

# 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

HUCK PAC

ADDRESS (number and street) PO BOX 2008

Check if different than previously reported. (ACC)

LITTLE ROCK AR 72203

2. **FEC IDENTIFICATION NUMBER** C00448373

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 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 (12S)	

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

5. Covering Period 11 23 2010 through 12 31 2010

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 Bryan Jeffrey

Signature of Treasurer Electronically Filed by Bryan Jeffrey Date 01 31 2011

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										<b>FEC FORM 3X</b> (Rev. 12/2004)
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**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
HUCK PAC

Report Covering the Period: From: 

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		192151.24
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	194578.01									
(c) Total Receipts (from Line 19) .....	34698.00	979009.46								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	229276.01	1171160.70								
7. Total Disbursements (from Line 31) .....	91615.61	1033500.30								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	137660.40	137660.40								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
HUCK PAC

Report Covering the Period: From: 

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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) .....	17971.02	292535.34
(ii) Unitemized .....	11726.98	651822.48
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	29698.00	944357.82
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	5000.00	6000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	34698.00	950357.82
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	25651.64
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	3000.00
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)) .....	34698.00	979009.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	34698.00	979009.46

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<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.....	91480.61	864145.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	91480.61	864145.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	117500.00
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 .....	135.00	855.00
(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)) .....	135.00	855.00
29. Other Disbursements.....	0.00	51000.00
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))..	91615.61	1033500.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	91615.61	1033500.30

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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 .....	34698.00	950357.82
34. Total Contribution Refunds (from Line 28(d)) .....	135.00	855.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	34563.00	949502.82
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	91480.61	864145.30
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	25651.64
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	91480.61	838493.66

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 81

(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Stanley Adkins

Mailing Address 116 Vanderbilt Dr

City State Zip Code  
Lexington KY 40517

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

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 215.00

Date of Receipt

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

Transaction ID: SA11AI.119047

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)  
Shelley Ahlersmeyer

Mailing Address 1690 S Walnut Drive

City State Zip Code  
Warsaw IN 46580

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

Name of Employer Occupation  
Refior Law Office Paralegal

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1260.00

Date of Receipt

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

Transaction ID: SA11AI.118238

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
Shelley Ahlersmeyer

Mailing Address 1690 S Walnut Drive

City State Zip Code  
Warsaw IN 46580

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

Name of Employer Occupation  
Refior Law Office Paralegal

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1285.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.118659

Amount of Each Receipt this Period

25.00

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

135.00

**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 / 81  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial) Shelley Ahlersmeyer		Date of Receipt
Mailing Address 1690 S Walnut Drive		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
City	State	Zip Code
Warsaw	IN	46580
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.118462
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.12"/>
Name of Employer Refior Law Office	Occupation Paralegal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1305.12"/>	

**B.**

Full Name (Last, First, Middle Initial) Shelley Ahlersmeyer		Date of Receipt
Mailing Address 1690 S Walnut Drive		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
City	State	Zip Code
Warsaw	IN	46580
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.119014
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer Refior Law Office	Occupation Paralegal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1355.12"/>	

**C.**

Full Name (Last, First, Middle Initial) Richard Auwerda		Date of Receipt
Mailing Address 52935 310th Street		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
City	State	Zip Code
Kelley	IA	50134
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.118622
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.00"/>
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 ▼	
	<input type="text" value="210.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="80.12"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 8 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Richard Auwerda  
Mailing Address 52935 310th Street

City State Zip Code  
Kelley IA 50134

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 ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 1 0  
**Transaction ID: SA11AI.118623**  
Amount of Each Receipt this Period 10.00

**B.** Full Name (Last, First, Middle Initial)  
Elizabeth Barkis  
Mailing Address 3374 Pedley Avenue

City State Zip Code  
Norco CA 92860

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

Name of Employer CNUSD Occupation Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 241.20

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 1 0  
**Transaction ID: SA11AI.118232**  
Amount of Each Receipt this Period 20.10

**C.** Full Name (Last, First, Middle Initial)  
Patricia Bellairs  
Mailing Address 3005 Bay Vista Avenue

City State Zip Code  
Tampa FL 33611

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

Name of Employer Moffitt Cancer Center Occupation Registered Nurse

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 1 0  
**Transaction ID: SA11AI.118187**  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 80.10

**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 / 81

(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Patricia Bellairs

Mailing Address 3005 Bay Vista Avenue

City Tampa State FL Zip Code 33611

FEC ID number of contributing federal political committee. C

Name of Employer Moffitt Cancer Center Occupation Registered Nurse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt MM / DD / YYYY  
11 / 28 / 2010

**Transaction ID:** SA11AI.118188

Amount of Each Receipt this Period 50.00

**B.**

Full Name (Last, First, Middle Initial)  
Patricia Bellairs

Mailing Address 3005 Bay Vista Avenue

City Tampa State FL Zip Code 33611

FEC ID number of contributing federal political committee. C

Name of Employer Moffitt Cancer Center Occupation Registered Nurse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt MM / DD / YYYY  
12 / 21 / 2010

**Transaction ID:** SA11AI.118564

Amount of Each Receipt this Period 50.00

**C.**

Full Name (Last, First, Middle Initial)  
Patricia Bellairs

Mailing Address 3005 Bay Vista Avenue

City Tampa State FL Zip Code 33611

FEC ID number of contributing federal political committee. C

Name of Employer Moffitt Cancer Center Occupation Registered Nurse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt MM / DD / YYYY  
12 / 28 / 2010

**Transaction ID:** SA11AI.118967

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... 150.00

**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 / 81  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Patricia Bellairs

Mailing Address 3005 Bay Vista Avenue

City Tampa State FL Zip Code 33611

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

Name of Employer Moffitt Cancer Center Occupation Registered Nurse

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 28 / 2010

Transaction ID: SA11AI.118968

Amount of Each Receipt this Period 50.00

**B.**

Full Name (Last, First, Middle Initial)  
Ernest Bianco

Mailing Address 8902 Eagle Pt. Loop Road SW

City Lakewood State WA Zip Code 98498

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 ▼ 700.00

Date of Receipt 12 / 15 / 2010

Transaction ID: SA11AI.118496

Amount of Each Receipt this Period 25.00

**C.**

Full Name (Last, First, Middle Initial)  
Jackie Boothe

Mailing Address P.O. Box 778

City Trinidad State CO Zip Code 81082

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

Name of Employer Qwest Comm, Inc Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 23 / 2010

Transaction ID: SA11AI.118604

Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 85.00

**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 / 81  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Jackie Boothe

Mailing Address P.O. Box 778

City State Zip Code  
Trinidad CO 81082

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

Name of Employer Occupation  
Qwest Comm, Inc Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 1 0

**Transaction ID:** SA11AI.118611

Amount of Each Receipt this Period  
10.00

**B.**

Full Name (Last, First, Middle Initial)  
Peggy Bost

Mailing Address 5107 Cerro Vista

City State Zip Code  
San Antonio TX 78233

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 725.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 1 0

**Transaction ID:** SA11AI.118460

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Ann Bouchard

Mailing Address P.O. Box 1232

City State Zip Code  
Marblehead MA 01945

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

Name of Employer Occupation  
Student Student

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

**Transaction ID:** SA11AI.118727

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 60.00

**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 12 / 81
	<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)  
HUCK PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Mike Boyer	Date of Receipt MM / DD / YYYY 12 / 07 / 2010
	Mailing Address 382 Beechcrest	<b>Transaction ID:</b> SA11AI.118290
	City State Zip Code Youngstown OH 44515	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Boyer Home Improvement      Occupation Contractor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼      Aggregate Year-to-Date ▼ 205.22	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mike Boyer	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 382 Beechcrest	<b>Transaction ID:</b> SA11AI.119171
	City State Zip Code Youngstown OH 44515	Amount of Each Receipt this Period 20.12
	FEC ID number of contributing federal political committee. C	
	Name of Employer Boyer Home Improvement      Occupation Contractor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼      Aggregate Year-to-Date ▼ 225.34	

<b>C.</b>	Full Name (Last, First, Middle Initial) Phil Brand	Date of Receipt MM / DD / YYYY 11 / 23 / 2010
	Mailing Address 6066 Churchill Ct	<b>Transaction ID:</b> SA11AI.118125
	City State Zip Code Ketchikan AK 99901	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer State of Alaska      Occupation Marine Engineer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼      Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	95.12
<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 13 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Phil Brand

Mailing Address 6066 Churchill Ct

City State Zip Code  
Ketchikan AK 99901

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

Name of Employer State of Alaska Occupation Marine Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 1 0

**Transaction ID:** SA11AI.118613

Amount of Each Receipt this Period  
50.00

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

Mailing Address 1215 NE 43rd Terr.

City State Zip Code  
Kansas City MO 64116

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 ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 1 0

**Transaction ID:** SA11AI.118686

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1215 NE 43rd Terrace

City State Zip Code  
Kansas City MO 64116

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 ▼ 430.12

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

**Transaction ID:** SA11AI.119181

Amount of Each Receipt this Period  
20.12

**SUBTOTAL** of Receipts This Page (optional) ..... ► **320.12**

**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 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Marie Clayton-Cox  
 Mailing Address 5119 Richardson Drive  
 City State Zip Code  
 Fairfax VA 22032  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 2 9 / 2 0 1 0  
**Transaction ID:** SA11AI.118972  
 Amount of Each Receipt this Period  
 25.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Amway Global Independent Business Owner  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 225.00

**B.** Full Name (Last, First, Middle Initial)  
Michael Clifford  
 Mailing Address P.O. 2743  
 City State Zip Code  
 Rancho Santa Fe CA 92067  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 5 / 2 0 1 0  
**Transaction ID:** SA11AI.118530  
 Amount of Each Receipt this Period  
 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Significant Federation Requested  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Joshua Clinard  
 Mailing Address 7832 Woodall Road  
 Apt B  
 City State Zip Code  
 Norfolk VA 23518  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 3 / 2 0 1 0  
**Transaction ID:** SA11AI.118448  
 Amount of Each Receipt this Period  
 20.12  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 US Navy QuarterMaster  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1095.12

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1045.12  
**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 / 81  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial) Joshua Clinard		Date of Receipt MM / DD / YYYY 12 / 26 / 2010
Mailing Address 7832 Woodall Road Apt B		<b>Transaction ID:</b> SA11AI.118641
City Norfolk	State VA	Zip Code 23518
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
Name of Employer US Navy	Occupation QuarterMaster	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1170.12	

**B.**

Full Name (Last, First, Middle Initial) Robert Coborn		Date of Receipt MM / DD / YYYY 12 / 22 / 2010
Mailing Address 712 Riverside Avenue North		<b>Transaction ID:</b> SA11AI.118582
City Sartell	State MN	Zip Code 56377
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Coborn Investments	Occupation Investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

**C.**

Full Name (Last, First, Middle Initial) Paula Corsaro		Date of Receipt MM / DD / YYYY 12 / 07 / 2010
Mailing Address 28 Rowan Avenue		<b>Transaction ID:</b> SA11AI.118280
City Staten Island	State NY	Zip Code 10306
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Proskauer Rosé LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	200.00
<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 16 / 81  
(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)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Paula Corsaro

Mailing Address 28 Rowan Avenue

City State Zip Code  
Staten Island NY 10306

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

Name of Employer Occupation  
Proskauer Rose Llp Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 685.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

**Transaction ID:** SA11AI.119148

Amount of Each Receipt this Period  
25.00

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

Mailing Address 25 CR 511

City State Zip Code  
Como MS 38619

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 1 0

**Transaction ID:** SA11AI.118535

Amount of Each Receipt this Period  
50.00

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

Mailing Address 1627 E. Harwood St.

City State Zip Code  
Orlando FL 32803

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID:** SA11AI.118569

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 100.00

**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 17 / 81
	<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)  
HUCK PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Durward Dupre		Date of Receipt MM / DD / YYYY 12 / 31 / 2010		
	Mailing Address 3929 Dove Creek Ln		<b>Transaction ID:</b> SA11AI.119064		
	City Plano	State TX	Zip Code 75093	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Durward Dupre	Occupation Attorney			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1350.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Carol Enright		Date of Receipt MM / DD / YYYY 12 / 02 / 2010		
	Mailing Address 5720 Georgia		<b>Transaction ID:</b> SA11AI.118229		
	City Groves	State TX	Zip Code 77619	Amount of Each Receipt this Period 20.10	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Unemployed	Occupation Unemployed			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 462.30			

<b>C.</b>	Full Name (Last, First, Middle Initial) Carol Enright		Date of Receipt MM / DD / YYYY 12 / 16 / 2010		
	Mailing Address 5720 Georgia		<b>Transaction ID:</b> SA11AI.118537		
	City Groves	State TX	Zip Code 77619	Amount of Each Receipt this Period 20.10	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Unemployed	Occupation Unemployed			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 482.40			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	290.20
<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 18 / 81  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Alfred Gigante

Mailing Address 83 Franklin Turnpike

City State Zip Code  
Waldwick NJ 07463

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

Name of Employer Self-Employed Occupation Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

**Transaction ID:** SA11AI.118786

Amount of Each Receipt this Period  
25.00

**B.**

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

Mailing Address 969 Bolender

City State Zip Code  
Delray Beach FL 33483

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

Name of Employer The Hamister Group, Inc. Occupation Chairman and CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

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

**Transaction ID:** SA11AI.118323

Amount of Each Receipt this Period  
1500.00

**C.**

Full Name (Last, First, Middle Initial)  
Grace Hamrick

Mailing Address 275 Jordan Crossing Lane

City State Zip Code  
Blythewood SC 29016

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 ▼  
300.00

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

**Transaction ID:** SA11AI.118330

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1625.00**

**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 / 81  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial) Carol Hansford		Date of Receipt MM / DD / YYYY 12 / 08 / 2010
Mailing Address 6542 Arborcrest Lane		<b>Transaction ID:</b> SA11AI.118312
City Loveland	State OH	Zip Code 45140
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
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 ▼ 545.00	

**B.**

Full Name (Last, First, Middle Initial) Tommy Hardwick		Date of Receipt MM / DD / YYYY 11 / 30 / 2010
Mailing Address 735 Foote Street		<b>Transaction ID:</b> SA11AI.118213
City Corinth	State MS	Zip Code 38834
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
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 ▼ 225.00	

**C.**

Full Name (Last, First, Middle Initial) Tommy Hardwick		Date of Receipt MM / DD / YYYY 12 / 30 / 2010
Mailing Address 735 Foote Street		<b>Transaction ID:</b> SA11AI.119008
City Corinth	State MS	Zip Code 38834
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
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 ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	100.00
<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 20 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
William Harting  
 Mailing Address 101 Taylor Rd  
 City Estill Springs State TN Zip Code 37330  
 Date of Receipt 12 / 31 / 2010  
**Transaction ID:** SA11AI.119046  
 Amount of Each Receipt this Period 100.00  
 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 ▼ 450.00

**B.** Full Name (Last, First, Middle Initial)  
Edward Hasley  
 Mailing Address 1416 Wood Street  
 City Texarkana State TX Zip Code 75501  
 Date of Receipt 12 / 10 / 2010  
**Transaction ID:** SA11AI.118406  
 Amount of Each Receipt this Period 25.00  
 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 ▼ 500.00

**C.** Full Name (Last, First, Middle Initial)  
Edward Hasley  
 Mailing Address 1416 Wood Street  
 City Texarkana State TX Zip Code 75501  
 Date of Receipt 12 / 14 / 2010  
**Transaction ID:** SA11AI.118451  
 Amount of Each Receipt this Period 25.00  
 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 ▼ 525.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00  
**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 21 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Mildred Heaton

Mailing Address P. O. Box 924

City State Zip Code  
Crestview FL 32536

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

Name of Employer Occupation  
Mildred C. Heaton Realty, Inc. Real Estate Broker

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 600.00

Date of Receipt  

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

**Transaction ID:** SA11AI.118957

Amount of Each Receipt this Period  
25.00

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

Mailing Address 467 Lake Eva Marie Drive

City State Zip Code  
Raleigh NC 27603

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

Name of Employer Occupation  
Productive Environment Institute Consultant

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 400.00

Date of Receipt  

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

**Transaction ID:** SA11AI.118514

Amount of Each Receipt this Period  
50.00

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

Mailing Address 2002 Rosemond Avenue

City State Zip Code  
Jonesboro AR 72401

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

Name of Employer Occupation  
St. Bernard's Medical Center Registered Nurse

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 295.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	2	/	2	0	1	0

**Transaction ID:** SA11AI.118434

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **100.00**

**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 / 81  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Sally Hornick

Mailing Address 40362 Hamilton Dr.

City State Zip Code  
Sterling Heights MI 48313

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 ▼ 335.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

**Transaction ID:** SA11AI.119095

Amount of Each Receipt this Period  
30.00

**B.**

Full Name (Last, First, Middle Initial)  
Connie Horsley

Mailing Address 101 Jays Lane

City State Zip Code  
Stephensport KY 40170

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

Name of Employer English Baptist Church Occupation Secretary/Treasurer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

**Transaction ID:** SA11AI.118183

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Connie Horsley

Mailing Address 101 Jays Lane

City State Zip Code  
Stephensport KY 40170

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

Name of Employer English Baptist Church Occupation Secretary/Treasurer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

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

**Transaction ID:** SA11AI.118965

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **80.00**

**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 / 81  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial) Christopher Jones		Date of Receipt MM / DD / YYYY 12 / 08 / 2010
Mailing Address 411 W. Wellons St.		<b>Transaction ID:</b> SA11AI.118338
City Smithfield	State NC	Zip Code 27577
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Stallings Insurance	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

**B.**

Full Name (Last, First, Middle Initial) David Jones		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address 6567 Ashby Grove Loop		<b>Transaction ID:</b> SA11AI.119193
City Haymarket	State VA	Zip Code 20169
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer St. Paul's	Occupation Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1419.00	

**C.**

Full Name (Last, First, Middle Initial) Kyungae Kim		Date of Receipt MM / DD / YYYY 12 / 06 / 2010
Mailing Address 19486 E 58th Cir		<b>Transaction ID:</b> SA11AI.118252
City Aurora	State CO	Zip Code 80019
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer University of Colorado Hospital	Occupation Medical Technologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 530.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	80.00
<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 24 / 81  
(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)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Larry Kirk

Mailing Address 905 Jefferson

City Berryville State AR Zip Code 72616

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 ▼ 605.00

Date of Receipt 11 / 28 / 2010  
Transaction ID: SA11AI.118181  
Amount of Each Receipt this Period 50.00

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

Mailing Address 905 Jefferson

City Berryville State AR Zip Code 72616

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 ▼ 655.00

Date of Receipt 12 / 28 / 2010  
Transaction ID: SA11AI.118962  
Amount of Each Receipt this Period 50.00

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

Mailing Address 905 Jefferson

City Berryville State AR Zip Code 72616

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 ▼ 660.00

Date of Receipt 12 / 31 / 2010  
Transaction ID: SA11AI.119170  
Amount of Each Receipt this Period 5.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 105.00

**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 / 81  
(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)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Barbara Klassen

Mailing Address 7682 Prospector Hollow Lane

City Pocatello State ID Zip Code 83201

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 ▼ 225.00

Date of Receipt 12 / 12 / 2010  
Transaction ID: SA11AI.118437  
Amount of Each Receipt this Period 15.00

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

Mailing Address 7682 Prospector Hollow Lane

City Pocatello State ID Zip Code 83201

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 ▼ 240.00

Date of Receipt 12 / 12 / 2010  
Transaction ID: SA11AI.118438  
Amount of Each Receipt this Period 15.00

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

Mailing Address 423 Fox Chase Road

City Wirtz State VA Zip Code 24184

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 ▼ 275.00

Date of Receipt 12 / 08 / 2010  
Transaction ID: SA11AI.118304  
Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 55.00

**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 / 81

(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Robert Levesque

Mailing Address 6355 Vintage Court

City State Zip Code  
Lockport NY 14094

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

Name of Employer Self-Employed Occupation  
Self-Employed Consultant

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
275.00

Date of Receipt

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

Transaction ID: SA11AI.118180

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert Levesque

Mailing Address 6355 Vintage Court

City State Zip Code  
Lockport NY 14094

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

Name of Employer Self-Employed Occupation  
Self-Employed Consultant

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
300.00

Date of Receipt

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

Transaction ID: SA11AI.118961

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Shelby Lorenzen

Mailing Address 3941 Nikita Drive

City State Zip Code  
Hope Mills NC 28348

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 ▼  
600.00

Date of Receipt

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

Transaction ID: SA11AI.118733

Amount of Each Receipt this Period  
50.00

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

100.00

**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 / 81  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mary Jane Macaluso

Mailing Address 27153 Highway 85

City State Zip Code  
Senoia GA 30276

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

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

Transaction ID: SA11AI.118288

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
Milton Magnus

Mailing Address 3409 E. Briarcliff Rd.

City State Zip Code  
Birmingham AL 35223

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

Name of Employer Occupation  
M&B Metal Products Company President

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

Date of Receipt

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

Transaction ID: SA11AI.118711

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Maya Maughmer

Mailing Address 305 Deacon

City State Zip Code  
Euless TX 76039

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

Name of Employer Occupation  
Catholic Diocese of Ft. Worth Part-time Teacher

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 205.00

Date of Receipt

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

Transaction ID: SA11AI.118215

Amount of Each Receipt this Period

15.00

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

5040.00

**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 28 / 81
	<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)  
HUCK PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Susan McCarthy	Date of Receipt MM / DD / YYYY 11 / 24 / 2010
	Mailing Address 529 Turtle Creek Court	<b>Transaction ID:</b> SA11AI.118154
	City O'Fallon State IL Zip Code 62269	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: Family Physicians of O'Fallon Occupation: Medical Records Clerk Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Susan McCarthy	Date of Receipt MM / DD / YYYY 11 / 24 / 2010
	Mailing Address 529 Turtle Creek Court	<b>Transaction ID:</b> SA11AI.118155
	City O'Fallon State IL Zip Code 62269	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: Family Physicians of O'Fallon Occupation: Medical Records Clerk Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Susan McCarthy	Date of Receipt MM / DD / YYYY 12 / 24 / 2010
	Mailing Address 529 Turtle Creek Court	<b>Transaction ID:</b> SA11AI.118629
	City O'Fallon State IL Zip Code 62269	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: Family Physicians of O'Fallon Occupation: Medical Records Clerk Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 575.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	75.00
<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 29 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Susan McCarthy  
 Mailing Address 529 Turtle Creek Court  
 City O'Fallon State IL Zip Code 62269  
 Date of Receipt 12 / 24 / 2010  
**Transaction ID:** SA11AI.118630  
 Amount of Each Receipt this Period 25.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Family Physicians of O'Fallon Occupation Medical Records Clerk  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 600.00

**B.** Full Name (Last, First, Middle Initial)  
Stephanie Meador  
 Mailing Address 19980 Hwy 70 E  
 City Heth State AR Zip Code 72346  
 Date of Receipt 11 / 24 / 2010  
**Transaction ID:** SA11AI.118157  
 Amount of Each Receipt this Period 25.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer St. Francis Hospital-Bartlett Occupation Registered Nurse  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

**C.** Full Name (Last, First, Middle Initial)  
Stephanie Meador  
 Mailing Address 19980 Hwy 70 E  
 City Heth State AR Zip Code 72346  
 Date of Receipt 11 / 24 / 2010  
**Transaction ID:** SA11AI.118158  
 Amount of Each Receipt this Period 25.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer St. Francis Hospital-Bartlett Occupation Registered Nurse  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 275.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 75.00  
**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 / 81  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Stephanie Meador

Mailing Address 19980 Hwy 70 E

City State Zip Code  
Heth AR 72346

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

Name of Employer St. Francis Hospital-Bartlett  
Occupation Registered Nurse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
11 / 24 / 2010

**Transaction ID:** SA11AI.118161

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Stephanie Meador

Mailing Address 19980 Hwy 70 E

City State Zip Code  
Heth AR 72346

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

Name of Employer St. Francis Hospital-Bartlett  
Occupation Registered Nurse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
MM / DD / YYYY  
12 / 24 / 2010

**Transaction ID:** SA11AI.118624

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Stephanie Meador

Mailing Address 19980 Hwy 70 E

City State Zip Code  
Heth AR 72346

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

Name of Employer St. Francis Hospital-Bartlett  
Occupation Registered Nurse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
12 / 24 / 2010

**Transaction ID:** SA11AI.118627

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **75.00**

**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 31 / 81  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Stephanie Meador

Mailing Address 19980 Hwy 70 E

City State Zip Code  
Heth AR 72346

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

Name of Employer Occupation  
St. Francis Hospital-Bartlett Registered Nurse

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 1 0

**Transaction ID:** SA11AI.118628

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Jeffrey Miller

Mailing Address 906 Natoma Street

City State Zip Code  
Folsom CA 95630

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

Name of Employer Occupation  
Financial Network Advisor

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

**Transaction ID:** SA11AI.118486

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Loretta Neal

Mailing Address 1301 Ave I

City State Zip Code  
Anson TX 79501

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

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 712.50

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

**Transaction ID:** SA11AI.118992

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **100.00**

**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 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Richard Nolan

Mailing Address 1564 Indian Cave Road

City Hendersonville State NC Zip Code 28739

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 ▼ 300.00

Date of Receipt 12 / 08 / 2010  
Transaction ID: SA11AI.118355  
Amount of Each Receipt this Period 100.00

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

Mailing Address 1735 Meiers Ct. N.W.

City Cedar Rapids State IA Zip Code 52405

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 ▼ 650.00

Date of Receipt 11 / 25 / 2010  
Transaction ID: SA11AI.118170  
Amount of Each Receipt this Period 50.00

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

Mailing Address 1735 Meiers Ct. N.W.

City Cedar Rapids State IA Zip Code 52405

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 ▼ 700.00

Date of Receipt 12 / 25 / 2010  
Transaction ID: SA11AI.118637  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 200.00

**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 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Irene Pavleck

Mailing Address 1602 20th Ave  
Apt 3

City State Zip Code  
International Fall MN 56649

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 ▼ 215.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 1 0

**Transaction ID:** SA11AI.118295

Amount of Each Receipt this Period  
25.00

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

Mailing Address 5131 Sandyfields Ln.

City State Zip Code  
Katy TX 77494

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 ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 1 0

**Transaction ID:** SA11AI.118601

Amount of Each Receipt this Period  
25.00

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

Mailing Address 1005 blue ravine rd  
#1022

City State Zip Code  
Folsom CA 95630

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 ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 1 0

**Transaction ID:** SA11AI.118650

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 550.00

**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 / 81  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial) Ben Porter		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address P. O. Box 1527		<b>Transaction ID:</b> SA11AI.119058
City Newnan	State GA	Zip Code 30264
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Elder Care Pharmacy	Occupation Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	

**B.**

Full Name (Last, First, Middle Initial) Gregory Prunier		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address 20432 Greenfield Road		<b>Transaction ID:</b> SA11AI.119151
City Germantown	State MD	Zip Code 20876
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
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 ▼ 235.00	

**C.**

Full Name (Last, First, Middle Initial) David Schilling		Date of Receipt MM / DD / YYYY 12 / 19 / 2010
Mailing Address 7690 County Highway 134		<b>Transaction ID:</b> SA11AI.118551
City Nevada	State OH	Zip Code 44849
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
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 ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	100.00
<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 35 / 81  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
David Schilling

Mailing Address 7690 County Highway 134

City Nevada State OH Zip Code 44849

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 ▼ 300.00

Date of Receipt 12 / 31 / 2010

Transaction ID: SA11AI.119080

Amount of Each Receipt this Period 25.00

**B.**

Full Name (Last, First, Middle Initial)  
Patricia Serio

Mailing Address 20134 Damerall Dr

City Covina State CA Zip Code 91724

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

Name of Employer Serco Mold Inc Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt 12 / 12 / 2010

Transaction ID: SA11AI.118435

Amount of Each Receipt this Period 25.00

**C.**

Full Name (Last, First, Middle Initial)  
Chad Smith

Mailing Address 321 Lake Ridge Trail

City Pineville State LA Zip Code 71360

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

Name of Employer Cenla's Best Cleaning Service Occupation Business Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 23 / 2010

Transaction ID: SA11AI.118123

Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 60.00

**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 36 / 81  
(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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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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial) Chad Smith		Date of Receipt MM / DD / YYYY 11 / 25 / 2010
Mailing Address 321 Lake Ridge Trail		<b>Transaction ID:</b> SA11AI.118168
City Pineville	State LA	Zip Code 71360
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer Cenla's Best Cleaning Service	Occupation Business Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

**B.**

Full Name (Last, First, Middle Initial) Chad Smith		Date of Receipt MM / DD / YYYY 11 / 25 / 2010
Mailing Address 321 Lake Ridge Trail		<b>Transaction ID:</b> SA11AI.118169
City Pineville	State LA	Zip Code 71360
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer Cenla's Best Cleaning Service	Occupation Business Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

**C.**

Full Name (Last, First, Middle Initial) Chad Smith		Date of Receipt MM / DD / YYYY 12 / 23 / 2010
Mailing Address 321 Lake Ridge Trail		<b>Transaction ID:</b> SA11AI.118610
City Pineville	State LA	Zip Code 71360
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer Cenla's Best Cleaning Service	Occupation Business Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	30.00
<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 37 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Chad Smith

Mailing Address 321 Lake Ridge Trail

City Pineville State LA Zip Code 71360

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

Name of Employer: Cenla's Best Cleaning Service  
Occupation: Business Owner

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 25 / 2010  
**Transaction ID:** SA11AI.118639  
 Amount of Each Receipt this Period: 10.00

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

Mailing Address 321 Lake Ridge Trail

City Pineville State LA Zip Code 71360

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

Name of Employer: Cenla's Best Cleaning Service  
Occupation: Business Owner

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 25 / 2010  
**Transaction ID:** SA11AI.118640  
 Amount of Each Receipt this Period: 10.00

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

Mailing Address 313 Leonard Hunt Road

City Leesville State LA Zip Code 71446

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

Name of Employer: First National Bank DeRidder  
Occupation: Assistant VP/Loan Officer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 12 / 08 / 2010  
**Transaction ID:** SA11AI.118328  
 Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 70.00

**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 / 81  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Justin Stanley

Mailing Address 313 Leonard Hunt Road

City State Zip Code  
Leesville LA 71446

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

Name of Employer: First National Bank DeRid-der  
Occupation: Assistant VP/Loan Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 08 / 2010

**Transaction ID:** SA11AI.118329

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Neil Steiner

Mailing Address 7598 Lakeside Village Drive  
Apt I

City State Zip Code  
Falls Church VA 22042

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

Name of Employer: Univ. of Southern California  
Occupation: Researcher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 05 / 2010

**Transaction ID:** SA11AI.118246

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Darlene Stevens

Mailing Address 46073 Buells Crns Road

City State Zip Code  
Spartansburg PA 16434

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

Name of Employer: T.J.Hicks Lumber Co.  
Occupation: Office Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 01 / 2010

**Transaction ID:** SA11AI.118219

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **150.00**

**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 39 / 81  
(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Anne Stevenson

Mailing Address 403 Nighthawk Court

City State Zip Code  
Sugar Land TX 77478

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
MM / DD / YYYY  
12 / 08 / 2010

**Transaction ID:** SA11AI.118364

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael Swaim

Mailing Address 1907 Baker Road

City State Zip Code  
High Point NC 27263

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

Name of Employer Occupation  
Management Resource Systems, Inc. President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1550.00

Date of Receipt  
MM / DD / YYYY  
12 / 06 / 2010

**Transaction ID:** SA11AI.118256

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Pamela Thomas

Mailing Address 410 Deer Pointe Circle

City State Zip Code  
Casselberry FL 32707

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

Name of Employer Occupation  
University of Central Florida Faculty Member

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
12 / 22 / 2010

**Transaction ID:** SA11AI.118593

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **625.00**

**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 40 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Carmen Tippet  
Mailing Address 969 Cedar Street  
City Allouez State MI Zip Code 49805  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ohio Dental Association Occupation Systems & Software Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 11 / 30 / 2010  
Transaction ID: SA11AI.118209  
Amount of Each Receipt this Period 25.00

**B.** Full Name (Last, First, Middle Initial)  
Carmen Tippet  
Mailing Address 969 Cedar Street  
City Allouez State MI Zip Code 49805  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ohio Dental Association Occupation Systems & Software Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 12 / 30 / 2010  
Transaction ID: SA11AI.119004  
Amount of Each Receipt this Period 25.00

**C.** Full Name (Last, First, Middle Initial)  
Patricia Tipton  
Mailing Address 14266 Pine Creek Lane  
City Baker City State OR Zip Code 97814  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Treasure Valley Lab Occupation Requested  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 12 / 22 / 2010  
Transaction ID: SA11AI.118594  
Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 75.00  
**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 41 / 81

(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Eve Tomassini

Mailing Address 3075 Leeds Rd.

City State Zip Code  
Columbus TX 43221

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
355.00

Date of Receipt

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

Transaction ID: SA11AI.118319

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

William Upton

Mailing Address P.O. Box 509

City State Zip Code  
Pelham AL 35124

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

Name of Employer Occupation  
Requested Requested

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

Date of Receipt

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

Transaction ID: SA11AI.118697

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Raymond Usell

Mailing Address 14341 Range Park Road

City State Zip Code  
Poway CA 92064

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

Name of Employer Occupation  
Unemployed Unemployed

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

Date of Receipt

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

Transaction ID: SA11AI.118327

Amount of Each Receipt this Period

25.00

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

5050.00

**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 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Ronald Van Putte

Mailing Address 111 Sleepy Oaks Road NW

City State Zip Code  
Fort Walton Beach FL 32548

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 ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 1 0

**Transaction ID:** SA11AI.118456

Amount of Each Receipt this Period  
10.00

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

Mailing Address P.O. Box 306

City State Zip Code  
Chappell Hill TX 77426

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

Name of Employer Fab and Construction Occupation General Contractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

**Transaction ID:** SA11AI.118235

Amount of Each Receipt this Period  
25.00

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

Mailing Address 158 Congdon Rd

City State Zip Code  
Voluntown CT 06384

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

Name of Employer DOD Navy Occupation Logistic Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 355.00

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

**Transaction ID:** SA11AI.118779

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 60.00

**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 / 81

(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Marcia Weisz

Mailing Address 324 Magnolia Avenue  
Spc 18

City State Zip Code  
Lemoore CA 93245

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: SA11AI.118373

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
Christopher Wilkerson

Mailing Address 5915 Trammell Road

City State Zip Code  
Morrow GA 30260

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

Name of Employer Occupation  
Insurance Auto Auctions Forklift Operator

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

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

Transaction ID: SA11AI.118452

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)  
Donald R. Williams

Mailing Address 365 Larimore Valley Drive

City State Zip Code  
Wildwood MO 63005

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 625.00

Date of Receipt

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

Transaction ID: SA11AI.118399

Amount of Each Receipt this Period

500.00

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

535.00

**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 / 81

(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)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Maxine Wilson

Mailing Address 137 Walnut Hill Dr SE

City State Zip Code  
Calhoun GA 30701

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 205.12

Date of Receipt

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

Transaction ID: SA11AI.118447

Amount of Each Receipt this Period

20.12

**B.**

Full Name (Last, First, Middle Initial)  
Maxine Wilson

Mailing Address 137 Walnut Hill Dr SE

City State Zip Code  
Calhoun GA 30701

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.12

Date of Receipt

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

Transaction ID: SA11AI.119160

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
Jensen Young

Mailing Address 261 Highland #199

City State Zip Code  
Baton Rouge LA 70808

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

Name of Employer Occupation  
State Of Louisiana Financial Oversight

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.12

Date of Receipt

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

Transaction ID: SA11AI.119199

Amount of Each Receipt this Period

20.12

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

65.24

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

17971.02

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 / 81
	(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) HUCK PAC
---

<b>A.</b>	Full Name (Last, First, Middle Initial) LEGGETT & PLATT INCORPORATED POLITICAL ACTION COMMITTEE	Date of Receipt
	Mailing Address NO 1 LEGGETT ROAD	<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City State Zip Code CARTHAGE MO 64836	<b>Transaction ID:</b> SA11C.118119
	FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00229435"/>	Amount of Each Receipt this Period <input type="text" value="5000.00"/>
	Name of Employer Occupation	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="5000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="5000.00"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Aptpix DBA MailStreet <hr/> Mailing Address Dept. CH19172 <hr/> City Palatine State IL Zip Code 60055 <hr/> Purpose of Disbursement Blackberry Service Candidate Name <span style="float: right;">Category/Type</span> <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.118861 Date of Disbursement 12 / 17 / 2010 <hr/> Amount of Each Disbursement this Period 148.31
B.	Full Name (Last, First, Middle Initial) AT&T <hr/> Mailing Address P.O. Box 650661 <hr/> City Dallas State TX Zip Code 75265 <hr/> Purpose of Disbursement Telephone Service Candidate Name <span style="float: right;">Category/Type</span> <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.118817 Date of Disbursement 12 / 03 / 2010 <hr/> Amount of Each Disbursement this Period 320.33
C.	Full Name (Last, First, Middle Initial) AT&T Mobility <hr/> Mailing Address P.O. Box 6463 <hr/> City Carol Stream State IL Zip Code 60197 <hr/> Purpose of Disbursement Telephone Service Candidate Name <span style="float: right;">Category/Type</span> <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.118863 Date of Disbursement 12 / 17 / 2010 <hr/> Amount of Each Disbursement this Period 208.11

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

**676.75**

**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)  
HUCK PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Judith A. Crouch <hr/> Mailing Address 59 Belmont Drive <hr/> City Little Rock State AR Zip Code 72204 <hr/> Purpose of Disbursement Payroll 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.118800 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 2060.00

<b>B.</b> Full Name (Last, First, Middle Initial) Judith A. Crouch <hr/> Mailing Address 59 Belmont Drive <hr/> City Little Rock State AR Zip Code 72204 <hr/> Purpose of Disbursement Payroll 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.118843 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 2060.00

<b>C.</b> Full Name (Last, First, Middle Initial) Judith A. Crouch <hr/> Mailing Address 59 Belmont Drive <hr/> City Little Rock State AR Zip Code 72204 <hr/> Purpose of Disbursement Bonus 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.118853 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4620.00
<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 48 / 81

<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)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Judith A. Crouch</p> <p>Mailing Address 59 Belmont Drive</p> <p>City Little Rock State AR Zip Code 72204</p> <p>Purpose of Disbursement Payroll</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.118882</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2060.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Direct Response Strategies</p> <p>Mailing Address 4025 Ellicott Street</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement Direct Mail - PAC Fundraising</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.118833</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3488.78"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) J. Hogan Gidley</p> <p>Mailing Address 2507 Rigby Drive</p> <p>City Columbia State SC Zip Code 29204</p> <p>Purpose of Disbursement Payroll</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.118801</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="10548.78"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>



**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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) J. Hogan Gidley	Transaction ID: SB21B.118814 Date of Disbursement 12 / 03 / 2010
	Mailing Address 2507 Rigby Drive	Amount of Each Disbursement this Period 243.36
	City Columbia State SC Zip Code 29204	
	Purpose of Disbursement Reimbursement - Health Insurance & Telephone Service	
	Candidate Name	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) J. Hogan Gidley	Transaction ID: SB21B.118831 Date of Disbursement 12 / 09 / 2010
	Mailing Address 2507 Rigby Drive	Amount of Each Disbursement this Period 43.20
	City Columbia State SC Zip Code 29204	
	Purpose of Disbursement Travel Reimbursement	
	Candidate Name	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) J. Hogan Gidley	Transaction ID: SB21B.118844 Date of Disbursement 12 / 15 / 2010
	Mailing Address 2507 Rigby Drive	Amount of Each Disbursement this Period 5000.00
	City Columbia State SC Zip Code 29204	
	Purpose of Disbursement Payroll	
	Candidate Name	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) .....	5286.56
<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)

<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) J. Hogan Gidley Mailing Address 2507 Rigby Drive City Columbia State SC Zip Code 29204 Purpose of Disbursement Payroll 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.118883 Date of Disbursement 12 / 31 / 2010	Amount of Each Disbursement this Period 5000.00
B.	Full Name (Last, First, Middle Initial) GSL Solutions, Inc. Mailing Address 1411 N. Westshore Boulevard Suite 204 City Tampa State FL Zip Code 33607 Purpose of Disbursement Web Development/Hosting 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.118862 Date of Disbursement 12 / 17 / 2010	Amount of Each Disbursement this Period 5482.19
C.	Full Name (Last, First, Middle Initial) Katherine E. Harris Mailing Address 3226 Stonepine City Bryant State AR Zip Code 72022 Purpose of Disbursement Mileage Reimbursement 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.118792 Date of Disbursement 11 / 24 / 2010	Amount of Each Disbursement this Period 79.34

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

10561.53

**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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Katherine E. Harris	Transaction ID: SB21B.118802 Date of Disbursement 12 / 01 / 2010
	Mailing Address 3226 Stonepine	Amount of Each Disbursement this Period 1500.00
	City Bryant State AR Zip Code 72022	
	Purpose of Disbursement Payroll Candidate Name	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) Katherine E. Harris	Transaction ID: SB21B.118815 Date of Disbursement 12 / 03 / 2010
	Mailing Address 3226 Stonepine	Amount of Each Disbursement this Period 130.75
	City Bryant State AR Zip Code 72022	
	Purpose of Disbursement Health & Dental Insurance Reimbursements Candidate Name	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 E. Harris	Transaction ID: SB21B.118845 Date of Disbursement 12 / 15 / 2010
	Mailing Address 3226 Stonepine	Amount of Each Disbursement this Period 1500.00
	City Bryant State AR Zip Code 72022	
	Purpose of Disbursement Payroll Candidate Name	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) .....	3130.75
<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Katherine E. Harris	Transaction ID: SB21B.118854 Date of Disbursement
	Mailing Address 3226 Stonepine	<input type="text" value="12"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City State Zip Code Bryant AR 72022	Amount of Each Disbursement this Period
	Purpose of Disbursement Bonus	<input type="text" value="500.00"/>
	Candidate Name	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) Katherine E. Harris	Transaction ID: SB21B.118870 Date of Disbursement
	Mailing Address 3226 Stonepine	<input type="text" value="12"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City State Zip Code Bryant AR 72022	Amount of Each Disbursement this Period
	Purpose of Disbursement Mileage Reimbursement	<input type="text" value="55.70"/>
	Candidate Name	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 E. Harris	Transaction ID: SB21B.118884 Date of Disbursement
	Mailing Address 3226 Stonepine	<input type="text" value="12"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City State Zip Code Bryant AR 72022	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="1500.00"/>
	Candidate Name	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) .....

**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)  
HUCK PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Heritage Communications, Inc.  Mailing Address 2402 Wildwood Ave.  City Sherwood State AR Zip Code 72120  Purpose of Disbursement Telephone Equipment Lease 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.118829 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 1 0	<b>Amount of Each Disbursement this Period</b> 199.31
<b>B.</b>	Full Name (Last, First, Middle Initial) Holtzman Vogel, PLLC  Mailing Address 45 North Hill Drive Suite 100  City Warrenton State VA Zip Code 20186  Purpose of Disbursement Consulting - Legal 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.118859 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 1 0	<b>Amount of Each Disbursement this Period</b> 854.10
<b>C.</b>	Full Name (Last, First, Middle Initial) Lauren Huckabee  Mailing Address #2 Cedar Point Court  City Little Rock State AR Zip Code 72211  Purpose of Disbursement Payroll 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.118803 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 1 0	<b>Amount of Each Disbursement this Period</b> 3360.00

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

4413.41

**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)  
HUCK PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Lauren Huckabee</p> <p>Mailing Address #2 Cedar Point Court</p> <p>City Little Rock State AR Zip Code 72211</p> <p>Purpose of Disbursement Reimbursement - Health Insurance &amp; Telephone 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.118813</p> <p>Date of Disbursement 12 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 375.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Lauren Huckabee</p> <p>Mailing Address #2 Cedar Point Court</p> <p>City Little Rock State AR Zip Code 72211</p> <p>Purpose of Disbursement Payroll</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.118846</p> <p>Date of Disbursement 12 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Lauren Huckabee</p> <p>Mailing Address #2 Cedar Point Court</p> <p>City Little Rock State AR Zip Code 72211</p> <p>Purpose of Disbursement Bonus</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.118855</p> <p>Date of Disbursement 12 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>2375.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

**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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Lauren Huckabee	Transaction ID: SB21B.118885 Date of Disbursement 12 / 31 / 2010
	Mailing Address #2 Cedar Point Court	Amount of Each Disbursement this Period 1500.00
	City Little Rock State AR Zip Code 72211	
	Purpose of Disbursement Payroll Candidate Name	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) David M. John	Transaction ID: SB21B.118804 Date of Disbursement 12 / 01 / 2010
	Mailing Address 15 Thankful Bradley Road	Amount of Each Disbursement this Period 1751.00
	City West Redding State CT Zip Code 06896	
	Purpose of Disbursement Payroll Candidate Name	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) David M. John	Transaction ID: SB21B.118847 Date of Disbursement 12 / 15 / 2010
	Mailing Address 15 Thankful Bradley Road	Amount of Each Disbursement this Period 1751.00
	City West Redding State CT Zip Code 06896	
	Purpose of Disbursement Payroll Candidate Name	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) .....	5002.00
<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) David M. John	Transaction ID: SB21B.118856 Date of Disbursement 12 / 17 / 2010
	Mailing Address 15 Thankful Bradley Road	Amount of Each Disbursement this Period 1000.00
	City West Redding State CT Zip Code 06896	
	Purpose of Disbursement Bonus Candidate Name	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) David M. John	Transaction ID: SB21B.118886 Date of Disbursement 12 / 31 / 2010
	Mailing Address 15 Thankful Bradley Road	Amount of Each Disbursement this Period 1751.00
	City West Redding State CT Zip Code 06896	
	Purpose of Disbursement Payroll Candidate Name	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) JPMS Cox	Transaction ID: SB21B.118830 Date of Disbursement 12 / 09 / 2010
	Mailing Address 11300 Cantrell Road Suite 301	Amount of Each Disbursement this Period 6000.00
	City Little Rock State AR Zip Code 72212	
	Purpose of Disbursement Accounting & Compliance Fees Candidate Name	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) .....	8751.00
<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)  
HUCK PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) LCM Strategies <hr/> Mailing Address 3409 Hopkins Street <hr/> City Nashville State TN Zip Code 37215 <hr/> Purpose of Disbursement Direct Mail - PAC 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.118812 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 4500.00
<b>B.</b>	Full Name (Last, First, Middle Initial) LCM Strategies <hr/> Mailing Address 3409 Hopkins Street <hr/> City Nashville State TN Zip Code 37215 <hr/> Purpose of Disbursement Direct Mail - PAC 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.118834 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 4500.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Metro <hr/> Mailing Address 124 West Capitol Ave. <hr/> City Little Rock State AR Zip Code 72201 <hr/> Purpose of Disbursement Postage - PAC 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.118790 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 494.44

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

**9494.44**

**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)  
HUCK PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Metro <hr/> Mailing Address 124 West Capitol Ave. <hr/> City Little Rock State AR Zip Code 72201 <hr/> Purpose of Disbursement Postage - PAC 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.118832 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 1 0
	Amount of Each Disbursement this Period 276.00
	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

<b>B.</b> Full Name (Last, First, Middle Initial) Paychex, Inc. <hr/> Mailing Address 12921 Cantrell Road Suite 100 <hr/> City Little Rock State AR Zip Code 72223 <hr/> Purpose of Disbursement Payroll 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) ▼	<b>Transaction ID:</b> SB21B.118805 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 1044.30
	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

<b>C.</b> Full Name (Last, First, Middle Initial) Paychex, Inc. <hr/> Mailing Address 12921 Cantrell Road Suite 100 <hr/> City Little Rock State AR Zip Code 72223 <hr/> Purpose of Disbursement Payroll Processing 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.118806 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 92.05
	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

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

1412.35

**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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: SB21B.118842 Date of Disbursement
	Mailing Address 12921 Cantrell Road Suite 100	<input type="text" value="12"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Little Rock State AR Zip Code 72223	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Processing Fee	<input type="text" value="171.02"/>
	Candidate Name	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) Paychex, Inc.	Transaction ID: SB21B.118848 Date of Disbursement
	Mailing Address 12921 Cantrell Road Suite 100	<input type="text" value="12"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Little Rock State AR Zip Code 72223	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="902.01"/>
	Candidate Name	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) Paychex, Inc.	Transaction ID: SB21B.118857 Date of Disbursement
	Mailing Address 12921 Cantrell Road Suite 100	<input type="text" value="12"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Little Rock State AR Zip Code 72223	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="191.25"/>
	Candidate Name	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) .....	<input type="text" value="1264.28"/>
<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 60 / 81

<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)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 12921 Cantrell Road Suite 100</p> <p>City Little Rock State AR Zip Code 72223</p> <p>Purpose of Disbursement Payroll Processing Fee</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.118858 <b>Date of Disbursement</b> 12 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 85.51</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 12921 Cantrell Road Suite 100</p> <p>City Little Rock State AR Zip Code 72223</p> <p>Purpose of Disbursement Payroll Processing Fee</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.118868 <b>Date of Disbursement</b> 12 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 116.79</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 12921 Cantrell Road Suite 100</p> <p>City Little Rock State AR Zip Code 72223</p> <p>Purpose of Disbursement Payroll Processing Fee</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.118879 <b>Date of Disbursement</b> 12 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 85.51</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>287.81</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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: SB21B.118887 Date of Disbursement
	Mailing Address 12921 Cantrell Road Suite 100	<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City Little Rock State AR Zip Code 72223	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="902.01"/>
	Candidate Name	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) Paypal, Inc.	Transaction ID: SB21B.118787 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="14.17"/>
	Candidate Name	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) Paypal, Inc.	Transaction ID: SB21B.118789 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="13.62"/>
	Candidate Name	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) .....	<input type="text" value="929.80"/>
<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)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</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.118793 <b>Date of Disbursement</b> 11 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 3.89</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</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.118794 <b>Date of Disbursement</b> 11 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 2.50</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</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.118795 <b>Date of Disbursement</b> 11 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 2.47</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8.86
<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)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</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.118796 <b>Date of Disbursement</b> 11 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 10.48</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</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.118797 <b>Date of Disbursement</b> 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 4.41</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</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.118798 <b>Date of Disbursement</b> 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 12.63</p>

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

27.52

**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)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</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.118799</p> <p>Date of Disbursement 12 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 6.19</p> <p>Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</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.118810</p> <p>Date of Disbursement 12 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 6.80</p> <p>Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</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.118811</p> <p>Date of Disbursement 12 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 3.02</p> <p>Category/Type</p>

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

16.01

**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)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</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.118818 <b>Date of Disbursement</b> 12 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 1.78</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</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.118819 <b>Date of Disbursement</b> 12 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 2.85</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</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.118820 <b>Date of Disbursement</b> 12 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 29.10</p>

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

33.73

**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)

<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.118823 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="12"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="23.23"/>
	Candidate Name	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) Paypal, Inc.	Transaction ID: SB21B.118826 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="12"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="93.40"/>
	Candidate Name	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) Paypal, Inc.	Transaction ID: SB21B.118827 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="12"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="19.63"/>
	Candidate Name	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="136.26"/>
<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)

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<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.118835 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="12"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="8.69"/>
	Candidate Name	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) Paypal, Inc.	Transaction ID: SB21B.118837 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="12"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="5.09"/>
	Candidate Name	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) Paypal, Inc.	Transaction ID: SB21B.118838 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="12"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="8.09"/>
	Candidate Name	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="21.87"/>
<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)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</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.118839</p> <p>Date of Disbursement 12 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 6.61</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</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.118841</p> <p>Date of Disbursement 12 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 15.98</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</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.118850</p> <p>Date of Disbursement 12 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 49.86</p>

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

72.45

**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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<p><b>B.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</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.118852 <b>Date of Disbursement</b> 12 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 1.64</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</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.118865 <b>Date of Disbursement</b> 12 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 1.23</p>

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

8.91

**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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HUCK PAC

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<p><b>B.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</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.118867 <b>Date of Disbursement</b> 12 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 3.34</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</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.118869 <b>Date of Disbursement</b> 12 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 9.10</p>

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

13.29

**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)  
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<p><b>A.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</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.118871</p> <p>Date of Disbursement 12 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 20.75</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</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.118872</p> <p>Date of Disbursement 12 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 13.02</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</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.118873</p> <p>Date of Disbursement 12 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 9.64</p>

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

43.41

**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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.118874 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="12"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="3.89"/>
	Candidate Name	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) Paypal, Inc.	Transaction ID: SB21B.118875 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="12"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="4.86"/>
	Candidate Name	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) Paypal, Inc.	Transaction ID: SB21B.118951 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="12"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="3.35"/>
	Candidate Name	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="12.10"/>
<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)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</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.118952</p> <p>Date of Disbursement 12 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 11.22</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</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.118953</p> <p>Date of Disbursement 12 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 13.23</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</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.118954</p> <p>Date of Disbursement 12 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 31.47</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>55.92</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)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</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.118955 <b>Date of Disbursement</b> 12 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 90.64</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Precision Funding dba JETEeasy</p> <p>Mailing Address 2820 Cantrell Road</p> <p>City Little Rock State AR Zip Code 72202</p> <p>Purpose of Disbursement Charter Travel</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.118828 <b>Date of Disbursement</b> 12 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 10290.12</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) QualChoice</p> <p>Mailing Address 10825 Financial Centre Parkway</p> <p>City Little Rock State AR Zip Code 72211</p> <p>Purpose of Disbursement Employee Benefits - Health Insurance</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.118791 <b>Date of Disbursement</b> 11 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1256.05</p>

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

11636.81

**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)  
HUCK PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) QualChoice</p> <p>Mailing Address 10825 Financial Centre Parkway</p> <p>City Little Rock State AR Zip Code 72211</p> <p>Purpose of Disbursement Employee Benefits - Health Insurance</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.118860</p> <p>Date of Disbursement 12 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 1256.05</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Safe Foods</p> <p>Mailing Address 4801 North Shore Drive</p> <p>City North Little Rock State AR Zip Code 72118</p> <p>Purpose of Disbursement Office Rent</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.118816</p> <p>Date of Disbursement 12 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 750.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Safe Foods</p> <p>Mailing Address 4801 North Shore Drive</p> <p>City North Little Rock State AR Zip Code 72118</p> <p>Purpose of Disbursement Office Rent</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.118864</p> <p>Date of Disbursement 12 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 750.00</p>

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

2756.05

**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)  
HUCK PAC

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

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Payment - See Memos

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B.118807  
Date of Disbursement  
12 / 01 / 2010

Amount of Each Disbursement this Period  
752.38

Category/Type

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

Mailing Address 600 E. Capitol Avenue

City Little Rock State AR Zip Code 72202

Purpose of Disbursement  
Postage - PAC Fundraising

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B.118807.0  
Date of Disbursement  
12 / 01 / 2010

Amount of Each Disbursement this Period  
221.05

Category/Type

[MEMO ITEM]

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

Mailing Address 2903 Sprinkle Avenue

City Memphis State TN Zip Code 38118

Purpose of Disbursement  
Shipping Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B.118807.3  
Date of Disbursement  
12 / 01 / 2010

Amount of Each Disbursement this Period  
58.64

Category/Type

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ 752.38

**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)

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<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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Hampton Inn Times Square Mailing Address 851 Eighth Avenue City New York State NY Zip Code 10019 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.118807.4 Date of Disbursement 12 / 01 / 2010	Amount of Each Disbursement this Period 438.41 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Visa Mailing Address P.O. Box 8999 City San Francisco State CA Zip Code 94128 Purpose of Disbursement Credit Card Payment - See Memos 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.118808 Date of Disbursement 12 / 01 / 2010	Amount of Each Disbursement this Period 787.30
C.	Full Name (Last, First, Middle Initial) Staples Direct Mailing Address 500 Staples Drive City Farmington State MA Zip Code 01702 Purpose of Disbursement Office Supplies Expense 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.118808.0 Date of Disbursement 12 / 01 / 2010	Amount of Each Disbursement this Period 87.99 [MEMO ITEM]

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

787.30

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)  
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB21B.118808.1 Date of Disbursement 12 / 01 / 2010
	Mailing Address 12309 Chenal Parkway	Amount of Each Disbursement this Period 21.49
	City Little Rock State AR Zip Code 72211	
	Purpose of Disbursement Office Supplies Expense	
	Candidate Name	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) US Post Office	Transaction ID: SB21B.118808.3 Date of Disbursement 12 / 01 / 2010
	Mailing Address 600 E. Capitol Avenue	Amount of Each Disbursement this Period 554.80
	City Little Rock State AR Zip Code 72202	
	Purpose of Disbursement Postage - PAC Fundraising	
	Candidate Name	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) Dish Network	Transaction ID: SB21B.118808.4 Date of Disbursement 12 / 01 / 2010
	Mailing Address Department 0063	Amount of Each Disbursement this Period 99.24
	City Palatine State IL Zip Code 60055	
	Purpose of Disbursement Office Expense	
	Candidate Name	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) .....	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)  
HUCK PAC

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

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Payment - See Memos

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B.118809  
Date of Disbursement  
12 / 01 / 2010

Amount of Each Disbursement this Period  
1787.59

**B.** Full Name (Last, First, Middle Initial)  
Hertz Rent-a-Car

Mailing Address Columbia Airport

City Columbia State SC Zip Code 29201

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B.118809.18  
Date of Disbursement  
12 / 01 / 2010

Amount of Each Disbursement this Period  
1207.19

[MEMO ITEM]

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

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Payment - See Memos

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B.118877  
Date of Disbursement  
12 / 27 / 2010

Amount of Each Disbursement this Period  
504.52

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 2292.11

**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)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Staples Direct

Mailing Address 500 Staples Drive

City Farmington State MA Zip Code 01702

Purpose of Disbursement Office Supplies Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21B.118877.0  
Date of Disbursement 12 / 27 / 2010

Amount of Each Disbursement this Period 93.70

[MEMO ITEM]

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

Mailing Address 600 E. Capitol Avenue

City Little Rock State AR Zip Code 72202

Purpose of Disbursement Postage - PAC Operation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21B.118877.2  
Date of Disbursement 12 / 27 / 2010

Amount of Each Disbursement this Period 101.00

[MEMO ITEM]

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

Mailing Address Department 0063

City Palatine State IL Zip Code 60055

Purpose of Disbursement Office Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21B.118877.3  
Date of Disbursement 12 / 27 / 2010

Amount of Each Disbursement this Period 99.24

[MEMO ITEM]

**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)

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<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)  
HUCK PAC

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

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Payment - See Memos

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B.118878  
Date of Disbursement  
12 / 27 / 2010

Amount of Each Disbursement this Period  
1961.67

Category/Type

**B.** Full Name (Last, First, Middle Initial)  
Mack's Prairie Wings

Mailing Address 2335 Highway 63 North

City Stuttgart State AR Zip Code 72160

Purpose of Disbursement  
Event Supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B.118878.0  
Date of Disbursement  
12 / 27 / 2010

Amount of Each Disbursement this Period  
1961.67

Category/Type

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 1961.67

**TOTAL** This Period (last page this line number only) ..... ► 91446.81