

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

HPAC

ADDRESS (number and street) 1717 K Street, NW

Check if different than previously reported. (ACC) WASHINGTON DC 20036-5342

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

C C00495911

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

- (b) Monthly Report Due On:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of []

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

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 04 / 01 / 2014 through [MM] / [DD] / [YYYY] 06 / 30 / 2014

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

Type or Print Name of Treasurer David Satterfield

Signature of Treasurer David Satterfield [Electronically Filed] Date 07 / 15 / 2014

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

Office Use Only									
-----------------	--	--	--	--	--	--	--	--	--

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

HPAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="515.53"/>	<input type="text" value="515.53"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="437.38"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="56500.00"/>	<input type="text" value="56500.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="56937.38"/>	<input type="text" value="57015.53"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="56017.95"/>	<input type="text" value="56096.10"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="919.43"/>	<input type="text" value="919.43"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="5000.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

HPAC

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	56500.00	56500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	56500.00	56500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	56500.00	56500.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	56500.00	56500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	56500.00	56500.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	56017.95	56096.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	56017.95	56096.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	56017.95	56096.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	56017.95	56096.10

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	56500.00	56500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	56500.00	56500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	56017.95	56096.10
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	56017.95	56096.10

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 23
<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)
HPAC

A. DANIEL J. ARBESS
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 E 63RD STREET
 City NEW YORK State NY Zip Code 10065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PERELLA WEINBERG PARTNERS Occupation PARTNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2014
Transaction ID : SA11AI.5667
 Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

B. HELEN BUERGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 142 REVOLUTIONARY RD
 City BRIARCLIFF MANOR State NY Zip Code 10510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOMEMAKER Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2014
Transaction ID : SA11AI.5659
 Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

C. THEODORE V. BUERGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 142 REVOLUTIONARY RD
 City BRIARCLIFF MANOR State NY Zip Code 10510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VAN NESS GROUP Occupation CHAIRMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2014
Transaction ID : SA11AI.5657
 Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	11500.00
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 7 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial) A. ANDREW M. BURSKY		Date of Receipt MM / DD / YYYY 06 / 25 / 2014 Transaction ID : SA11AI.5650
Mailing Address 325 STANWICH RD		Amount of Each Receipt this Period 5000.00
City GREENWICH	State CT	Zip Code 06830
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer ATLAS HOLDINGS	Occupation MANAGING PARTNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. JONATHAN H.F. CRYSTAL		Date of Receipt MM / DD / YYYY 05 / 11 / 2014 Transaction ID : SA11AI.5669
Mailing Address 32 OLD SLIP		Amount of Each Receipt this Period 5000.00
City NEW YORK	State NY	Zip Code 10005
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer CRYSTAL & COMPANY	Occupation EXECUTIVE VP & CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. BERT P. HEADDEN		Date of Receipt MM / DD / YYYY 06 / 24 / 2014 Transaction ID : SA11AI.5648
Mailing Address 10476 SILVEROCK DR		Amount of Each Receipt this Period 3000.00
City DALLAS	State TX	Zip Code 75218
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional).....▶	13000.00
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 8 OF 23
(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)
HPAC

A. MR. RICHARD J. MACK
Full Name (Last, First, Middle Initial)
Mailing Address 60 COLUMBUS CIRCLE
20TH FLOOR
City NEW YORK State NY Zip Code 10023-5802
FEC ID number of contributing federal political committee. **C**
Name of Employer MACK REAL ESTATE GROUP Occupation CEO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **5000.00**

Date of Receipt **06 / 30 / 2014**
Transaction ID : SA11AI.5652
Amount of Each Receipt this Period **5000.00**
CONTRIBUTION

B. JOHN A. MAYER Jr.
Full Name (Last, First, Middle Initial)
Mailing Address 7 UPLAND DRIVE
City GREENWICH State CT Zip Code 06831
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **5000.00**

Date of Receipt **05 / 28 / 2014**
Transaction ID : SA11AI.5661
Amount of Each Receipt this Period **5000.00**
CONTRIBUTION

C. RONALD SHAICH
Full Name (Last, First, Middle Initial)
Mailing Address 23 PRESCOTT ST.
City BROOKLINE State MA Zip Code 02446
FEC ID number of contributing federal political committee. **C**
Name of Employer PANERA BREAD CORP Occupation CEO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **10000.00**

Date of Receipt **06 / 07 / 2014**
Transaction ID : SA11AI.5646
Amount of Each Receipt this Period **10000.00**
Contribution

SUBTOTAL of Receipts This Page (optional)..... **20000.00**
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 9 OF 23
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial) A. PETER V. SHOEMAKER		Date of Receipt M M / D D / Y Y Y Y Y 04 / 11 / 2014
Mailing Address 400 HOMEWOOD RD		Transaction ID : SA11AI.5663
City LOS ANGELES	State CA	Zip Code 90049
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer WEDBUSH CAPITAL PARTNERS	Occupation MANAGING DIRECTOR	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. JAMES N. STANARD		Date of Receipt M M / D D / Y Y Y Y Y 05 / 16 / 2014
Mailing Address 15 LINDEN LANE		Transaction ID : SA11AI.5653
City CHATHAM	State NJ	Zip Code 07928
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. JANET G. STANARD		Date of Receipt M M / D D / Y Y Y Y Y 05 / 16 / 2014
Mailing Address 15 LINDEN LANE		Transaction ID : SA11AI.5655
City CHATHAM	State NJ	Zip Code 07928
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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 10 OF 23
(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)
HPAC

A. Full Name (Last, First, Middle Initial)
ALVIN S. TRENK

Mailing Address 101 EISENHOWER PKY

City ROSELAND	State NJ	Zip Code 07068
------------------	-------------	-------------------

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

Name of Employer SAKER AVIATION	Occupation CEO & DIRECTOR
------------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	09	/	2014

Transaction ID : SA11AI.5665

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

--

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

--

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	56500.00

**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

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

NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. ARENT FOX

Mailing Address PO BOX 758670

City BALTIMORE State MD Zip Code 21275

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2014

Transaction ID : SB21B.5687

Amount of Each Disbursement this Period

800.00

Full Name (Last, First, Middle Initial)

B. ARENT FOX

Mailing Address PO BOX 758670

City BALTIMORE State MD Zip Code 21275

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2014

Transaction ID : SB21B.5688

Amount of Each Disbursement this Period

666.66

Full Name (Last, First, Middle Initial)

C. ARENT FOX

Mailing Address PO BOX 758670

City BALTIMORE State MD Zip Code 21275

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 10 / 2014

Transaction ID : SB21B.5689

Amount of Each Disbursement this Period

4333.34

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

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

5800.00

**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

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

NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. ARENT FOX

Mailing Address PO BOX 758670

City BALTIMORE State MD Zip Code 21275

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 16 / 2014

Transaction ID : SB21B.5690

Amount of Each Disbursement this Period

5677.28

Full Name (Last, First, Middle Initial)

B. ARENT FOX

Mailing Address PO BOX 758670

City BALTIMORE State MD Zip Code 21275

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 07 / 2014

Transaction ID : SB21B.5691

Amount of Each Disbursement this Period

354.50

Full Name (Last, First, Middle Initial)

C. TOD BOWEN

Mailing Address 2931 E. DUBLIN-GRANVILLE RD

City COLUMBUS State OH Zip Code 43231

Purpose of Disbursement
FINANCE CONSULTANT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2014

Transaction ID : SB21B.5699

Amount of Each Disbursement this Period

375.00

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

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

6406.78

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. C2 GROUP LLC

Mailing Address 325 7TH STREET, NW SUITE 400

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
FACILITY RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2014

Transaction ID : **SB21B.5677**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. LINUS CATIGNANI

Mailing Address 1914 19TH AVE, SOUTH

City NASHVILLE State TN Zip Code 37212

Purpose of Disbursement
FINANCE CONSULTANT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2014

Transaction ID : **SB21B.5678**

Amount of Each Disbursement this Period

1544.05

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement
DATABASE PROCESSING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2014

Transaction ID : **SB21B.5679**

Amount of Each Disbursement this Period

5000.00

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

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

7544.05

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 7704 LEESBURG PIKE

City State Zip Code
FALLS CHURCH VA 22043

Purpose of Disbursement
DATABASE PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2014

Transaction ID : SB21B.5680

Amount of Each Disbursement this Period

4250.00

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 7704 LEESBURG PIKE

City State Zip Code
FALLS CHURCH VA 22043

Purpose of Disbursement
DATABASE PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 07 / 2014

Transaction ID : SB21B.5700

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. GRAND SLAM FINANCE

Mailing Address 5930 REPUBLIC OF TEXAS BLVD

City State Zip Code
AUSTIN TX 78735

Purpose of Disbursement
ACCOUNTING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2014

Transaction ID : SB21B.5694

Amount of Each Disbursement this Period

400.00

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

7650.00

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

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

NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. GRAND SLAM FINANCE

Mailing Address 5930 REPUBLIC OF TEXAS BLVD

City AUSTIN State TX Zip Code 78735

Purpose of Disbursement
ACCOUNTING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2014

Transaction ID : **SB21B.5695**

Amount of Each Disbursement this Period

333.34

Full Name (Last, First, Middle Initial)

B. GRAND SLAM FINANCE

Mailing Address 5930 REPUBLIC OF TEXAS BLVD

City AUSTIN State TX Zip Code 78735

Purpose of Disbursement
ACCOUNTING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 10 / 2014

Transaction ID : **SB21B.5696**

Amount of Each Disbursement this Period

2177.45

Full Name (Last, First, Middle Initial)

C. GRAND SLAM FINANCE

Mailing Address 5930 REPUBLIC OF TEXAS BLVD

City AUSTIN State TX Zip Code 78735

Purpose of Disbursement
ACCOUNTING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 16 / 2014

Transaction ID : **SB21B.5697**

Amount of Each Disbursement this Period

1500.00

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

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

4010.79

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. GRAND SLAM FINANCE

Mailing Address 5930 REPUBLIC OF TEXAS BLVD

City AUSTIN State TX Zip Code 78735

Purpose of Disbursement
ACCOUNTING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 25 / 2014

Transaction ID : **SB21B.5698**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. HIGHWOOD CAPITAL

Mailing Address 915 E STREET NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2014

Transaction ID : **SB21B.5675**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. HIGHWOOD CAPITAL

Mailing Address 915 E STREET NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 25 / 2014

Transaction ID : **SB21B.5676**

Amount of Each Disbursement this Period

3740.21

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

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

7740.21

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. MOBY DICK AIRWAYS LTD

Mailing Address PO BOX 77518

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2014

Transaction ID : **SB21B.5681**

Amount of Each Disbursement this Period

5632.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. PKL CONSULTING INC

Mailing Address 621 THORNWOOD LN

City NORTHFIELD State IL Zip Code 60093

Purpose of Disbursement
FINANCE CONSULTANT

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2014

Transaction ID : **SB21B.5682**

Amount of Each Disbursement this Period

3166.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. STRATEGIC INFORMATION CONSULTANTS

Mailing Address PO BOX 13986

City MAUMELLE State AR Zip Code 72113

Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2014

Transaction ID : **SB21B.5685**

Amount of Each Disbursement this Period

8000.00

Category/
Type

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

16798.00

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

55949.83

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 18 OF 23
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
HPAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ARENT FOX	Nature of Debt (Purpose): LEGAL CONSULTING
Mailing Address PO BOX 758670	
City State Zip Code BALTIMORE MD 21275	

Outstanding Balance Beginning This Period 11477.28	Transaction ID : SD10.5593	
Amount Incurred This Period 1854.50	Payment This Period 11831.78	Outstanding Balance at Close of This Period 1500.00

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

Outstanding Balance Beginning This Period 375.00	Transaction ID : SD10.5577	
Amount Incurred This Period 0.00	Payment This Period 375.00	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 1000.00	Transaction ID : SD10.5571	
Amount Incurred This Period 0.00	Payment This Period 1000.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	1500.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 19 OF 23
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
HPAC

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

Outstanding Balance Beginning This Period <input type="text" value="1544.05"/>	Transaction ID : SD10.5566	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1544.05"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="12250.00"/>	Transaction ID : SD10.5570	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="12250.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor GRAND SLAM FINANCE	Nature of Debt (Purpose): ACCOUNTING SERVICES
Mailing Address 5930 REPUBLIC OF TEXAS BLVD	
City State Zip Code AUSTIN TX 78735	

Outstanding Balance Beginning This Period <input type="text" value="3660.79"/>	Transaction ID : SD10.5611	
Amount Incurred This Period <input type="text" value="1750.00"/>	Payment This Period <input type="text" value="5410.79"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 20 OF 23
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
HPAC

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

Outstanding Balance Beginning This Period 6740.21	Transaction ID : SD10.5565	
Amount Incurred This Period 0.00	Payment This Period 6740.21	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 5632.00	Transaction ID : SD10.5581	
Amount Incurred This Period 0.00	Payment This Period 5632.00	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 3166.00	Transaction ID : SD10.5583	
Amount Incurred This Period 0.00	Payment This Period 3166.00	Outstanding Balance at Close of This Period 0.00

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 21 OF 23
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
HPAC

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

Outstanding Balance Beginning This Period <input type="text" value="3500.00"/>	Transaction ID : SD10.5585	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="10000.00"/>	Transaction ID : SD10.5568	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="8000.00"/>	Transaction ID : SD10.5573	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="8000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.5585

ORIGINAL DEBT ESTIMATED

Form/Schedule: SD10

Transaction ID: SD10.5568

ORIGINAL DEBT ESTIMATED

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
HPAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE WOODS HERBERGER GROUP	Nature of Debt (Purpose): FINANCE CONSULTING
Mailing Address 1200 ANASTASIA AVE SUITE 310	
City State Zip Code CORAL GABLES FL 33134	

Outstanding Balance Beginning This Period <input type="text" value="3500.00"/>	Transaction ID : SD10.5575	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3500.00"/>

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

Outstanding Balance Beginning This Period <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
---	---	---	---

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

Outstanding Balance Beginning This Period <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
---	---	---	---

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="3500.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="5000.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="5000.00"/>