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer N/A	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**B.**

Full Name (Last, First, Middle Initial) William C. Rudin		Date of Receipt MM / DD / YYYY 09 / 08 / 2008
Mailing Address 345 Park Avenue 33rd Floor		<b>Transaction ID:</b> C61132
City New York	State NY	Zip Code 10154
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Rudin Management Company	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**C.**

Full Name (Last, First, Middle Initial) Mary B. Ruhl		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
Mailing Address 506 South Bronson Avenue		<b>Transaction ID:</b> C61181
City Los Angeles	State CA	Zip Code 90020
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
Name of Employer Not Employed	Occupation Retired	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>12300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 151

(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

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)  
HILLPAC

**A.**

Full Name (Last, First, Middle Initial)  
Jonathan N. Savage, Esq.

Mailing Address 86 Weybosset Street

City State Zip Code  
Providence RI 02903

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

Name of Employer Occupation  
Self-employed Attorney

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

Transaction ID: C61185

Amount of Each Receipt this Period

2500.00
---------

**B.**

Full Name (Last, First, Middle Initial)  
Frank Scarpiniti

Mailing Address 141 West Jackson Boulevard  
Suite 2201 A

City State Zip Code  
Chicago IL 60604

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

Name of Employer Occupation  
Chopper Trading CFO

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

Transaction ID: C61283

Amount of Each Receipt this Period

5000.00
---------

**C.**

Full Name (Last, First, Middle Initial)  
Mark Schuster

Mailing Address 59 Essex Road

City State Zip Code  
Chestnut Hill MA 02467

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

Name of Employer Occupation  
Bluestone Holding Real Estate Developer

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

Transaction ID: C61243

Amount of Each Receipt this Period

5000.00
---------

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

12500.00
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**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 46 / 151  
(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)  
HillPAC

**A.** Full Name (Last, First, Middle Initial)  
Scott C. Schuster  
 Mailing Address 90 Suffold Road  
 City Chestnut Hill State MA Zip Code 02467-1218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wingate Healthcare Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00  
 Date of Receipt 09 / 30 / 2008  
**Transaction ID: C61244**  
 Amount of Each Receipt this Period 5000.00

**B.** Full Name (Last, First, Middle Initial)  
Jane Gural Senders  
 Mailing Address 860 Pond Lane  
 City Woodmere State NY Zip Code 11598-2222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Newmark Knight Frank Occupation Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00  
 Date of Receipt 09 / 30 / 2008  
**Transaction ID: C61260**  
 Amount of Each Receipt this Period 5000.00

**C.** Full Name (Last, First, Middle Initial)  
Lambert Sheila  
 Mailing Address 7 West 81st St  
 City New York State NY Zip Code 10024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Not Employed Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00  
 Date of Receipt 09 / 19 / 2008  
**Transaction ID: C61172**  
 Amount of Each Receipt this Period 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 15000.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 151  
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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)  
HILLPAC

**A.**

Full Name (Last, First, Middle Initial)  
Marshall Sh Sheng Hao

Mailing Address 591 E Devon Ave

City State Zip Code  
Roselle IL 60172

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

Name of Employer Occupation  
Goldman Sachs Investment Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
09 / 08 / 2008

Transaction ID: C61125

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Jayne B. Sherman

Mailing Address 7 East 14th Street

City State Zip Code  
New York NY 10003

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

Name of Employer Occupation  
Self-employed Producer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
09 / 19 / 2008

Transaction ID: C61162

Amount of Each Receipt this Period  
5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Sydney R. Shuman

Mailing Address 711 Fifth Avenue  
9th Floor

City State Zip Code  
New York NY 10022

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

Name of Employer Occupation  
Not Employed Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2008

Transaction ID: C61261

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **15000.00**

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

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

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

FOR LINE NUMBER: PAGE 48 / 151  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HILLPAC

**A.** Full Name (Last, First, Middle Initial)  
Russell Simmons

Mailing Address Rush Communications  
530 Seventh Avenue

City State Zip Code  
New York NY 10018

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

Name of Employer Occupation  
Rush Communications Owner and President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 12 / 2008

Transaction ID: C61157

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 1 Avery Street  
Unit 32D

City State Zip Code  
Boston MA 02111

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2008

Transaction ID: C61229

Amount of Each Receipt this Period  
1100.00

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

Mailing Address 675 E Street NW #300

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation  
Jenner & Block Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 22 / 2008

Transaction ID: C61173

Amount of Each Receipt this Period  
3000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **9100.00**

**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 49 / 151  
(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)  
HILLPAC

**A.**

Full Name (Last, First, Middle Initial) Aaron Sosnick		Date of Receipt MM / DD / YYYY 09 / 19 / 2008
Mailing Address 143 Ave B		<b>Transaction ID:</b> C61174
City New York	State NY	Zip Code 10009
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer Art Advisors, LLC	Occupation Fund. Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**B.**

Full Name (Last, First, Middle Initial) Robert Strauss		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
Mailing Address 3116 Live Oak Street		<b>Transaction ID:</b> C61221
City Dallas	State TX	Zip Code 75204
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Akin Gump Strauss Haner & Feld	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Donald R. Sweitzer		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
Mailing Address 10 Memorial Boulevard		<b>Transaction ID:</b> C61189
City Providence	State RI	Zip Code 02903
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer GTECH Corporation	Occupation Senior VP, Global Business Develop.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 151
	<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)  
HILLPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Sheri L. Sweitzer	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 250 Major Potter Road	<b>Transaction ID:</b> C61188
	City State Zip Code Warwick RI 02886	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Not Employed	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Alison Tenenbaum	Date of Receipt MM / DD / YYYY 09 / 12 / 2008
	Mailing Address 69 West 9th Street 10B	<b>Transaction ID:</b> C61511
	City State Zip Code New York NY 10011	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self-employed	Occupation Professional Organizer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) John Tishman	Date of Receipt MM / DD / YYYY 09 / 12 / 2008
	Mailing Address 666 Fifth Avenue	<b>Transaction ID:</b> C61159
	City State Zip Code New York NY 10103	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Tishman Realty and Construction	Occupation Real Estate/Construction Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>8300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 51 / 151  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HILLPAC

**A.** Full Name (Last, First, Middle Initial)  
Gregory A. Vega

Mailing Address 750 B Street  
Suite 2100

City San Diego State CA Zip Code 92101

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

Name of Employer Seltzer Caplan Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 30 / 2008  
Transaction ID: C61270  
Amount of Each Receipt this Period 2500.00

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

Mailing Address 24 Woodward Lane

City Lutherville State MD Zip Code 21093

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

Name of Employer Self-employed Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 24 / 2008  
Transaction ID: C61533  
Amount of Each Receipt this Period 250.00

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

Mailing Address 1 Beekman Place

City New York State NY Zip Code 10022

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

Name of Employer Lillian Vernon Corporation Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 19 / 2008  
Transaction ID: C61175  
Amount of Each Receipt this Period 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 7750.00

**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 52 / 151  
(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)  
HILLPAC

**A.**

Full Name (Last, First, Middle Initial)  
Christopher P Vitale

Mailing Address 21 Academy Avenue

City Bristol State RI Zip Code 02809

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

Name of Employer Capital City Group Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	8

**Transaction ID:** C61197

Amount of Each Receipt this Period  
2000.00

**B.**

Full Name (Last, First, Middle Initial)  
Diana Wasserman-Rubin

Mailing Address 5731 SW 196 Lane

City Southwest Ranches State FL Zip Code 33332

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

Name of Employer Broward County Occupation Commissioner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	8	/	2	0	0	8

**Transaction ID:** C61145

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Todd Weiler

Mailing Address 2720 South Arlington Mill Drive  
Number 106

City Arlington State VA Zip Code 22206

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

Name of Employer Not Employed Occupation Not Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	9	/	2	0	0	8

**Transaction ID:** C61538

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7500.00**

**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 53 / 151

(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)  
HILLPAC

**A.**

Full Name (Last, First, Middle Initial)  
Diane N. Weiss

Mailing Address 1500 South Ocean Boulevard  
Number 1601

City State Zip Code  
Boca Raton FL 33432

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 08 / 2008

Transaction ID: C61147

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Ruth Weiss

Mailing Address 321 Ardsley Road

City State Zip Code  
Longmeadow MA 01106

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

Name of Employer Occupation  
Not Employed Not Employed

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 15 / 2008

Transaction ID: C61539

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Stephen Wolfberg

Mailing Address Post Office Box 380055

City State Zip Code  
Cambridge MA 02238

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

Name of Employer Occupation  
Not Employed Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2008

Transaction ID: C61234

Amount of Each Receipt this Period

250.00

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

6250.00

**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 54 / 151  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HillPAC

**A.** Full Name (Last, First, Middle Initial)  
Myrth York

Mailing Address 48 Lloyd Avenue

City Providence State RI Zip Code 02906

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

Name of Employer York Resources, Inc. Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 15 / 2008  
Transaction ID: C61547  
Amount of Each Receipt this Period 1000.00

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

Mailing Address 72 Beverly Park

City Beverly Hills State CA Zip Code 90210

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

Name of Employer Self-employed Occupation Money Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 30 / 2008  
Transaction ID: C61282  
Amount of Each Receipt this Period 5000.00

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

Mailing Address 160 Middleneck Road  
Apartment 6G

City Great Neck State NY Zip Code 11021

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

Name of Employer Zimmerman/Edelson Inc. Occupation Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt 09 / 30 / 2008  
Transaction ID: C61180  
Amount of Each Receipt this Period 2300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 8300.00

**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 55 / 151  
(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)  
HillPAC

**A.** Full Name (Last, First, Middle Initial)  
Michael J. Zinner

Mailing Address 11 Cambridge Street

City State Zip Code  
Burlington MA 01803

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

Name of Employer Occupation  
Brigham Women's Hospital Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2008

**Transaction ID:** C61255

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 8 Berkeley Street

City State Zip Code  
Cambridge MA 02138

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

Name of Employer Occupation  
D20 Fund, Inc. Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2008

**Transaction ID:** C61240

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 7 East 14th Street

City State Zip Code  
New York NY 10003

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

Name of Employer Occupation  
Self-employed Organizational Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
09 / 19 / 2008

**Transaction ID:** C61164

Amount of Each Receipt this Period  
2300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8300.00**

**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 56 / 151  
(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)  
HillPAC

**A.** Full Name (Last, First, Middle Initial)  
High Impact Solutions, LLC

Mailing Address Attn: John Wood  
5565 NW Barry Road

City State Zip Code  
Kansas City MO 64154

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	8

**Transaction ID:** C61115

Amount of Each Receipt this Period  
5000.00

LLC - Members below if it-  
emized. Permissible funds.

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

Mailing Address 5565 Northwest Barry Road

City State Zip Code  
Kansas City MO 64154

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

Name of Employer Occupation  
High Impact Solutions, LLC Partner

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	8

**Transaction ID:** C61389

Amount of Each Receipt this Period  
5000.00

**[MEMO ITEM]**  
\*

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	438150.00



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

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

FOR LINE NUMBER: PAGE 57 / 151  
(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)  
HillPAC

**A.** Full Name (Last, First, Middle Initial)  
AGSH&F Civic Action Committee

Mailing Address 1333 New Hampshire Avenue, Northwe

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00104901

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2008

**Transaction ID:** C61220

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
American Hotel and Lodging Association PAC

Mailing Address 1201 New York Avenue, Northwest  
6th Floor

City State Zip Code  
Washington DC 20005-3931

FEC ID number of contributing federal political committee. **C** C00001198

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2008

**Transaction ID:** C61224

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
Boilermakers Blacksmiths Legis. Educ. Fund

Mailing Address 753 State Avenue  
Suite 565

City State Zip Code  
Kansas City KS 66101-2511

FEC ID number of contributing federal political committee. **C** C00005157

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 05 / 2008

**Transaction ID:** C61123

Amount of Each Receipt this Period  
5000.00

**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 58 / 151

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
HillPAC

**A.**

Full Name (Last, First, Middle Initial)  
Cablevision Systems Corporation PAC

Mailing Address 111 Stewart Avenue

City State Zip Code  
Bethpage NY 11714

FEC ID number of contributing federal political committee. **C** C00197863

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2008

Transaction ID: C61223

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)  
Committee to Elect Lou Raptakis

Mailing Address 2080 Nooseneck Hill Road

City State Zip Code  
2080 Nooseneck Hill 02816

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2008

Transaction ID: C61202

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)  
CWA-COPE PCC

Mailing Address 501 - 3rd Street, N.W.

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00002089

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 19 / 2008

Transaction ID: C61161

Amount of Each Receipt this Period

5000.00

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

7750.00

**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 59 / 151

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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)  
HILLPAC

**A.**

Full Name (Last, First, Middle Initial)  
DLA Piper PAC

Mailing Address 500 8TH Street, Northwest

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00151340

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2008

Transaction ID: C61262

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Follow The North Star Fund

Mailing Address 316 East Hennepin Avenue  
Suite 201

City State Zip Code  
Minneapolis MN 55414

FEC ID number of contributing federal political committee. **C** C00431874

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 24 / 2008

Transaction ID: C61179

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Friends of Jay Rockefeller, Inc

Mailing Address PO Box 1909

City State Zip Code  
Charleston WV 25327

FEC ID number of contributing federal political committee. **C** C00416826

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 08 / 2008

Transaction ID: C61155

Amount of Each Receipt this Period

5000.00

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

15000.00

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

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

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

FOR LINE NUMBER: PAGE 60 / 151  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
HILLPAC

**A.** Full Name (Last, First, Middle Initial)  
Human Rights Campaign  
Mailing Address 919 18TH NW STE 800  
City WASHINGTON State DC Zip Code 20005  
FEC ID number of contributing federal political committee. **C** C00235853  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 09 / 30 / 2008  
Transaction ID: C61184  
Amount of Each Receipt this Period 4000.00

**B.** Full Name (Last, First, Middle Initial)  
Human Rights Campaign  
Mailing Address 919 18TH NW STE 800  
City WASHINGTON State DC Zip Code 20005  
FEC ID number of contributing federal political committee. **C** C00235853  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 09 / 30 / 2008  
Transaction ID: C61218  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Laborers' Political League PAC  
Mailing Address 905 16th Street, N.W.  
2nd Floor  
City Washington State DC Zip Code 20006  
FEC ID number of contributing federal political committee. **C** C00007922  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 09 / 30 / 2008  
Transaction ID: C61191  
Amount of Each Receipt this Period 5000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 151  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
HillPAC

**A.** Full Name (Last, First, Middle Initial)  
Langevin For Congress  
Mailing Address 1270 Ives Road  
City East Greenwich State RI Zip Code 02818  
FEC ID number of contributing federal political committee. **C** C00344697  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00  
Date of Receipt 09 / 30 / 2008  
Transaction ID: C61190  
Amount of Each Receipt this Period 2000.00

**B.** Full Name (Last, First, Middle Initial)  
National Air Traffic Controllers Assn. PAC  
Mailing Address 1325 Massachusetts Avenue, N.W.  
City Washington State DC Zip Code 20005  
FEC ID number of contributing federal political committee. **C** C00238725  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 09 / 24 / 2008  
Transaction ID: C61177  
Amount of Each Receipt this Period 5000.00

**C.** Full Name (Last, First, Middle Initial)  
PAC For A Change  
Mailing Address 777 S Figueroa St., Suite 4050  
City Los Angeles State CA Zip Code 90017  
FEC ID number of contributing federal political committee. **C** C00342048  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 09 / 08 / 2008  
Transaction ID: C61143  
Amount of Each Receipt this Period 5000.00

**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 62 / 151  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
HillPAC

**A.** Full Name (Last, First, Middle Initial)  
Pfizer Inc. PAC

Mailing Address 235 East 42nd Street

City State Zip Code  
New York NY 10017

FEC ID number of contributing federal political committee. **C** C00016683

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 1 9 / 2 0 0 8

**Transaction ID:** C61166

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
United Food & Commercial Workers

Mailing Address International Union PAC  
1775 K Street, N.W.

City State Zip Code  
Washington DC 20006-1598

FEC ID number of contributing federal political committee. **C** C00002766

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 2 4 / 2 0 0 8

**Transaction ID:** C61178

Amount of Each Receipt this Period  
5000.00

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

**TOTAL** This Period (last page this line number only) ..... ► **66750.00**

# 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)  
HillPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Total Fundraising Strat., Inc. <hr/> Mailing Address 3005 South Lamar Boulevard Number D-109-347 <hr/> City Austin State TX Zip Code 78704 <hr/> Purpose of Disbursement Consulting/ Fundraising Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-273 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 8	<b>Amount of Each Disbursement this Period</b> 1000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) PNC <hr/> Mailing Address PO Box 609 <hr/> City Pittsburgh State PA Zip Code 15230 <hr/> Purpose of Disbursement Banking Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-699 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 8	<b>Amount of Each Disbursement this Period</b> 43.25
<b>C.</b>	Full Name (Last, First, Middle Initial) Verizon <hr/> Mailing Address Post Office Box 15124 <hr/> City Albany State NY Zip Code 12212-5124 <hr/> Purpose of Disbursement Telephone Service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-345 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 8	<b>Amount of Each Disbursement this Period</b> 110.60

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

1153.85

**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)  
HillPAC

A.	Full Name (Last, First, Middle Initial) CyberSource	Transaction ID: SB21B-698
	Mailing Address 1295 Charleston Road	Date of Disbursement 09 / 03 / 2008
	City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period 62.00
	Purpose of Disbursement Credit Card Process Fee	101 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Electronic Transaction Systems	Transaction ID: SB21B-693
	Mailing Address 10 Pidgeon Hill Drive	Date of Disbursement 09 / 04 / 2008
	City Sterling State VA Zip Code 20165	Amount of Each Disbursement this Period 545.07
	Purpose of Disbursement Credit Card Process Fee	101 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Allied Telecom	Transaction ID: SB21B-346
	Mailing Address Post Office Box 758792	Date of Disbursement 09 / 04 / 2008
	City Baltimore State MD Zip Code 21275-8792	Amount of Each Disbursement this Period 833.34
	Purpose of Disbursement Internet Service	101 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1440.41
<b>TOTAL</b> 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)  
HILLPAC

A.	Full Name (Last, First, Middle Initial) At Risk Protection & Inv., LLC	Transaction ID: SB21B-347 Date of Disbursement
	Mailing Address Post Office Box 270	<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City Catharpin State VA Zip Code 20143	Amount of Each Disbursement this Period
	Purpose of Disbursement Security Candidate Name	<input type="text" value="1897.62"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="101"/>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) At Risk Protection & Inv., LLC	Transaction ID: SB21B-348 Date of Disbursement
	Mailing Address Post Office Box 270	<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City Catharpin State VA Zip Code 20143	Amount of Each Disbursement this Period
	Purpose of Disbursement Security Candidate Name	<input type="text" value="2240.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="101"/>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) At Risk Protection & Inv., LLC	Transaction ID: SB21B-349 Date of Disbursement
	Mailing Address Post Office Box 270	<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City Catharpin State VA Zip Code 20143	Amount of Each Disbursement this Period
	Purpose of Disbursement Security Candidate Name	<input type="text" value="2240.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="101"/>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**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)

PAGE 66 / 151

<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)  
HillPAC

A.

Full Name (Last, First, Middle Initial)  
Carefirst Bluecross Blueshield

Transaction ID: SB21B-350  
Date of Disbursement

Mailing Address Post Office Box 79749

/   /

City Baltimore State MD Zip Code 21279-0749

Amount of Each Disbursement this Period

Purpose of Disbursement  
Employee Benefits

Category/  
Type

Candidate Name

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

B.

Full Name (Last, First, Middle Initial)  
Carefirst Bluecross Blueshield

Transaction ID: SB21B-351  
Date of Disbursement

Mailing Address Post Office Box 79749

/   /

City Baltimore State MD Zip Code 21279-0749

Amount of Each Disbursement this Period

Purpose of Disbursement  
Employee Benefits

Category/  
Type

Candidate Name

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

C.

Full Name (Last, First, Middle Initial)  
Con-Serv Industries, Inc.

Transaction ID: SB21B-352  
Date of Disbursement

Mailing Address Post Office Box 650490

/   /

City Sterling State VA Zip Code 20165

Amount of Each Disbursement this Period

Purpose of Disbursement  
Office Utilities

Category/  
Type

Candidate Name

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

**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)  
HillPAC

A.	Full Name (Last, First, Middle Initial) Deer Park	Transaction ID: SB21B-353
	Mailing Address Post Office Box 856192	Date of Disbursement 09 / 04 / 2008
	City Louisville State KY Zip Code 40285	Amount of Each Disbursement this Period 17.99
	Purpose of Disbursement Food & Beverage Candidate Name	101 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Deer Park	Transaction ID: SB21B-354
	Mailing Address Post Office Box 856192	Date of Disbursement 09 / 04 / 2008
	City Louisville State KY Zip Code 40285	Amount of Each Disbursement this Period 55.47
	Purpose of Disbursement Food & Beverage Candidate Name	101 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Dominion Virginia Power	Transaction ID: SB21B-355
	Mailing Address Post Office Box 26543	Date of Disbursement 09 / 04 / 2008
	City Richmond State VA Zip Code 23290-0001	Amount of Each Disbursement this Period 2833.45
	Purpose of Disbursement Office Utilities Candidate Name	101 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2906.91
<b>TOTAL</b> 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)  
HILLPAC

A.	Full Name (Last, First, Middle Initial) J&Y Distributors	Transaction ID: SB21B-356 Date of Disbursement 09 / 04 / 2008
	Mailing Address Post Office Box 100457	Amount of Each Disbursement this Period 15.43
	City Arlington State VA Zip Code 22210	
	Purpose of Disbursement Subscription Candidate Name	101 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) NGP Software, Inc.	Transaction ID: SB21B-357 Date of Disbursement 09 / 04 / 2008
	Mailing Address 1225 Eye Street, N.W. Suite 1225	Amount of Each Disbursement this Period 750.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Consulting/ Technology Candidate Name	101 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PingTone Communications	Transaction ID: SB21B-358 Date of Disbursement 09 / 04 / 2008
	Mailing Address 13921 Park Center Road 1st Floor	Amount of Each Disbursement this Period 335.64
	City Herndon State VA Zip Code 20171	
	Purpose of Disbursement Telephone Service Candidate Name	101 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1101.07
<b>TOTAL</b> 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)  
HillPAC

A.	Full Name (Last, First, Middle Initial) PingTone Communications	Transaction ID: SB21B-359 Date of Disbursement
	Mailing Address 13921 Park Center Road 1st Floor	<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Service Candidate Name	<input type="text" value="155.25"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="101"/>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Ricoh Americas Corporation	Transaction ID: SB21B-360 Date of Disbursement
	Mailing Address Post Office Box 4245	<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City Carol Stream State IL Zip Code 60197-4245	Amount of Each Disbursement this Period
	Purpose of Disbursement Equipment Candidate Name	<input type="text" value="359.86"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="101"/>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Sprint	Transaction ID: SB21B-361 Date of Disbursement
	Mailing Address Post Office Box 219623	<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City Kansas City State MO Zip Code 64121-9623	Amount of Each Disbursement this Period
	Purpose of Disbursement Internet Service Candidate Name	<input type="text" value="1034.44"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="101"/>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1549.55"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)  
HillPAC

A.	Full Name (Last, First, Middle Initial) TVEyes, Inc.	Transaction ID: SB21B-362
	Mailing Address 2150 Post Road	Date of Disbursement 09 / 04 / 2008
	City Fairfield State CT Zip Code 06824	Amount of Each Disbursement this Period 166.67
	Purpose of Disbursement Internet Service Candidate Name	101 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) TVEyes, Inc.	Transaction ID: SB21B-363
	Mailing Address 2150 Post Road	Date of Disbursement 09 / 04 / 2008
	City Fairfield State CT Zip Code 06824	Amount of Each Disbursement this Period 166.67
	Purpose of Disbursement Internet Service Candidate Name	101 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Washington Gas	Transaction ID: SB21B-364
	Mailing Address Post Office Box 9001036	Date of Disbursement 09 / 04 / 2008
	City Louisville State KY Zip Code 40290-1036	Amount of Each Disbursement this Period 103.08
	Purpose of Disbursement Office Utilities Candidate Name	101 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>436.42</b>
<b>TOTAL</b> 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)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) DirecTV <hr/> Mailing Address Post Office Box 60036 <hr/> City Los Angeles State CA Zip Code 90060 <hr/> Purpose of Disbursement Subscription Candidate Name	Transaction ID: SB21B-365 Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2008
	Amount of Each Disbursement this Period 32.01
	101 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:

<b>B.</b> Full Name (Last, First, Middle Initial) SL Green Management, LLC <hr/> Mailing Address Post Office Box 5162 Building 420 <hr/> City New York State NY Zip Code 10087-5162 <hr/> Purpose of Disbursement Rent Candidate Name	Transaction ID: SB21B-366 Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2008
	Amount of Each Disbursement this Period 3555.94
	101 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:

<b>C.</b> Full Name (Last, First, Middle Initial) SL Green Management, LLC <hr/> Mailing Address Post Office Box 5162 Building 420 <hr/> City New York State NY Zip Code 10087-5162 <hr/> Purpose of Disbursement Office Utilities Candidate Name	Transaction ID: SB21B-367 Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2008
	Amount of Each Disbursement this Period 202.51
	101 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3790.46
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)  
HillPAC

A.	Full Name (Last, First, Middle Initial) SL Green Management, LLC <hr/> Mailing Address Post Office Box 5162 Building 420 <hr/> City New York State NY Zip Code 10087-5162 <hr/> Purpose of Disbursement Rent Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-368 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 8	Amount of Each Disbursement this Period 46.66
B.	Full Name (Last, First, Middle Initial) Verizon <hr/> Mailing Address Post Office Box 15124 <hr/> City Albany State NY Zip Code 12212-5124 <hr/> Purpose of Disbursement Telephone Service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-369 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 8	Amount of Each Disbursement this Period 316.17
C.	Full Name (Last, First, Middle Initial) Vocus <hr/> Mailing Address Post Office Box 17482 <hr/> City Balitmore State MD Zip Code 21297 <hr/> Purpose of Disbursement Subscription Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-370 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 8	Amount of Each Disbursement this Period 3660.00

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

4022.83

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)  
HILLPAC

**A.** Full Name (Last, First, Middle Initial)  
NYSIF Disability Benefits

Mailing Address 15 Computer Drive West

City Albany State NY Zip Code 12205

Purpose of Disbursement Committee Insurance  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B-371  
Date of Disbursement 09 / 08 / 2008

Amount of Each Disbursement this Period 100.00

Category/Type 101

**B.** Full Name (Last, First, Middle Initial)  
New York State Insurance Fund Document Control Ctr - New Bus

Mailing Address 1 Watervliet Avenue

City Albany State NY Zip Code 12206

Purpose of Disbursement Taxes  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B-372  
Date of Disbursement 09 / 08 / 2008

Amount of Each Disbursement this Period 479.74

Category/Type 101

**C.** Full Name (Last, First, Middle Initial)  
JBG Fairfax Drive, LLC

Mailing Address Post Office Box 601914

City Charlotte State NC Zip Code 28260-1914

Purpose of Disbursement Rent  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B-373  
Date of Disbursement 09 / 09 / 2008

Amount of Each Disbursement this Period 36487.07

Category/Type 101

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 37066.81

**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)  
HillPAC

A.	Full Name (Last, First, Middle Initial) Pollara Consulting Group, Inc.  Mailing Address 100 Andalusia Avenue Number 613  City Coral Gables State FL Zip Code 33134  Purpose of Disbursement Consulting/ Fundraising Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-445 Date of Disbursement 09 / 10 / 2008	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) SLG Graybar Sublease, LLC  Mailing Address 420 Lexington Avenue 18th Floor  City New York State NY Zip Code 10170  Purpose of Disbursement Rent Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-446 Date of Disbursement 09 / 11 / 2008	Amount of Each Disbursement this Period 1570.00
C.	Full Name (Last, First, Middle Initial) American Express  Mailing Address Post Office Box 1270  City Newark State NJ Zip Code 07101  Purpose of Disbursement Credit Card Process Fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-696 Date of Disbursement 09 / 11 / 2008	Amount of Each Disbursement this Period 969.28

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

3539.28

**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)  
HILLPAC

A.	Full Name (Last, First, Middle Initial) Canon Financial Services	Transaction ID: SB21B-447 Date of Disbursement
	Mailing Address Post Office Box 4004	<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City Carol Stream State IL Zip Code 60197-4004	Amount of Each Disbursement this Period
	Purpose of Disbursement Equipment Candidate Name	<input type="text" value="2245.41"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="101"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Canon Financial Services	Transaction ID: SB21B-448 Date of Disbursement
	Mailing Address Post Office Box 4004	<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City Carol Stream State IL Zip Code 60197-4004	Amount of Each Disbursement this Period
	Purpose of Disbursement Equipment Candidate Name	<input type="text" value="1808.26"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="101"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) CIT Technology Fin Serv, Inc.	Transaction ID: SB21B-449 Date of Disbursement
	Mailing Address Post Office Box 550599	<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City Jacksonville State FL Zip Code 32255	Amount of Each Disbursement this Period
	Purpose of Disbursement Equipment Candidate Name	<input type="text" value="916.45"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="101"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4970.12"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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)  
HILLPAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Covad Communications</p> <p>Mailing Address Dept. 33408 Post Office Box 39000</p> <p>City San Francisco State CA Zip Code 94139</p> <p>Purpose of Disbursement Internet Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-450 <b>Date of Disbursement</b> 09 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 205.72</p> <p>101 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Dominion Virginia Power</p> <p>Mailing Address Post Office Box 26543</p> <p>City Richmond State VA Zip Code 23290-0001</p> <p>Purpose of Disbursement Office Utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-451 <b>Date of Disbursement</b> 09 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 3251.72</p> <p>101 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Dominion Virginia Power</p> <p>Mailing Address Post Office Box 26543</p> <p>City Richmond State VA Zip Code 23290-0001</p> <p>Purpose of Disbursement Office Utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-452 <b>Date of Disbursement</b> 09 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 62.74</p> <p>101 Category/Type</p>

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

3520.18

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 77 / 151

<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)  
HILLPAC

A.	Full Name (Last, First, Middle Initial) Dominion Virginia Power	Transaction ID: SB21B-453 Date of Disbursement
	Mailing Address Post Office Box 26543	<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City Richmond State VA Zip Code 23290-0001	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Utilities	<input type="text" value="207.44"/>
	Candidate Name	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Labor Finders of Virginia, Inc	Transaction ID: SB21B-454 Date of Disbursement
	Mailing Address Post Office Box 785	<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City Manassa Park State VA Zip Code 20113	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Maintenance	<input type="text" value="118.40"/>
	Candidate Name	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ricoh's America's Corp.	Transaction ID: SB21B-455 Date of Disbursement
	Mailing Address Post Office Box 41601	<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City Philadelphia State PA Zip Code 19101-1601	Amount of Each Disbursement this Period
	Purpose of Disbursement Equipment	<input type="text" value="92.79"/>
	Candidate Name	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="418.63"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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)  
HILLPAC

A.	Full Name (Last, First, Middle Initial) Ricoh's America's Corp.	Transaction ID: SB21B-456 Date of Disbursement																			
	Mailing Address Post Office Box 41601	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	2		2	0	0	8												
	City Philadelphia State PA Zip Code 19101-1601	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Equipment Candidate Name	<table border="1"><tr><td>163.80</td></tr></table>	163.80																		
163.80																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		Category/Type: <table border="1"><tr><td>101</td></tr></table>	101																		
101																					

B.	Full Name (Last, First, Middle Initial) Sprint	Transaction ID: SB21B-457 Date of Disbursement																			
	Mailing Address Post Office Box 219623	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	2		2	0	0	8												
	City Kansas City State MO Zip Code 64121-9623	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Internet Service Candidate Name	<table border="1"><tr><td>1034.44</td></tr></table>	1034.44																		
1034.44																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		Category/Type: <table border="1"><tr><td>101</td></tr></table>	101																		
101																					

C.	Full Name (Last, First, Middle Initial) Staples Business Advantage	Transaction ID: SB21B-458 Date of Disbursement																			
	Mailing Address Dept DC 85105 Post Office Box 30851	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	2		2	0	0	8												
	City Hartford State CT Zip Code 06150-0851	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Office Supplies Candidate Name	<table border="1"><tr><td>69.93</td></tr></table>	69.93																		
69.93																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		Category/Type: <table border="1"><tr><td>101</td></tr></table>	101																		
101																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>1268.17</td></tr></table>	1268.17
1268.17		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 79 / 151

<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)  
HILLPAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Staples Business Advantage</p> <p>Mailing Address Dept DC 85105 Post Office Box 30851</p> <p>City Hartford State CT Zip Code 06150-0851</p> <p>Purpose of Disbursement Office Supplies Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-459 <b>Date of Disbursement</b> 09 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 460.02</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Time Warner Cable of NYC</p> <p>Mailing Address Post Office Box 9227</p> <p>City Uniondale State NY Zip Code 11555</p> <p>Purpose of Disbursement Subscription Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-460 <b>Date of Disbursement</b> 09 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 291.97</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) United Business Technologies</p> <p>Mailing Address 9218 Gaither Road</p> <p>City Gaithersburg State MD Zip Code 20877</p> <p>Purpose of Disbursement Equipment Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-461 <b>Date of Disbursement</b> 09 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 216.81</p>

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

968.80

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 80 / 151

<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)  
HillPAC

A.	Full Name (Last, First, Middle Initial) United Business Technologies	Transaction ID: SB21B-462 Date of Disbursement
	Mailing Address 9218 Gaither Road	<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City Gaithersburg State MD Zip Code 20877	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing Candidate Name	<input type="text" value="257.11"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="101"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) United Parcel Service	Transaction ID: SB21B-463 Date of Disbursement
	Mailing Address Post Office Box 7247-0244	<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City Philadelphia State PA Zip Code 19170-0001	Amount of Each Disbursement this Period
	Purpose of Disbursement Shipping Candidate Name	<input type="text" value="42.47"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="101"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) United Parcel Service	Transaction ID: SB21B-464 Date of Disbursement
	Mailing Address Post Office Box 7247-0244	<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City Philadelphia State PA Zip Code 19170-0001	Amount of Each Disbursement this Period
	Purpose of Disbursement Shipping Candidate Name	<input type="text" value="77.17"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="101"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="376.75"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# 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)  
HILLPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) United Parcel Service <hr/> Mailing Address Post Office Box 7247-0244 <hr/> City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Shipping Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-465 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 88.02
<b>B.</b>	Full Name (Last, First, Middle Initial) Verizon <hr/> Mailing Address Post Office Box 660720 <hr/> City Dallas State TX Zip Code 75266-0720 Purpose of Disbursement Telephone Service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-466 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 136.28
<b>C.</b>	Full Name (Last, First, Middle Initial) Verizon Wireless <hr/> Mailing Address Post Office Box 15062 <hr/> City Albany State NY Zip Code 12212-5062 Purpose of Disbursement Telephone Service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-467 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 222.02

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

446.32

**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)  
HillPAC

A.	Full Name (Last, First, Middle Initial) Internal Revenue Service	Transaction ID: SB21B-561 Date of Disbursement
	Mailing Address Service Center	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City Ogden State UT Zip Code 84201	Amount of Each Disbursement this Period
	Purpose of Disbursement Taxes Candidate Name	<input type="text" value="7468.21"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	101 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Internal Revenue Service	Transaction ID: SB21B-562 Date of Disbursement
	Mailing Address Service Center	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City Ogden State UT Zip Code 84201	Amount of Each Disbursement this Period
	Purpose of Disbursement Taxes Candidate Name	<input type="text" value="8481.79"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	101 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Internal Revenue Service	Transaction ID: SB21B-563 Date of Disbursement
	Mailing Address Service Center	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City Ogden State UT Zip Code 84201	Amount of Each Disbursement this Period
	Purpose of Disbursement Taxes Candidate Name	<input type="text" value="188.60"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	101 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="16138.60"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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)  
HILLPAC

A.

Full Name (Last, First, Middle Initial)  
DC Office Of Tax and Revenue

Transaction ID: SB21B-564  
Date of Disbursement

Mailing Address Post Office Box 7792  
Ben Franklin Station

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	8

City Washington State DC Zip Code 20044

Amount of Each Disbursement this Period

1960.70
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Purpose of Disbursement  
Taxes

101
-----

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Illinois Dept of Revenue

Transaction ID: SB21B-565  
Date of Disbursement

Mailing Address Post Office Box 19030

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	8

City Springfield State IL Zip Code 62794-9030

Amount of Each Disbursement this Period

52.50
-------

Purpose of Disbursement  
Taxes

101
-----

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
New York State Employment

Transaction ID: SB21B-566  
Date of Disbursement

Mailing Address Post Office Box 4119

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	8

City Binghamton State NY Zip Code 13902

Amount of Each Disbursement this Period

132.44
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Purpose of Disbursement  
Taxes

101
-----

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

2145.64
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**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HillPAC

A.	Full Name (Last, First, Middle Initial) Commonwealth of Pennsylvania Dept. State	Transaction ID: SB21B-567 Date of Disbursement
	Mailing Address 210 North Office Building	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City Harrisburg State PA Zip Code 17120	Amount of Each Disbursement this Period
	Purpose of Disbursement Taxes Candidate Name	<input type="text" value="30.70"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	101 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Virginia Dept of Taxation	Transaction ID: SB21B-568 Date of Disbursement
	Mailing Address Post Office Box 177	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City Richmond State VA Zip Code 23218	Amount of Each Disbursement this Period
	Purpose of Disbursement Taxes Candidate Name	<input type="text" value="288.92"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	101 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) New York State Employment	Transaction ID: SB21B-569 Date of Disbursement
	Mailing Address Post Office Box 4119	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City Binghamton State NY Zip Code 13902	Amount of Each Disbursement this Period
	Purpose of Disbursement Taxes Candidate Name	<input type="text" value="13.79"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	101 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="333.41"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

PAGE 85 / 151

<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)  
HillPAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Virginia Employment Commission</p> <p>Mailing Address Post Office Box 1358</p> <p>City Richmond State VA Zip Code 23218</p> <p>Purpose of Disbursement Taxes <input type="checkbox"/> 101 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-570 <b>Date of Disbursement:</b> 09 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 778.46</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) New York State Employment</p> <p>Mailing Address Post Office Box 4119</p> <p>City Binghamton State NY Zip Code 13902</p> <p>Purpose of Disbursement Taxes <input type="checkbox"/> 101 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-571 <b>Date of Disbursement:</b> 09 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 63.16</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address 7450 Tilghman Street Suite 107</p> <p>City Allentown State PA Zip Code 18106</p> <p>Purpose of Disbursement Payroll Fee <input type="checkbox"/> 101 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-468 <b>Date of Disbursement:</b> 09 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 299.55</p>

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

**1141.17**

**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)  
HILLPAC

A.	Full Name (Last, First, Middle Initial) Bank of America  Mailing Address 730 15th Street, N.W.  City Washington State DC Zip Code 20005  Purpose of Disbursement Banking Fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-694 Date of Disbursement 09 / 15 / 2008  Amount of Each Disbursement this Period 271.71  101 Category/ Type
B.	Full Name (Last, First, Middle Initial) Huma Abedin  Mailing Address 2020 12th Street, N.W. Number 709  City Washington State DC Zip Code 20009  Purpose of Disbursement Salary Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-517 Date of Disbursement 09 / 15 / 2008  Amount of Each Disbursement this Period 1376.27  101 Category/ Type
C.	Full Name (Last, First, Middle Initial) Caroline Adler  Mailing Address 1021 North Garfield Street Apartment 444  City Arlington State VA Zip Code 22201  Purpose of Disbursement Salary Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-518 Date of Disbursement 09 / 15 / 2008  Amount of Each Disbursement this Period 989.16  101 Category/ Type

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

2637.14

**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)  
HILLPAC

A.	Full Name (Last, First, Middle Initial) Hailey Arends	Transaction ID: SB21B-519
	Mailing Address 331 11th Street, N.E.	Date of Disbursement 09 / 15 / 2008
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 1211.39
	Purpose of Disbursement Salary Candidate Name	101 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kathryn Balcerzak	Transaction ID: SB21B-520
	Mailing Address 7303 Meadow Wood Way	Date of Disbursement 09 / 15 / 2008
	City Clarksville State MD Zip Code 21029	Amount of Each Disbursement this Period 521.03
	Purpose of Disbursement Salary Candidate Name	101 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Dennis Cheng	Transaction ID: SB21B-521
	Mailing Address 4 West 21st Street Apartment 7-A	Date of Disbursement 09 / 15 / 2008
	City New York State NY Zip Code 10010	Amount of Each Disbursement this Period 1444.20
	Purpose of Disbursement Salary Candidate Name	101 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3176.62
<b>TOTAL</b> 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)  
HILLPAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Cindy Cicarell</p> <p>Mailing Address 1032 North Monroe Street</p> <p>City Arlington State VA Zip Code 22201</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-522 <b>Date of Disbursement</b> 09 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 546.55</p> <p>101 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Nalinee Darmrong</p> <p>Mailing Address 5511 Blair Road, NE</p> <p>City Washington State DC Zip Code 20011</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-523 <b>Date of Disbursement</b> 09 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 407.99</p> <p>101 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Abby Deift</p> <p>Mailing Address 175 West 93rd Street</p> <p>City New York State NY Zip Code 10025</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-524 <b>Date of Disbursement</b> 09 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 502.56</p> <p>101 Category/Type</p>

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

1457.10

**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)  
HILLPAC

A.	Full Name (Last, First, Middle Initial) Kathleen Dowd	Transaction ID: SB21B-525 Date of Disbursement 09 / 15 / 2008
	Mailing Address 1718 P Street NW Apartment 511	Amount of Each Disbursement this Period 1518.27
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Salary Candidate Name	101 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Stephanie Gent	Transaction ID: SB21B-526 Date of Disbursement 09 / 15 / 2008
	Mailing Address 2000 N Street NW Apartment 801	Amount of Each Disbursement this Period 441.03
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Salary Candidate Name	101 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Timothy Green	Transaction ID: SB21B-527 Date of Disbursement 09 / 15 / 2008
	Mailing Address 1315 North Van Dorn Street	Amount of Each Disbursement this Period 1321.43
	City Alexandria State VA Zip Code 22304	
	Purpose of Disbursement Salary Candidate Name	101 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3280.73
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 90 / 151

<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)  
HillPAC

A.	Full Name (Last, First, Middle Initial) Patrick Hallahan <hr/> Mailing Address 1010 25th Street, NW Apartment 709 <hr/> City Washington State DC Zip Code 20037 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-528 Date of Disbursement 09 / 15 / 2008	Amount of Each Disbursement this Period 791.68
B.	Full Name (Last, First, Middle Initial) Anne Hughes <hr/> Mailing Address 1421 Massachusetts Avenue, NW Apartment 511 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-529 Date of Disbursement 09 / 15 / 2008	Amount of Each Disbursement this Period 1372.89
C.	Full Name (Last, First, Middle Initial) Lindsey Katherine Jack <hr/> Mailing Address 2601 Woodley Place, N.W. Apartment 915 <hr/> City Washington State DC Zip Code 20008 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-530 Date of Disbursement 09 / 15 / 2008	Amount of Each Disbursement this Period 260.37

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

2424.94

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 91 / 151

<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)  
HILLPAC

A.	Full Name (Last, First, Middle Initial) Monica Jordan	Transaction ID: SB21B-531 Date of Disbursement																			
	Mailing Address 19565 Black Olive Lane	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	5		2	0	0	8												
	City Boca Raton State FL Zip Code 33498	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Salary Candidate Name	<table border="1"><tr><td>413.84</td></tr></table>	413.84																		
413.84																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		<table border="1"><tr><td>101</td></tr></table> Category/Type	101																		
101																					

B.	Full Name (Last, First, Middle Initial) Katherine Corley Kenna	Transaction ID: SB21B-532 Date of Disbursement																			
	Mailing Address 912 F Street, NW Apartment 701	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	5		2	0	0	8												
	City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Salary Candidate Name	<table border="1"><tr><td>1187.79</td></tr></table>	1187.79																		
1187.79																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		<table border="1"><tr><td>101</td></tr></table> Category/Type	101																		
101																					

C.	Full Name (Last, First, Middle Initial) Andrea Krizner	Transaction ID: SB21B-533 Date of Disbursement																			
	Mailing Address 306 Picture Drive	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	5		2	0	0	8												
	City Pittsburgh State PA Zip Code 15236	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Salary Candidate Name	<table border="1"><tr><td>797.17</td></tr></table>	797.17																		
797.17																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		<table border="1"><tr><td>101</td></tr></table> Category/Type	101																		
101																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>2398.80</td></tr></table>	2398.80
2398.80		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 92 / 151

<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)  
HILLPAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Jon Lovett</p> <p>Mailing Address 1743 18th Street NW Basement</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-534 <b>Date of Disbursement</b> 09 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 192.39</p> <p>Category/Type 101</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Bari Lurie</p> <p>Mailing Address 1616 Q Street NW Apartment C</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-535 <b>Date of Disbursement</b> 09 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 857.44</p> <p>Category/Type 101</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Tamera Luzzatto</p> <p>Mailing Address 3014 32nd Street, N.W.</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-536 <b>Date of Disbursement</b> 09 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 540.61</p> <p>Category/Type 101</p>

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

1590.44

**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)  
HillPAC

A.	Full Name (Last, First, Middle Initial) Capricia Marshall	Transaction ID: SB21B-537 Date of Disbursement 09 / 15 / 2008
	Mailing Address 4703 Windom Place, N.W.	
	City Washington State DC Zip Code 20016	Amount of Each Disbursement this Period 1973.02
	Purpose of Disbursement Salary Candidate Name	101 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Donna Camellia Meehan	Transaction ID: SB21B-538 Date of Disbursement 09 / 15 / 2008
	Mailing Address 1682 North Quinn Street	
	City Arlington State VA Zip Code 22209	Amount of Each Disbursement this Period 504.98
	Purpose of Disbursement Salary Candidate Name	101 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kelly Mehlenbacher	Transaction ID: SB21B-539 Date of Disbursement 09 / 15 / 2008
	Mailing Address 902 South Quincy Street	
	City Arlington State VA Zip Code 22204	Amount of Each Disbursement this Period 370.72
	Purpose of Disbursement Salary Candidate Name	101 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2848.72
<b>TOTAL</b> 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)  
HILLPAC

A.	Full Name (Last, First, Middle Initial) Kimberly Molstre	Transaction ID: SB21B-540 Date of Disbursement																			
	Mailing Address 2415 20th Street, N.W. Unit 27	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	5		2	0	0	8												
	City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Salary Candidate Name	<table border="1"><tr><td>1102.71</td></tr></table>	1102.71																		
1102.71																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		<table border="1"><tr><td>101</td></tr></table> Category/ Type	101																		
101																					

B.	Full Name (Last, First, Middle Initial) Michael Monroe	Transaction ID: SB21B-541 Date of Disbursement																			
	Mailing Address 2200 19th St. N.W. Apartment 309	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	5		2	0	0	8												
	City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Salary Candidate Name	<table border="1"><tr><td>4006.17</td></tr></table>	4006.17																		
4006.17																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		<table border="1"><tr><td>101</td></tr></table> Category/ Type	101																		
101																					

C.	Full Name (Last, First, Middle Initial) Shelly Moskwa	Transaction ID: SB21B-542 Date of Disbursement																			
	Mailing Address 120 Grafton Street	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	5		2	0	0	8												
	City Chevy Chase State MD Zip Code 20815	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Salary Candidate Name	<table border="1"><tr><td>2049.08</td></tr></table>	2049.08																		
2049.08																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		<table border="1"><tr><td>101</td></tr></table> Category/ Type	101																		
101																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>7157.96</td></tr></table>	7157.96
7157.96		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 95 / 151

<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)  
HILLPAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) James Orintas</p> <p>Mailing Address 3421 Morrison Street NW</p> <p>City Washington State DC Zip Code 20015</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-543 <b>Date of Disbursement</b> 09 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 389.54</p> <p>101 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) John Osterholt</p> <p>Mailing Address 4740 Sarazen Drive</p> <p>City Hollywood State FL Zip Code 33021</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-544 <b>Date of Disbursement</b> 09 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 381.62</p> <p>101 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bryan Pagliano</p> <p>Mailing Address 1601 Colonial Terrace</p> <p>City Arlington State VA Zip Code 22209</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-545 <b>Date of Disbursement</b> 09 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 1257.74</p> <p>101 Category/ Type</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2028.90
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 96 / 151

<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)  
HILLPAC

A.	Full Name (Last, First, Middle Initial) Maura Pally	Transaction ID: SB21B-546 Date of Disbursement 09 / 15 / 2008
	Mailing Address 1757 Q Street, N.W. Apartment F	Amount of Each Disbursement this Period 1805.37
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Salary Candidate Name	101 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Laura Pena	Transaction ID: SB21B-547 Date of Disbursement 09 / 15 / 2008
	Mailing Address 125 Old Alice Road	Amount of Each Disbursement this Period 1226.33
	City Brownsville State TX Zip Code 78552	
	Purpose of Disbursement Salary Candidate Name	101 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Philippe Reines	Transaction ID: SB21B-548 Date of Disbursement 09 / 15 / 2008
	Mailing Address 1545 18th Street, N.W. Apartment 822	Amount of Each Disbursement this Period 611.86
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Salary Candidate Name	101 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3643.56</b>
<b>TOTAL</b> 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)  
HILLPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Ali Rubin	<b>Transaction ID:</b> SB21B-549 <b>Date of Disbursement</b>																			
	Mailing Address 1515 O Street NW Apartment 305	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	5		2	0	0	8												
	City Washington State DC Zip Code 20005	<b>Amount of Each Disbursement this Period</b>																			
	Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type	101																		
101																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert Russo	<b>Transaction ID:</b> SB21B-550 <b>Date of Disbursement</b>																			
	Mailing Address 3 Washington Circle NW Apartment 105	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	5		2	0	0	8												
	City Washington State DC Zip Code 20037	<b>Amount of Each Disbursement this Period</b>																			
	Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type	101																		
101																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>C.</b>	Full Name (Last, First, Middle Initial) Eric Schroeder	<b>Transaction ID:</b> SB21B-551 <b>Date of Disbursement</b>																			
	Mailing Address 1222 North Meade	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	5		2	0	0	8												
	City Arlington State VA Zip Code 22209	<b>Amount of Each Disbursement this Period</b>																			
	Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type	101																		
101																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td>1501.19</td> </tr> </table>	1501.19
1501.19		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td></td> </tr> </table>	

**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)  
HillPAC

A.	Full Name (Last, First, Middle Initial) Kevin Snowden	Transaction ID: SB21B-552 Date of Disbursement 09 / 15 / 2008
	Mailing Address 11 Marvin Avenue	Amount of Each Disbursement this Period 370.72
	City Hicksville State NY Zip Code 11801	
	Purpose of Disbursement Salary Candidate Name	101 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kate Sokolov	Transaction ID: SB21B-553 Date of Disbursement 09 / 15 / 2008
	Mailing Address 2000 N Street NW Apartment 806	Amount of Each Disbursement this Period 642.08
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Salary Candidate Name	101 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kathleen Strand	Transaction ID: SB21B-554 Date of Disbursement 09 / 15 / 2008
	Mailing Address 2222 West 113th Place	Amount of Each Disbursement this Period 1204.12
	City Chicago State IL Zip Code 60643	
	Purpose of Disbursement Salary Candidate Name	101 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2216.92
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

PAGE 99 / 151

<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)  
HillPAC

A.	Full Name (Last, First, Middle Initial) Nora Toiv	Transaction ID: SB21B-555 Date of Disbursement 09 / 15 / 2008
	Mailing Address 7110 Central Avenue	Amount of Each Disbursement this Period 403.65
	City Takoma Park State MD Zip Code 20912	
	Purpose of Disbursement Salary Candidate Name	101 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Sarah Venuto	Transaction ID: SB21B-556 Date of Disbursement 09 / 15 / 2008
	Mailing Address 801 15th Street South Apartment 411	Amount of Each Disbursement this Period 808.67
	City Arlington State VA Zip Code 22202	
	Purpose of Disbursement Salary Candidate Name	101 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Allison Wright	Transaction ID: SB21B-557 Date of Disbursement 09 / 15 / 2008
	Mailing Address 6208 32nd Place, NW	Amount of Each Disbursement this Period 1283.44
	City Washington State DC Zip Code 20015	
	Purpose of Disbursement Salary Candidate Name	101 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2495.76
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 100 / 151

<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)  
HILLPAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Angela Baker</p> <p>Mailing Address 2350 10th Avenue E Number 220</p> <p>City Seattle State WA Zip Code 98102</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-558 <b>Date of Disbursement</b> 09 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 404.25</p> <p>Category/Type: 101</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Sarah Nolan</p> <p>Mailing Address P.O. Box 156</p> <p>City Concord State NH Zip Code 03302</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-559 <b>Date of Disbursement</b> 09 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 1257.57</p> <p>Category/Type: 101</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Abigail Eve Sugrue</p> <p>Mailing Address 17 McGuinness Boulevard Apartment 3</p> <p>City Brooklyn State NY Zip Code 11222</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-560 <b>Date of Disbursement</b> 09 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 597.91</p> <p>Category/Type: 101</p>

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

2259.73

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 101 / 151

<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)  
HillPAC

A.

Full Name (Last, First, Middle Initial)  
At Risk Protection & Inv., LLC

Transaction ID: SB21B-490  
Date of Disbursement

Mailing Address Post Office Box 270

/   /

City State Zip Code  
Catharpin VA 20143

Amount of Each Disbursement this Period

Purpose of Disbursement  
Security

Category/  
Type

Candidate Name

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

B.

Full Name (Last, First, Middle Initial)  
AVF Consulting

Transaction ID: SB21B-491  
Date of Disbursement

Mailing Address 1220-C East Joppa Road  
Suite 514

/   /

City State Zip Code  
Baltimore MD 21286

Amount of Each Disbursement this Period

Purpose of Disbursement  
Consulting/ Accounting

Category/  
Type

Candidate Name

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

C.

Full Name (Last, First, Middle Initial)  
Comcast

Transaction ID: SB21B-492  
Date of Disbursement

Mailing Address Post Office Box 3005

/   /

City State Zip Code  
Southeastern PA 19398

Amount of Each Disbursement this Period

Purpose of Disbursement  
Subscription

Category/  
Type

Candidate Name

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

**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)

PAGE 102 / 151

<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)  
HillPAC

A.	Full Name (Last, First, Middle Initial) Con-Serv Industries, Inc.	Transaction ID: SB21B-493 Date of Disbursement																			
	Mailing Address Post Office Box 650490	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	9		2	0	0	8												
	City Sterling State VA Zip Code 20165	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Office Utilities	<table border="1"><tr><td>114.82</td></tr></table>	114.82																		
114.82																					
	Candidate Name	<table border="1"><tr><td>101</td></tr></table> Category/Type	101																		
101																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Deer Park	Transaction ID: SB21B-494 Date of Disbursement																			
	Mailing Address Post Office Box 856192	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	9		2	0	0	8												
	City Louisville State KY Zip Code 40285	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Food & Beverage	<table border="1"><tr><td>144.94</td></tr></table>	144.94																		
144.94																					
	Candidate Name	<table border="1"><tr><td>101</td></tr></table> Category/Type	101																		
101																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Excel Micro	Transaction ID: SB21B-495 Date of Disbursement																			
	Mailing Address 505 Kedron Avenue	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	9		2	0	0	8												
	City Folsom State PA Zip Code 19033	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Internet Service	<table border="1"><tr><td>222.62</td></tr></table>	222.62																		
222.62																					
	Candidate Name	<table border="1"><tr><td>101</td></tr></table> Category/Type	101																		
101																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>482.38</td></tr></table>	482.38
482.38		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 103 / 151

<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)  
HillPAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Jefferson Street Strateg., LLC</p> <p>Mailing Address 428 Jefferson Street, N.W.</p> <p>City Washington State DC Zip Code 20011</p> <p>Purpose of Disbursement Consulting/Website</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: SB21B-496</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1375.00"/></p> <p>101 Category/ Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) LDI/Color Toolbox</p> <p>Mailing Address 50 Jericho Quadrangle</p> <p>City Jericho State NY Zip Code 11753</p> <p>Purpose of Disbursement Equipment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: SB21B-497</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="183.33"/></p> <p>101 Category/ Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Markham Group, LLC</p> <p>Mailing Address 823 West Markham Street Suite 202</p> <p>City Little Rock State AR Zip Code 72201</p> <p>Purpose of Disbursement Consulting/ Trip Planning</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: SB21B-498</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1333.33"/></p> <p>101 Category/ Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

**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)

PAGE 104 / 151

<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)  
HillPAC

A.	Full Name (Last, First, Middle Initial) Mayfield Strategy Group	Transaction ID: SB21B-499 Date of Disbursement
	Mailing Address 961 Ilima Way	<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2008"/>
	City Palo Alto State CA Zip Code 94306	Amount of Each Disbursement this Period
	Purpose of Disbursement Consulting/Website Candidate Name	<input type="text" value="20000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	101 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Mayfield Strategy Group	Transaction ID: SB21B-500 Date of Disbursement
	Mailing Address 961 Ilima Way	<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2008"/>
	City Palo Alto State CA Zip Code 94306	Amount of Each Disbursement this Period
	Purpose of Disbursement Website Candidate Name	<input type="text" value="493.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	101 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) United Business Technologies	Transaction ID: SB21B-501 Date of Disbursement
	Mailing Address 9218 Gaither Road	<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2008"/>
	City Gaithersburg State MD Zip Code 20877	Amount of Each Disbursement this Period
	Purpose of Disbursement Equipment Candidate Name	<input type="text" value="86.67"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	101 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="20579.67"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER: (check only one)

PAGE 105 / 151

<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)  
HillPAC

A.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: SB21B-502 Date of Disbursement 09 / 19 / 2008
	Mailing Address Post Office Box 15124	Amount of Each Disbursement this Period 119.90
	City Albany State NY Zip Code 12212-5124	
	Purpose of Disbursement Telephone Service Candidate Name	101 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: SB21B-503 Date of Disbursement 09 / 19 / 2008
	Mailing Address Post Office Box 15124	Amount of Each Disbursement this Period 96.31
	City Albany State NY Zip Code 12212-5124	
	Purpose of Disbursement Telephone Service Candidate Name	101 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: SB21B-504 Date of Disbursement 09 / 19 / 2008
	Mailing Address Post Office Box 25505	Amount of Each Disbursement this Period 389.44
	City Lehigh Valley State PA Zip Code 18002-5505	
	Purpose of Disbursement Telephone Service Candidate Name	101 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	605.65
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 106 / 151

<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)  
HillPAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address Post Office Box 660720</p> <p>City Dallas State TX Zip Code 75266</p> <p>Purpose of Disbursement Telephone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: SB21B-505</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2220.70"/></p> <p>101 Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) United Parcel Service</p> <p>Mailing Address Post Office Box 7247-0244</p> <p>City Philadelphia State PA Zip Code 19170-0001</p> <p>Purpose of Disbursement Shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: SB21B-506</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="306.80"/></p> <p>101 Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Simon &amp; Schuster</p> <p>Mailing Address Post Office Box 70660</p> <p>City Chicago State IL Zip Code 60673-0660</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: SB21B-515</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1820.85"/></p> <p>101 Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

**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)

PAGE 107 / 151

<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)  
HillPAC

A.	Full Name (Last, First, Middle Initial) Moishe's	Transaction ID: SB21B-572
	Mailing Address 227 Coles Street	Date of Disbursement 09 / 26 / 2008
	City Jersey City State NJ Zip Code 07310	Amount of Each Disbursement this Period 883.50
	Purpose of Disbursement Moving Fees Candidate Name	101 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) 1-800-WeAnswer	Transaction ID: SB21B-573
	Mailing Address 545 8th Avenue Suite 401	Date of Disbursement 09 / 26 / 2008
	City New York State NY Zip Code 10018	Amount of Each Disbursement this Period 2063.87
	Purpose of Disbursement Office Equipment Candidate Name	101 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B-609
	Mailing Address Post Office Box 1270	Date of Disbursement 09 / 27 / 2008
	City Newark State NJ Zip Code 07101	Amount of Each Disbursement this Period 110.19
	Purpose of Disbursement Credit Card Pymt: Items Below Candidate Name	101 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3057.56
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 108 / 151

<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)  
HILLPAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Enterprise Rent-A-Car</p> <p>Mailing Address 600 Corporate Park Dr.</p> <p>City St. Louis State MO Zip Code 63105</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-609-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="110.19"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address Post Office Box 1270</p> <p>City Newark State NJ Zip Code 07101</p> <p>Purpose of Disbursement Credit Card Pymt: Items Below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-605</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="140.00"/></p> <p>See Attached Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Tzell Travel Group</p> <p>Mailing Address 119 West 40th Street</p> <p>City New York State NY Zip Code 10018</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-605-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="35.00"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

**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

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)  
HillPAC

A.	Full Name (Last, First, Middle Initial) Tzell Travel Group	Transaction ID: SB21B-605-20000 Date of Disbursement 08 / 22 / 2008
	Mailing Address 119 West 40th Street	Amount of Each Disbursement this Period 17.50
	City New York State NY Zip Code 10018	
	Purpose of Disbursement Travel Candidate Name	101 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]  
Memo Entry

B.	Full Name (Last, First, Middle Initial) Tzell Travel Group	Transaction ID: SB21B-605-30000 Date of Disbursement 09 / 18 / 2008
	Mailing Address 119 West 40th Street	Amount of Each Disbursement this Period 35.00
	City New York State NY Zip Code 10018	
	Purpose of Disbursement Travel Candidate Name	101 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]  
Memo Entry

C.	Full Name (Last, First, Middle Initial) Tzell Travel Group	Transaction ID: SB21B-605-40000 Date of Disbursement 08 / 29 / 2008
	Mailing Address 119 West 40th Street	Amount of Each Disbursement this Period 17.50
	City New York State NY Zip Code 10018	
	Purpose of Disbursement Travel Candidate Name	101 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]  
Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Tzell Travel Group Mailing Address 119 West 40th Street City New York State NY Zip Code 10018 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-605-50000 Date of Disbursement 09 / 07 / 2008
	Amount of Each Disbursement this Period 35.00 [MEMO ITEM] Memo Entry

<b>B.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address Post Office Box 1270 City Newark State NJ Zip Code 07101 Purpose of Disbursement Credit Card Pymt: Items Below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-606 Date of Disbursement 09 / 28 / 2008
	Amount of Each Disbursement this Period 134.17 See Attached Memo Entry

<b>C.</b> Full Name (Last, First, Middle Initial) Tzell Travel Group Mailing Address 119 West 40th Street City New York State NY Zip Code 10018 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-606-10000 Date of Disbursement 08 / 26 / 2008
	Amount of Each Disbursement this Period 17.50 [MEMO ITEM] Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	134.17
<b>TOTAL</b> 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)  
HillPAC

A.	Full Name (Last, First, Middle Initial) Tzell Travel Group	Transaction ID: SB21B-606-20000 Date of Disbursement
	Mailing Address 119 West 40th Street	<input type="text" value="08"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City New York State NY Zip Code 10018	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Candidate Name	<input type="text" value="11.67"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Tzell Travel Group	Transaction ID: SB21B-606-30000 Date of Disbursement
	Mailing Address 119 West 40th Street	<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City New York State NY Zip Code 10018	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Candidate Name	<input type="text" value="17.50"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Tzell Travel Group	Transaction ID: SB21B-606-40000 Date of Disbursement
	Mailing Address 119 West 40th Street	<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City New York State NY Zip Code 10018	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Candidate Name	<input type="text" value="17.50"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Tzell Travel Group Mailing Address 119 West 40th Street City New York State NY Zip Code 10018 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-606-50000 Date of Disbursement 08 / 23 / 2008
	Category/Type: 101	Amount of Each Disbursement this Period 17.50

**[MEMO ITEM]**  
Memo Entry

<b>B.</b> Full Name (Last, First, Middle Initial) Tzell Travel Group Mailing Address 119 West 40th Street City New York State NY Zip Code 10018 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-606-60000 Date of Disbursement 08 / 23 / 2008
	Category/Type: 101	Amount of Each Disbursement this Period 17.50

**[MEMO ITEM]**  
Memo Entry

<b>C.</b> Full Name (Last, First, Middle Initial) Tzell Travel Group Mailing Address 119 West 40th Street City New York State NY Zip Code 10018 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-606-70000 Date of Disbursement 08 / 22 / 2008
	Category/Type: 101	Amount of Each Disbursement this Period 17.50

**[MEMO ITEM]**  
Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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)  
HILLPAC

A.	Full Name (Last, First, Middle Initial) Tzell Travel Group	Transaction ID: SB21B-606-80000 Date of Disbursement 08 / 29 / 2008
	Mailing Address 119 West 40th Street	Amount of Each Disbursement this Period 17.50
	City New York State NY Zip Code 10018	
	Purpose of Disbursement Travel Candidate Name	101 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]  
Memo Entry

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B-607 Date of Disbursement 09 / 28 / 2008
	Mailing Address Post Office Box 1270	Amount of Each Disbursement this Period 1411.95
	City Newark State NJ Zip Code 07101	
	Purpose of Disbursement Credit Card Pymt: Items Below Candidate Name	101 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

See Attached Memo Entry

C.	Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: SB21B-607-10000 Date of Disbursement 09 / 18 / 2008
	Mailing Address Post Office Box 20706	Amount of Each Disbursement this Period 224.35
	City Atlanta State GA Zip Code 30320-6001	
	Purpose of Disbursement Travel Candidate Name	101 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]  
Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1411.95
<b>TOTAL</b> 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)  
HILLPAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) American Airlines</p> <p>Mailing Address 4255 Amon Carter Boulevard</p> <p>City Fort Worth State TX Zip Code 76155-2603</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-607-20000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="99.25"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address Post Office Box 20706</p> <p>City Atlanta State GA Zip Code 30320-6001</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-607-30000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="224.35"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address Post Office Box 66100</p> <p>City Chicago State IL Zip Code 60666</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-607-40000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="59.50"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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)  
HillPAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) US Airways</p> <p>Mailing Address 111 West Rio Salado Parkway</p> <p>City Tempe State AZ Zip Code 85281</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-607-50000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="440.00"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address Post Office Box 20706</p> <p>City Atlanta State GA Zip Code 30320-6001</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-607-60000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="364.50"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address Post Office Box 1270</p> <p>City Newark State NJ Zip Code 07101</p> <p>Purpose of Disbursement Credit Card Pymt: Items Below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-608</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1159.83"/></p> <p>See Attached Memo Entry</p>

**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)  
HillPAC

**A.** Full Name (Last, First, Middle Initial)  
Delta Airlines

Mailing Address Post Office Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement Travel  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B-608-10000  
Date of Disbursement: 08 / 26 / 2008

Amount of Each Disbursement this Period: 107.25

Category/Type: 101

[MEMO ITEM] Memo Entry

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

Mailing Address 9955 AirTran Boulevard, Dept.

City Orlando State FL Zip Code 32827

Purpose of Disbursement Travel  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B-608-20000  
Date of Disbursement: 08 / 22 / 2008

Amount of Each Disbursement this Period: 101.33

Category/Type: 101

[MEMO ITEM] Memo Entry

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

Mailing Address Post Office Box 36647 - 1CR

City Dallas State TX Zip Code 75235-1647

Purpose of Disbursement Travel  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B-608-30000  
Date of Disbursement: 08 / 24 / 2008

Amount of Each Disbursement this Period: 43.75

Category/Type: 101

[MEMO ITEM] Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) United Airlines <hr/> Mailing Address Post Office Box 66100 <hr/> City Chicago State IL Zip Code 60666 Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-608-40000 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 8
	Amount of Each Disbursement this Period 75.00 <hr/> [MEMO ITEM] Memo Entry

<b>B.</b> Full Name (Last, First, Middle Initial) United Airlines <hr/> Mailing Address Post Office Box 66100 <hr/> City Chicago State IL Zip Code 60666 Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-608-50000 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 173.25 <hr/> [MEMO ITEM] Memo Entry

<b>C.</b> Full Name (Last, First, Middle Initial) American Airlines <hr/> Mailing Address 4255 Amon Carter Boulevard <hr/> City Fort Worth State TX Zip Code 76155-2603 Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-608-60000 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 248.00 <hr/> [MEMO ITEM] Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 118 / 151

<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)  
HILLPAC

A.	Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: SB21B-608-70000 Date of Disbursement																			
	Mailing Address Post Office Box 66100	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	7		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	7		2	0	0	8												
	City Chicago State IL Zip Code 60666	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel	<table border="1"><tr><td>75.00</td></tr></table>	75.00																		
75.00																					
	Candidate Name	<table border="1"><tr><td>101</td></tr></table> Category/Type	101																		
101																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

**[MEMO ITEM]**  
Memo Entry

B.	Full Name (Last, First, Middle Initial) JetBlue	Transaction ID: SB21B-608-80000 Date of Disbursement																			
	Mailing Address 11829 Queen's Boulevard	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
	City Flushing State NY Zip Code 11375	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel	<table border="1"><tr><td>137.50</td></tr></table>	137.50																		
137.50																					
	Candidate Name	<table border="1"><tr><td>101</td></tr></table> Category/Type	101																		
101																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

**[MEMO ITEM]**  
Memo Entry

C.	Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: SB21B-608-90000 Date of Disbursement																			
	Mailing Address Post Office Box 66100	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	9		2	0	0	8												
	City Chicago State IL Zip Code 60666	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel	<table border="1"><tr><td>198.75</td></tr></table>	198.75																		
198.75																					
	Candidate Name	<table border="1"><tr><td>101</td></tr></table> Category/Type	101																		
101																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

**[MEMO ITEM]**  
Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>0.00</td></tr></table>	0.00
0.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 119 / 151

<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)  
HILLPAC

A.	Full Name (Last, First, Middle Initial) Eiring Consulting	Transaction ID: SB21B-581 Date of Disbursement
	Mailing Address 1213 Duncan Place, N.E.	<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Consulting/ Fundraising	<input type="text" value="2000.00"/>
	Candidate Name	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Emily Aden	Transaction ID: SB21B-582 Date of Disbursement
	Mailing Address 1101 New Hampshire Avenue, NW Apartment 311	<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20037	Amount of Each Disbursement this Period
	Purpose of Disbursement PerDiem	<input type="text" value="388.80"/>
	Candidate Name	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) US Bank	Transaction ID: SB21B-610 Date of Disbursement
	Mailing Address PO Box 790408	<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City St. Louis State MO Zip Code 63179-0408	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Pymt: Items Below	<input type="text" value="223.50"/>
	Candidate Name	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

See Attached Memo Entry

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)

PAGE 120 / 151

<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)  
HillPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) US Airways Mailing Address 111 West Rio Salado Parkway City Tempe State AZ Zip Code 85281 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	101 Category/ Type	Transaction ID: SB21B-610-10000 Date of Disbursement 09 / 08 / 2008 Amount of Each Disbursement this Period 223.50 [MEMO ITEM] Memo Entry
<b>B.</b>	Full Name (Last, First, Middle Initial) US Bank Mailing Address PO Box 790408 City St. Louis State MO Zip Code 63179-0408 Purpose of Disbursement Credit Card Pymt: Items Below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	101 Category/ Type	Transaction ID: SB21B-611 Date of Disbursement 09 / 29 / 2008 Amount of Each Disbursement this Period 118.20 See Attached Memo Entry
<b>C.</b>	Full Name (Last, First, Middle Initial) Amazon.com Mailing Address P.O. Box 81226 City Seattle State WA Zip Code 98108-1226 Purpose of Disbursement Event Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	101 Category/ Type	Transaction ID: SB21B-611-10000 Date of Disbursement 08 / 25 / 2008 Amount of Each Disbursement this Period 49.98 [MEMO ITEM] Memo Entry

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

118.20

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 121 / 151

<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)  
HillPAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Samsungparts.com</p> <p>Mailing Address 311 Route 46 West, Suite E</p> <p>City Fairfield State NJ Zip Code 07004</p> <p>Purpose of Disbursement Event Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-611-20000 <b>Date of Disbursement</b> 08 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 68.22</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) US Bank</p> <p>Mailing Address PO Box 790408</p> <p>City St. Louis State MO Zip Code 63179-0408</p> <p>Purpose of Disbursement Credit Card Pymt: Items Below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-612 <b>Date of Disbursement</b> 09 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>See Attached Memo Entry</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Brown Palace Hotel</p> <p>Mailing Address 321 17th Street</p> <p>City Denver State CO Zip Code 80202-4003</p> <p>Purpose of Disbursement Event Expense: Catering/Venue</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-612-10000 <b>Date of Disbursement</b> 08 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

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

500.00

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 122 / 151

<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)  
HILLPAC

**A.** Full Name (Last, First, Middle Initial)  
American Express

Mailing Address Post Office Box 1270

City Newark State NJ Zip Code 07101

Purpose of Disbursement  
Credit Card Process Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B-697  
Date of Disbursement  
09 / 29 / 2008

Amount of Each Disbursement this Period  
1923.90

101  
Category/Type

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

Mailing Address P.O. Box 390728

City Cambridge State MA Zip Code 02139

Purpose of Disbursement  
Credit Card Process Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B-756  
Date of Disbursement  
09 / 30 / 2008

Amount of Each Disbursement this Period  
2.18

101  
Category/Type

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

Mailing Address Post Office Box 15124

City Albany State NY Zip Code 12212-5124

Purpose of Disbursement  
Internet Service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B-583  
Date of Disbursement  
09 / 30 / 2008

Amount of Each Disbursement this Period  
66.66

101  
Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 1992.74

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 123 / 151

<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)  
HillPAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address Post Office Box 15124</p> <p>City Albany State NY Zip Code 12212-5124</p> <p>Purpose of Disbursement Telephone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-584</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="247.17"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) United Parcel Service</p> <p>Mailing Address Post Office Box 7247-0244</p> <p>City Philadelphia State PA Zip Code 19170-0001</p> <p>Purpose of Disbursement Shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-585</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="10.02"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Time Warner Cable of NYC</p> <p>Mailing Address Post Office Box 9227</p> <p>City Uniondale State NY Zip Code 11555</p> <p>Purpose of Disbursement Subscription</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-586</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="185.82"/></p>

**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)

PAGE 124 / 151

<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)  
HillPAC

A.	Full Name (Last, First, Middle Initial) United Business Technologies <hr/> Mailing Address 9218 Gaither Road <hr/> City Gaithersburg State MD Zip Code 20877 <hr/> Purpose of Disbursement Printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-587 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2008 <hr/> Amount of Each Disbursement this Period 267.19
B.	Full Name (Last, First, Middle Initial) Staples Business Advantage <hr/> Mailing Address Dept DC 85105 Post Office Box 30851 <hr/> City Hartford State CT Zip Code 06150-0851 <hr/> Purpose of Disbursement Office Supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-588 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2008 <hr/> Amount of Each Disbursement this Period 10.49
C.	Full Name (Last, First, Middle Initial) Staples Business Advantage <hr/> Mailing Address Dept DC 85105 Post Office Box 30851 <hr/> City Hartford State CT Zip Code 06150-0851 <hr/> Purpose of Disbursement Office Supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-589 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2008 <hr/> Amount of Each Disbursement this Period 44.51

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

322.19

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 125 / 151

<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)  
HILLPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Soundpath Conferencing Svcs. <hr/> Mailing Address Post Office Box 33667 <hr/> City Washington State DC Zip Code 20033-3667 <hr/> Purpose of Disbursement Telephone Service Candidate Name	Transaction ID: SB21B-590 Date of Disbursement 09 / 30 / 2008 <hr/> Amount of Each Disbursement this Period 604.46		
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: 101	
		Disbursement For:	
<b>B.</b> Full Name (Last, First, Middle Initial) Soundpath Conferencing Svcs. <hr/> Mailing Address Post Office Box 33667 <hr/> City Washington State DC Zip Code 20033-3667 <hr/> Purpose of Disbursement Telephone Service Candidate Name	Transaction ID: SB21B-591 Date of Disbursement 09 / 30 / 2008 <hr/> Amount of Each Disbursement this Period 2741.38		
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: 101	
		Disbursement For:	
<b>C.</b> Full Name (Last, First, Middle Initial) Soundpath Conferencing Svcs. <hr/> Mailing Address Post Office Box 33667 <hr/> City Washington State DC Zip Code 20033-3667 <hr/> Purpose of Disbursement Telephone Service Candidate Name	Transaction ID: SB21B-592 Date of Disbursement 09 / 30 / 2008 <hr/> Amount of Each Disbursement this Period 25.96		
		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: 101	
		Disbursement For:	

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

3371.80

**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

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)  
HillPAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Markham Group, LLC</p> <p>Mailing Address 823 West Markham Street Suite 202</p> <p>City Little Rock State AR Zip Code 72201</p> <p>Purpose of Disbursement Consulting/ Trip Planning</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-593</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1333.33"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Lexis Nexis</p> <p>Mailing Address Post Office Box 7247-7090</p> <p>City Philadelphia State PA Zip Code 19170-7090</p> <p>Purpose of Disbursement Subscription</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-594</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="831.27"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) At Risk Protection &amp; Inv., LLC</p> <p>Mailing Address Post Office Box 270</p> <p>City Catharpin State VA Zip Code 20143</p> <p>Purpose of Disbursement Security</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-595</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2026.67"/></p>

**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)

PAGE 127 / 151

<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)  
HILLPAC

A.	Full Name (Last, First, Middle Initial) Washington Gas	Transaction ID: SB21B-597 Date of Disbursement
	Mailing Address Post Office Box 9001036	<input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Louisville State KY Zip Code 40290-1036	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Utilities	<input type="text" value="54.10"/>
	Candidate Name	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AccuConference by TalkPath LLC	Transaction ID: SB21B-598 Date of Disbursement
	Mailing Address Post Office Box 98607 Dept 2029	<input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Las Vegas State NV Zip Code 89193-8607	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Service	<input type="text" value="6.05"/>
	Candidate Name	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Internal Revenue Service	Transaction ID: SB21B-674 Date of Disbursement
	Mailing Address Service Center	<input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Ogden State UT Zip Code 84201	Amount of Each Disbursement this Period
	Purpose of Disbursement Taxes	<input type="text" value="5417.93"/>
	Candidate Name	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5478.08"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)  
HILLPAC

A.	Full Name (Last, First, Middle Initial) Internal Revenue Service	Transaction ID: SB21B-675 Date of Disbursement
	Mailing Address Service Center	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Ogden State UT Zip Code 84201	Amount of Each Disbursement this Period
	Purpose of Disbursement Taxes Candidate Name	<input type="text" value="6521.39"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	101 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Internal Revenue Service	Transaction ID: SB21B-676 Date of Disbursement
	Mailing Address Service Center	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Ogden State UT Zip Code 84201	Amount of Each Disbursement this Period
	Purpose of Disbursement Taxes Candidate Name	<input type="text" value="113.61"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	101 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) DC Office Of Tax and Revenue	Transaction ID: SB21B-677 Date of Disbursement
	Mailing Address Post Office Box 7792 Ben Franklin Station	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20044	Amount of Each Disbursement this Period
	Purpose of Disbursement Taxes Candidate Name	<input type="text" value="1243.70"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	101 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="7878.70"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 129 / 151

<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)  
HillPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Illinois Dept of Revenue <hr/> Mailing Address Post Office Box 19030 <hr/> City Springfield State IL Zip Code 62794-9030 <hr/> Purpose of Disbursement Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-678 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2008 <hr/> Amount of Each Disbursement this Period 52.50
<b>B.</b>	Full Name (Last, First, Middle Initial) New York State Employment <hr/> Mailing Address Post Office Box 4119 <hr/> City Binghamton State NY Zip Code 13902 <hr/> Purpose of Disbursement Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-679 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2008 <hr/> Amount of Each Disbursement this Period 119.06
<b>C.</b>	Full Name (Last, First, Middle Initial) Virginia Dept of Taxation <hr/> Mailing Address Post Office Box 177 <hr/> City Richmond State VA Zip Code 23218 <hr/> Purpose of Disbursement Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-680 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2008 <hr/> Amount of Each Disbursement this Period 274.60

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>446.16</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

PAGE 130 / 151

<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)  
HillPAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) New York State Employment</p> <p>Mailing Address Post Office Box 4119</p> <p>City Binghamton State NY Zip Code 13902</p> <p>Purpose of Disbursement Taxes Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-681 <b>Date of Disbursement</b> 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 11.11</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Virginia Employment Commission</p> <p>Mailing Address Post Office Box 1358</p> <p>City Richmond State VA Zip Code 23218</p> <p>Purpose of Disbursement Taxes Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-682 <b>Date of Disbursement</b> 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 360.99</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) New York State Employment</p> <p>Mailing Address Post Office Box 4119</p> <p>City Binghamton State NY Zip Code 13902</p> <p>Purpose of Disbursement Taxes Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-683 <b>Date of Disbursement</b> 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 63.16</p>

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

435.26

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 131 / 151

<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)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address Post Office Box 1270 City Newark State NJ Zip Code 07101 Purpose of Disbursement Credit Card Pymt: Items Below Candidate Name	Transaction ID: SB21B-613 Date of Disbursement 09 / 30 / 2008
	Amount of Each Disbursement this Period 292.58
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	See Attached Memo Entry

<b>B.</b> Full Name (Last, First, Middle Initial) Dav El Services Mailing Address 200 2nd Street City Chelsea State MA Zip Code 02150 Purpose of Disbursement Travel Candidate Name	Transaction ID: SB21B-613-10000 Date of Disbursement 09 / 29 / 2008
	Amount of Each Disbursement this Period 292.58
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Memo Entry

<b>C.</b> Full Name (Last, First, Middle Initial) Paychex Mailing Address 7450 Tilghman Street Suite 107 City Allentown State PA Zip Code 18106 Purpose of Disbursement Payroll Fee Candidate Name	Transaction ID: SB21B-596 Date of Disbursement 09 / 30 / 2008
	Amount of Each Disbursement this Period 310.57
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	603.15
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 132 / 151

<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)  
HILLPAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Huma Abedin</p> <p>Mailing Address 2020 12th Street, N.W. Number 709</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-634 <b>Date of Disbursement</b> 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1376.27</p> <p>Category/Type 101</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Caroline Adler</p> <p>Mailing Address 1021 North Garfield Street Apartment 444</p> <p>City Arlington State VA Zip Code 22201</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-635 <b>Date of Disbursement</b> 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 948.23</p> <p>Category/Type 101</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Hailey Arends</p> <p>Mailing Address 331 11th Street, N.E.</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-636 <b>Date of Disbursement</b> 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1211.39</p> <p>Category/Type 101</p>

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

3535.89

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 133 / 151

<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)  
HillPAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kathryn Balcerzak</p> <p>Mailing Address 7303 Meadow Wood Way</p> <p>City Clarksville State MD Zip Code 21029</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-637 <b>Date of Disbursement</b> 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 521.03</p> <p>101 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Dennis Cheng</p> <p>Mailing Address 4 West 21st Street Apartment 7-A</p> <p>City New York State NY Zip Code 10010</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-638 <b>Date of Disbursement</b> 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1444.20</p> <p>101 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Cindy Cicarell</p> <p>Mailing Address 1032 North Monroe Street</p> <p>City Arlington State VA Zip Code 22201</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-639 <b>Date of Disbursement</b> 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 546.55</p> <p>101 Category/Type</p>

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

2511.78

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 134 / 151

<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)  
HILLPAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Peter Daou</p> <p>Mailing Address 400 Chambers Street Apartment 12D</p> <p>City New York State NY Zip Code 10282</p> <p>Purpose of Disbursement Consulting/ Communications Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-640 <b>Date of Disbursement</b> 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>101 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Nalinee Darmrong</p> <p>Mailing Address 5511 Blair Road, NE</p> <p>City Washington State DC Zip Code 20011</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-641 <b>Date of Disbursement</b> 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 407.99</p> <p>101 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Kathleen Dowd</p> <p>Mailing Address 1718 P Street NW Apartment 511</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-642 <b>Date of Disbursement</b> 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1484.78</p> <p>101 Category/ Type</p>

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

6892.77

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 135 / 151

<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)  
HILLPAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Stephanie Gent</p> <p>Mailing Address 2000 N Street NW Apartment 801</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-643 <b>Date of Disbursement</b> 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 441.03</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Timmothy Green</p> <p>Mailing Address 1315 North Van Dorn Street</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-644 <b>Date of Disbursement</b> 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1286.22</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Anne Hughes</p> <p>Mailing Address 1421 Massachusettes Avenue, NW Apartment 511</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-645 <b>Date of Disbursement</b> 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1039.92</p>

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

2767.17

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 136 / 151

<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)  
HILLPAC

A.	Full Name (Last, First, Middle Initial) Lindsey Katherine Jack	Transaction ID: SB21B-646 Date of Disbursement 09 / 30 / 2008
	Mailing Address 2601 Woodley Place, N.W. Apartment 915	Amount of Each Disbursement this Period 260.37
	City Washington State DC Zip Code 20008	
	Purpose of Disbursement Salary Candidate Name	101 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Monica Jordan	Transaction ID: SB21B-647 Date of Disbursement 09 / 30 / 2008
	Mailing Address 19565 Black Olive Lane	Amount of Each Disbursement this Period 413.84
	City Boca Raton State FL Zip Code 33498	
	Purpose of Disbursement Salary Candidate Name	101 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Katherine Corley Kenna	Transaction ID: SB21B-648 Date of Disbursement 09 / 30 / 2008
	Mailing Address 912 F Street, NW Apartment 701	Amount of Each Disbursement this Period 1147.75
	City Washington State DC Zip Code 20004	
	Purpose of Disbursement Salary Candidate Name	101 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1821.96
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 137 / 151

<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)  
HILLPAC

A.	Full Name (Last, First, Middle Initial) Jon Lovett	Transaction ID: SB21B-649 Date of Disbursement 09 / 30 / 2008
	Mailing Address 1743 18th Street NW Basement	Amount of Each Disbursement this Period 192.39
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Salary Candidate Name	101 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Tamera Luzzatto	Transaction ID: SB21B-650 Date of Disbursement 09 / 30 / 2008
	Mailing Address 3014 32nd Street, N.W.	Amount of Each Disbursement this Period 540.61
	City Washington State DC Zip Code 20008	
	Purpose of Disbursement Salary Candidate Name	101 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Capricia Marshall	Transaction ID: SB21B-651 Date of Disbursement 09 / 30 / 2008
	Mailing Address 4703 Windom Place, N.W.	Amount of Each Disbursement this Period 1879.26
	City Washington State DC Zip Code 20016	
	Purpose of Disbursement Salary Candidate Name	101 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2612.26
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 138 / 151

<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)  
HillPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Donna Camellia Meehan <hr/> Mailing Address 1682 North Quinn Street <hr/> City Arlington State VA Zip Code 22209 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-652 Date of Disbursement 09 / 30 / 2008	Amount of Each Disbursement this Period 504.98
<b>B.</b>	Full Name (Last, First, Middle Initial) Kelly Mehlenbacher <hr/> Mailing Address 902 South Quincy Street <hr/> City Arlington State VA Zip Code 22204 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-653 Date of Disbursement 09 / 30 / 2008	Amount of Each Disbursement this Period 370.72
<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Monroe <hr/> Mailing Address 2200 19th St. N.W. Apartment 309 <hr/> City Washington State DC Zip Code 20009 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-654 Date of Disbursement 09 / 30 / 2008	Amount of Each Disbursement this Period 571.98

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

1447.68

**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)  
HillPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Shelly Moskwa  Mailing Address 120 Grafton Street  City Chevy Chase State MD Zip Code 20815  Purpose of Disbursement Salary Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-655 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 8	Amount of Each Disbursement this Period 2038.49
<b>B.</b>	Full Name (Last, First, Middle Initial) John Osterholt  Mailing Address 4740 Sarazen Drive  City Hollywood State FL Zip Code 33021  Purpose of Disbursement Salary Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-656 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 8	Amount of Each Disbursement this Period 381.62
<b>C.</b>	Full Name (Last, First, Middle Initial) Bryan Pagliano  Mailing Address 1601 Colonial Terrace  City Arlington State VA Zip Code 22209  Purpose of Disbursement Salary Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-657 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 8	Amount of Each Disbursement this Period 1174.92

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

**3595.03**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 140 / 151

<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)  
HILLPAC

A.	Full Name (Last, First, Middle Initial) Maura Pally <hr/> Mailing Address 1757 Q Street, N.W. Apartment F <hr/> City Washington State DC Zip Code 20009 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-658 Date of Disbursement 09 / 30 / 2008	Amount of Each Disbursement this Period 1805.37
B.	Full Name (Last, First, Middle Initial) Laura Pena <hr/> Mailing Address 125 Old Alice Road <hr/> City Brownsville State TX Zip Code 78552 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-659 Date of Disbursement 09 / 30 / 2008	Amount of Each Disbursement this Period 1226.33
C.	Full Name (Last, First, Middle Initial) Philippe Reines <hr/> Mailing Address 1545 18th Street, N.W. Apartment 822 <hr/> City Washington State DC Zip Code 20036 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-660 Date of Disbursement 09 / 30 / 2008	Amount of Each Disbursement this Period 611.86

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

3643.56

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 141 / 151

<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)  
HillPAC

A.	Full Name (Last, First, Middle Initial) Ali Rubin	Transaction ID: SB21B-661 Date of Disbursement 09 / 30 / 2008
	Mailing Address 1515 O Street NW Apartment 305	Amount of Each Disbursement this Period 631.09
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Salary Candidate Name	101 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Robert Russo	Transaction ID: SB21B-662 Date of Disbursement 09 / 30 / 2008
	Mailing Address 3 Washington Circle NW Apartment 105	Amount of Each Disbursement this Period 530.22
	City Washington State DC Zip Code 20037	
	Purpose of Disbursement Salary Candidate Name	101 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Eric Schroeder	Transaction ID: SB21B-663 Date of Disbursement 09 / 30 / 2008
	Mailing Address 1222 North Meade	Amount of Each Disbursement this Period 388.35
	City Arlington State VA Zip Code 22209	
	Purpose of Disbursement Salary Candidate Name	101 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1549.66

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 142 / 151

<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)  
HillPAC

A.

Full Name (Last, First, Middle Initial)  
Kevin Snowden

Transaction ID: SB21B-664  
Date of Disbursement

Mailing Address 11 Marvin Avenue

09 / 30 / 2008

City State Zip Code  
Hicksville NY 11801

Amount of Each Disbursement this Period

Purpose of Disbursement  
Salary

101  
Category/  
Type

370.72

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Kate Sokolov

Transaction ID: SB21B-665  
Date of Disbursement

Mailing Address 2000 N Street NW  
Apartment 806

09 / 30 / 2008

City State Zip Code  
Washington DC 20036

Amount of Each Disbursement this Period

Purpose of Disbursement  
Salary

101  
Category/  
Type

631.09

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Kathleen Strand

Transaction ID: SB21B-666  
Date of Disbursement

Mailing Address 2222 West 113th Place

09 / 30 / 2008

City State Zip Code  
Chicago IL 60643

Amount of Each Disbursement this Period

Purpose of Disbursement  
Salary

101  
Category/  
Type

1204.12

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

2205.93

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 143 / 151

<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)  
HILLPAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Nora Toiv</p> <p>Mailing Address 7110 Central Avenue</p> <p>City Takoma Park State MD Zip Code 20912</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-667</p> <p>Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 354.66</p> <p>101 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Sarah Venuto</p> <p>Mailing Address 801 15th Street South Apartment 411</p> <p>City Arlington State VA Zip Code 22202</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-668</p> <p>Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 575.98</p> <p>101 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Allison Wright</p> <p>Mailing Address 6208 32nd Place, NW</p> <p>City Washington State DC Zip Code 20015</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-669</p> <p>Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1283.44</p> <p>101 Category/ Type</p>

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

2214.08

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 144 / 151

<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)  
HillPAC

A.

Full Name (Last, First, Middle Initial)  
Sarah Nolan

Transaction ID: SB21B-670  
Date of Disbursement

Mailing Address P.O. Box 156

/   /

City State Zip Code  
Concord NH 03302

Amount of Each Disbursement this Period

Purpose of Disbursement  
Salary

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Abigail Eve Sugrue

Transaction ID: SB21B-671  
Date of Disbursement

Mailing Address 17 McGuinness Boulevard  
Apartment 3

/   /

City State Zip Code  
Brooklyn NY 11222

Amount of Each Disbursement this Period

Purpose of Disbursement  
Salary

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Steven Connell

Transaction ID: SB21B-672  
Date of Disbursement

Mailing Address 482 Broome Street

/   /

City State Zip Code  
New York NY 10013

Amount of Each Disbursement this Period

Purpose of Disbursement  
Salary

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**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)

PAGE 145 / 151

<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)  
HillPAC

A.

Full Name (Last, First, Middle Initial)  
Daniel Pollitt

Mailing Address 7313 Maple Avenue

City State Zip Code  
Chevy Chase MD 20815

Purpose of Disbursement  
Salary

Candidate Name

101  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B-673  
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

203.13

B.

Full Name (Last, First, Middle Initial)  
CyberSource

Mailing Address 1295 Charleston Road

City State Zip Code  
Mountain View CA 94043

Purpose of Disbursement  
Credit Card Process Fee

Candidate Name

101  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B-700  
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

463.39

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

666.52

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

248017.02

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
HillPAC

A.	Full Name (Last, First, Middle Initial) Alaskians For Begich	Transaction ID: SB23-507
	Mailing Address PO Box 240287	Date of Disbursement 09 / 24 / 2008
	City Anchorage State AK Zip Code 99524	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution Candidate Name Alaskians For Begich	101 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ciro D. Rodriguez for Congress	Transaction ID: SB23-508
	Mailing Address PO Box 14528	Date of Disbursement 09 / 24 / 2008
	City San Antonio State TX Zip Code 78214	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution Candidate Name Ciro D. Rodriguez for Congress	101 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Gillibrand for Congress	Transaction ID: SB23-509
	Mailing Address PO Box 1279	Date of Disbursement 09 / 24 / 2008
	City Hudson State NY Zip Code 10128	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution Candidate Name Gillibrand for Congress	101 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	15000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HILLPAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Hastings for Congress</p> <p>Mailing Address PO Box 100277</p> <p>City Ft. Lauderdale State FL Zip Code 33310</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">101</span> Category/Type</p> <p>Candidate Name Hastings for Congress</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB23-510 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p><b>Amount of Each Disbursement this Period</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>5000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	4		2	0	0	8	5000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		2	4		2	0	0	8													
5000.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jeanne Shaheen for Senate</p> <p>Mailing Address PO Box 1510</p> <p>City Manchester State NH Zip Code 03105</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">101</span> Category/Type</p> <p>Candidate Name Jeanne Shaheen for Senate</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB23-511 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p><b>Amount of Each Disbursement this Period</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>5000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	4		2	0	0	8	5000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		2	4		2	0	0	8													
5000.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) Massa for Congress</p> <p>Mailing Address 60 East Market Street Suite 244</p> <p>City Corning State NY Zip Code 14830</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">101</span> Category/Type</p> <p>Candidate Name Massa for Congress</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB23-512 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p><b>Amount of Each Disbursement this Period</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>5000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	4		2	0	0	8	5000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		2	4		2	0	0	8													
5000.00																						

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

**15000.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 148 / 151

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

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NAME OF COMMITTEE (In Full)  
HillPAC

A.	Full Name (Last, First, Middle Initial) Mike McMahon for Congress	Transaction ID: SB23-513 Date of Disbursement																			
	Mailing Address 66 Arnold Street	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	4		2	0	0	8												
	City Staten Island State NY Zip Code 10301	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00																		
5000.00																					
	Candidate Name Mike McMahon for Congress	<table border="1"><tr><td>101</td></tr></table> Category/Type	101																		
101																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Raul Martinez for Congress	Transaction ID: SB23-514 Date of Disbursement																			
	Mailing Address 700 W 76th Street	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	4		2	0	0	8												
	City Hialeah State FL Zip Code 33014	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00																		
5000.00																					
	Candidate Name Raul Martinez for Congress	<table border="1"><tr><td>101</td></tr></table> Category/Type	101																		
101																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Pennsylvania for Kanjorski	Transaction ID: SB23-574 Date of Disbursement																			
	Mailing Address 103 S. Hanover Street	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	9		2	0	0	8												
	City Nanticoke State PA Zip Code 14830	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00																		
5000.00																					
	Candidate Name Pennsylvania for Kanjorski	<table border="1"><tr><td>101</td></tr></table> Category/Type	101																		
101																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>15000.00</td></tr></table>	15000.00
15000.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HillPAC

A.	Full Name (Last, First, Middle Initial) Boswell for Congress	Transaction ID: SB23-575 Date of Disbursement 09 / 29 / 2008
	Mailing Address PO Box 6220	
	City Des Moines State IA Zip Code 50309	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution Candidate Name Boswell for Congress	101 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

B.	Full Name (Last, First, Middle Initial) Carney for Congress	Transaction ID: SB23-576 Date of Disbursement 09 / 29 / 2008
	Mailing Address PO Box A	
	City Clark Summit State PA Zip Code 18411	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution Candidate Name Carney for Congress	101 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

C.	Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee	Transaction ID: SB23-577 Date of Disbursement 09 / 29 / 2008
	Mailing Address 120 Maryland Ave, NE	
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution Candidate Name	101 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	15000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HillPAC

A.	Full Name (Last, First, Middle Initial) Friends of Mary Landrieu	Transaction ID: SB23-578 Date of Disbursement
	Mailing Address 10 G Street NE Suite 470	<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name Friends of Mary Landrieu	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Hagan Senate Committee, Inc	Transaction ID: SB23-579 Date of Disbursement
	Mailing Address 305 Meadowbrook Terrace	<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City Greensboro State NC Zip Code 27408	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name Hagan Senate Committee, Inc	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Linda Stender for Congress	Transaction ID: SB23-580 Date of Disbursement
	Mailing Address PO Box 730	<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City Scotch Plains State NJ Zip Code 07076	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name Linda Stender for Congress	<input type="text" value="101"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="15000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="75000.00"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 151 / 151

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

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NAME OF COMMITTEE (In Full)  
HillPAC

A.

Full Name (Last, First, Middle Initial)  
John L. Tishman

Mailing Address 665 5th Avenue

City State Zip Code  
New York NY 10103-0001

Purpose of Disbursement  
Refund

Candidate Name

101  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB28A-516

Date of Disbursement

09 / 24 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

5000.00