

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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 Bryan Jeffrey [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

HUCK PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="95793.74"/>	<input type="text" value="95793.74"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="259166.13"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="24020.50"/>	<input type="text" value="604393.58"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="283186.63"/>	<input type="text" value="700187.32"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="71961.64"/>	<input type="text" value="488962.33"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="211224.99"/>	<input type="text" value="211224.99"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

HUCK PAC

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

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).....	17330.00	344558.00
(ii) Unitemized	6690.50	235555.58
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	24020.50	580113.58
(b) Political Party Committees	0.00	12000.00
(c) Other Political Committees (such as PACs).....	0.00	11500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	24020.50	603613.58
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	780.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	24020.50	604393.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	24020.50	604393.58

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	71961.64	440577.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	71961.64	440577.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	42000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1385.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1385.00
29. Other Disbursements	0.00	5000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	71961.64	488962.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	71961.64	488962.33

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	24020.50	603613.58
34. Total Contribution Refunds (from Line 28(d))	0.00	1385.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24020.50	602228.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	71961.64	440577.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	780.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	71961.64	439797.33

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 47
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
HUCK PAC

Full Name (Last, First, Middle Initial) A. Juliana Barlow		Date of Receipt
Mailing Address 136 Lariat Lane		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2012"/>
City State Zip Code Marble Falls TX 78654		Transaction ID : SA11AI.64129
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
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="450.00"/>	

Full Name (Last, First, Middle Initial) B. Juliana Barlow		Date of Receipt
Mailing Address 136 Lariat Lane		<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City State Zip Code Marble Falls TX 78654		Transaction ID : SA11AI.64233
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
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="475.00"/>	

Full Name (Last, First, Middle Initial) C. Eldon Beard		Date of Receipt
Mailing Address 1070 Springhill Drive		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City State Zip Code Fort Worth TX 76179		Transaction ID : SA11AI.63833
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="200.00"/>
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="350.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="250.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="250.00"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 47
	<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

A. Jacqueline Britton
Full Name (Last, First, Middle Initial)
Mailing Address 3318 Shallowford Circle
City Birmingham State AL Zip Code 35216
FEC ID number of contributing federal political committee. **C**
Name of Employer Metro Church of God Occupation Graphic Designer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
12 / 04 / 2012
Transaction ID : SA11AI.64101
Amount of Each Receipt this Period 25.00

B. James Brubaker
Full Name (Last, First, Middle Initial)
Mailing Address 1502 Esbenshade Road
City Lancaster State PA Zip Code 17601
FEC ID number of contributing federal political committee. **C**
Name of Employer Ambassadors for Christ, Inc. Occupation Minister
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
12 / 04 / 2012
Transaction ID : SA11AI.64102
Amount of Each Receipt this Period 25.00

C. Joshua Clinard
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 15294
City Norfolk State VA Zip Code 23511
FEC ID number of contributing federal political committee. **C**
Name of Employer U.S. Navy Occupation Quarter Master
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1175.00

Date of Receipt
12 / 26 / 2012
Transaction ID : SA11AI.64236
Amount of Each Receipt this Period 75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 47
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HUCK PAC

Full Name (Last, First, Middle Initial)
A. Patsy Drager

Mailing Address P.O. Box 1278

City Mena	State AR	Zip Code 71953
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FEC ID number of contributing federal political committee. **C**

Name of Employer Drager Industries, Inc.	Occupation Clerical
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

Transaction ID : SA11AI.63628

Amount of Each Receipt this Period

10.00

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

Mailing Address P.O. Box 1278

City Mena	State AR	Zip Code 71953
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FEC ID number of contributing federal political committee. **C**

Name of Employer Drager Industries, Inc.	Occupation Clerical
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2012

Transaction ID : SA11AI.64059

Amount of Each Receipt this Period

25.00

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

Mailing Address P.O. Box 1278

City Mena	State AR	Zip Code 71953
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FEC ID number of contributing federal political committee. **C**

Name of Employer Drager Industries, Inc.	Occupation Clerical
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **355.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2012

Transaction ID : SA11AI.64265

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 47
	<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

A. Gregory Elder
Full Name (Last, First, Middle Initial)
Mailing Address 1536 24th Street SW

City Vero Beach	State FL	Zip Code 32962
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FEC ID number of contributing federal political committee. **C**

Name of Employer Morgan Tire & Auto	Occupation Service Manager
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

Transaction ID : SA11AI.63622

Amount of Each Receipt this Period
25.00

B. Gregory Elder
Full Name (Last, First, Middle Initial)
Mailing Address 1536 24th Street SW

City Vero Beach	State FL	Zip Code 32962
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FEC ID number of contributing federal political committee. **C**

Name of Employer Morgan Tire & Auto	Occupation Service Manager
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2012

Transaction ID : SA11AI.64259

Amount of Each Receipt this Period
25.00

C. Joe Ernsberger
Full Name (Last, First, Middle Initial)
Mailing Address 1120 Glen Lea Lane

City Harrisonburg	State VA	Zip Code 22801
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2012

Transaction ID : SA11AI.64146

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: (check only one)	PAGE 10 OF 47
<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

Full Name (Last, First, Middle Initial) A. Glenn Goodson		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 21 / 2012 Transaction ID : SA11AI.64210
Mailing Address 8 Tamar Drive		Amount of Each Receipt this Period 500.00
City Texarkana	State TX	Zip Code 75503
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Premium Ice of Arkansas, Inc.	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Charles Graves		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2012 Transaction ID : SA11AI.63624
Mailing Address 7629 Densmore Avenue		Amount of Each Receipt this Period 100.00
City Van Nuys	State CA	Zip Code 91406
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1100.00
Name of Employer Graves Motorsports	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Charles Graves		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 30 / 2012 Transaction ID : SA11AI.64261
Mailing Address 7629 Densmore Avenue		Amount of Each Receipt this Period 100.00
City Van Nuys	State CA	Zip Code 91406
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1200.00
Name of Employer Graves Motorsports	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 11 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
HUCK PAC

A. Melanie Groover
 Full Name (Last, First, Middle Initial)
 Mailing Address 698 Lightwood Lane
 City Hartwell State GA Zip Code 30643
 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 ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2012
Transaction ID : SA11AI.63599
 Amount of Each Receipt this Period
 25.00

B. Holt B Harrison
 Full Name (Last, First, Middle Initial)
 Mailing Address 232-B Little John Drive
 City Baton Rouge State LA Zip Code 70815
 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 M / D D D / Y Y Y Y Y Y
 12 / 13 / 2012
Transaction ID : SA11AI.64238
 Amount of Each Receipt this Period
 250.00

C. Lynn Hodges
 Full Name (Last, First, Middle Initial)
 Mailing Address 107 Mountain Hill Court
 City Fortson State GA Zip Code 31808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Requested using best efforts Occupation Requested using best efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2012
Transaction ID : SA11AI.64199
 Amount of Each Receipt this Period
 5.00

SUBTOTAL of Receipts This Page (optional).....▶	280.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 OF 47
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HUCK PAC

Full Name (Last, First, Middle Initial) A. Joy Holland		Date of Receipt 12 / 15 / 2012 Transaction ID : SA11AI.64156
Mailing Address 2002 Rosemond Avenue		Amount of Each Receipt this Period 25.00
City Jonesboro	State AR	Zip Code 72401
FEC ID number of contributing federal political committee.	C	
Name of Employer St. Bernards Medical Center	Occupation Registered Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) B. Gail Jensen		Date of Receipt 12 / 01 / 2012 Transaction ID : SA11AI.64041
Mailing Address 1926 Fairview Avenue E #303		Amount of Each Receipt this Period 10.00
City Seattle	State WA	Zip Code 98102
FEC ID number of contributing federal political committee.	C	
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 ▼ 365.00	

Full Name (Last, First, Middle Initial) C. Gail Jensen		Date of Receipt 12 / 01 / 2012 Transaction ID : SA11AI.64042
Mailing Address 1926 Fairview Avenue E #303		Amount of Each Receipt this Period 10.00
City Seattle	State WA	Zip Code 98102
FEC ID number of contributing federal political committee.	C	
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 ▼ 375.00	

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 13 OF 47
	<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

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

Mailing Address 2163 E Sesame Street

City Tempe State AZ Zip Code 85283

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

Name of Employer Requested Using Best Efforts Occupation Requested Using Best Efforts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : SA11AI.64273

Amount of Each Receipt this Period
 300.00

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

Mailing Address 6355 Vintage Court

City Lockport State NY Zip Code 14094

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

Name of Employer Self-Employed Occupation HealthCare Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2012
Transaction ID : SA11AI.63604

Amount of Each Receipt this Period
 25.00

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

Mailing Address 6355 Vintage Court

City Lockport State NY Zip Code 14094

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

Name of Employer Self-Employed Occupation HealthCare Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2012
Transaction ID : SA11AI.64245

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00

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 14 OF 47
	<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

A. Shelby Lorenzen
Full Name (Last, First, Middle Initial)
Mailing Address 5262 Moore Loop
City Crestview State FL Zip Code 32536
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 **12 / 14 / 2012**
Transaction ID : SA11AI.64284
Amount of Each Receipt this Period **50.00**

B. Barry Luxton
Full Name (Last, First, Middle Initial)
Mailing Address 3 Valley Drive
City Union State MO Zip Code 63084
FEC ID number of contributing federal political committee. **C**
Name of Employer Requested using best efforts Occupation Requested using best efforts
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **375.00**

Date of Receipt **12 / 04 / 2012**
Transaction ID : SA11AI.64098
Amount of Each Receipt this Period **75.00**

C. Tom Lynch
Full Name (Last, First, Middle Initial)
Mailing Address 1050 Dye Lane
City Summit State MS Zip Code 39666
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 / 02 / 2012**
Transaction ID : SA11AI.64060
Amount of Each Receipt this Period **5.00**

SUBTOTAL of Receipts This Page (optional)..... **130.00**
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 15 OF 47
	<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

A. Tom Lynch
Full Name (Last, First, Middle Initial)
Mailing Address 1050 Dye Lane

City Summit	State MS	Zip Code 39666
----------------	-------------	-------------------

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 ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2012

Transaction ID : SA11AI.64061

Amount of Each Receipt this Period
5.00

B. Tom Lynch
Full Name (Last, First, Middle Initial)
Mailing Address 1050 Dye Lane

City Summit	State MS	Zip Code 39666
----------------	-------------	-------------------

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 ▼
235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2012

Transaction ID : SA11AI.64184

Amount of Each Receipt this Period
5.00

C. Tom Lynch
Full Name (Last, First, Middle Initial)
Mailing Address 1050 Dye Lane

City Summit	State MS	Zip Code 39666
----------------	-------------	-------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2012

Transaction ID : SA11AI.64185

Amount of Each Receipt this Period
5.00

SUBTOTAL of Receipts This Page (optional).....▶	15.00
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 16 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
HUCK PAC

Full Name (Last, First, Middle Initial) A. Norma Matheny		Date of Receipt 11 / 30 / 2012 Transaction ID : SA11AI.63625
Mailing Address 5105 Bromely Drive		Amount of Each Receipt this Period 50.00
City Corpus Christi	State TX	Zip Code 78413
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 550.00	
Name of Employer City Church Corpus Christi	Occupation Office Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Norma Matheny		Date of Receipt 12 / 30 / 2012 Transaction ID : SA11AI.64262
Mailing Address 5105 Bromely Drive		Amount of Each Receipt this Period 50.00
City Corpus Christi	State TX	Zip Code 78413
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 600.00	
Name of Employer City Church Corpus Christi	Occupation Office Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Teek Miller		Date of Receipt 11 / 30 / 2012 Transaction ID : SA11AI.63897
Mailing Address 912 Northgate Road		Amount of Each Receipt this Period 50.00
City Victoria	State TX	Zip Code 77904
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 250.00	
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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: (check only one)	PAGE 17 OF 47
<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

Full Name (Last, First, Middle Initial) A. Linda Moon		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2012 Transaction ID : SA11AI.63922
Mailing Address 8665 Highway 822		Amount of Each Receipt this Period 20.00
City Dubach	State LA	Zip Code 71235
FEC ID number of contributing federal political committee. C		
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	

Full Name (Last, First, Middle Initial) B. Anthony Natali		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 12 / 2012 Transaction ID : SA11AI.64152
Mailing Address 237 Trelon Circle		Amount of Each Receipt this Period 25.00
City Little Rock	State AR	Zip Code 72223
FEC ID number of contributing federal political committee. C		
Name of Employer Little Rock Fire Department	Occupation Firefighter	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Phyllis Nicholas		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2012 Transaction ID : SA11AI.64294
Mailing Address 40 Howard Road		Amount of Each Receipt this Period 50.00
City Greenwich	State CT	Zip Code 06831
FEC ID number of contributing federal political committee. C		
Name of Employer Homemaker	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

SUBTOTAL of Receipts This Page (optional).....▶	95.00
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 18 OF 47
	<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

Full Name (Last, First, Middle Initial) A. Marva J Nissel		Date of Receipt
Mailing Address 835 Barberry Lane		M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2012
City	State	Zip Code
Woodsburgh	NY	11598
FEC ID number of contributing federal political committee.	Transaction ID : SA11AI.64301	
	Amount of Each Receipt this Period	
	5000.00	
Name of Employer	Occupation	
Homemaker	Homemaker	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	5000.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Neal J Nissel		Date of Receipt
Mailing Address 835 Barberry Lane		M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2012
City	State	Zip Code
Woodsburgh	NY	11598
FEC ID number of contributing federal political committee.	Transaction ID : SA11AI.64299	
	Amount of Each Receipt this Period	
	5000.00	
Name of Employer	Occupation	
Self-Employed	CPA	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	5000.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Connie Payton		Date of Receipt
Mailing Address 27307 Hemet Street		M M M / D D D / Y Y Y Y Y Y 12 / 07 / 2012
City	State	Zip Code
Hemet	CA	92544
FEC ID number of contributing federal political committee.	Transaction ID : SA11AI.64121	
	Amount of Each Receipt this Period	
	25.00	
Name of Employer	Occupation	
Retired	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	450.00	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	10025.00
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 19 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
HUCK PAC

A. Don Payton
 Full Name (Last, First, Middle Initial)
 Mailing Address 27307 Hemet Street
 City Hemet State CA Zip Code 92544
 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
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2012
Transaction ID : SA11AI.64120
 Amount of Each Receipt this Period
 25.00

B. Eric Redman
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 930
 City Rathdrum State ID Zip Code 83858
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Redman Company Insurance, Inc. Occupation Insurance Marketer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 01 / 2012
Transaction ID : SA11AI.63969
 Amount of Each Receipt this Period
 100.00

C. Roger Sherman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1124 12th Avenue NW
 City Arab State AL Zip Code 35016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lockheed Martin Space Systems Occupation Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 05 / 2012
Transaction ID : SA11AI.64110
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	225.00
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 20 OF 47
	<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

Full Name (Last, First, Middle Initial) A. Carmen Smallwood		Date of Receipt
Mailing Address 18824 Townline Road		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code
Mokena	IL	60448
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.64225
Name of Employer Retired		Occupation Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period
Aggregate Year-to-Date ▼ <input type="text" value="575.00"/>		<input type="text" value="25.00"/>

Full Name (Last, First, Middle Initial) B. Carmen Smallwood		Date of Receipt
Mailing Address 18824 Townline Road		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code
Mokena	IL	60448
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.64226
Name of Employer Retired		Occupation Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period
Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>		<input type="text" value="25.00"/>

Full Name (Last, First, Middle Initial) C. Lancia Smith		Date of Receipt
Mailing Address 1061 E. 133rd Way		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City	State	Zip Code
Thornton	CO	80241
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.64081
Name of Employer Smith Envirnmntl & Engineering		Occupation Executive Management/Writer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period
Aggregate Year-to-Date ▼ <input type="text" value="690.00"/>		<input type="text" value="50.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="100.00"/>
TOTAL 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: (check only one)	PAGE 21 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
HUCK PAC

A. Doug Stanaland
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 4240
 City Calabash State NC Zip Code 28467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Requested using best efforts Occupation Requested using best efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2012
Transaction ID : SA11AI.63963
 Amount of Each Receipt this Period
 50.00

B. Neil Steiner
 Full Name (Last, First, Middle Initial)
 Mailing Address 671 N Armistead Street
 City Alexandria State VA Zip Code 22312
 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 ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2012
Transaction ID : SA11AI.64172
 Amount of Each Receipt this Period
 25.00

C. Valerie Swearingen
 Full Name (Last, First, Middle Initial)
 Mailing Address 460 Nice Place Road
 City Clever State MO Zip Code 65631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. John's Occupation Family and Patient Advocate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2012
Transaction ID : SA11AI.63601
 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 22 OF 47
	<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

A. Valerie Swearingen
Full Name (Last, First, Middle Initial)
Mailing Address 460 Nice Place Road
City Clever State MO Zip Code 65631
FEC ID number of contributing federal political committee. **C**
Name of Employer St. John's Occupation Family and Patient Advocate
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **375.00**

Date of Receipt **12 / 27 / 2012**
Transaction ID : SA11AI.64244
Amount of Each Receipt this Period **25.00**

B. Judith Taber
Full Name (Last, First, Middle Initial)
Mailing Address 1421 Brighton Street
City La Habra State CA Zip Code 90631
FEC ID number of contributing federal political committee. **C**
Name of Employer Century 21 Discovery Occupation Realtor
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **210.00**

Date of Receipt **11 / 30 / 2012**
Transaction ID : SA11AI.63695
Amount of Each Receipt this Period **10.00**

C. Jeanie S Tillis
Full Name (Last, First, Middle Initial)
Mailing Address 210 Merion Drive
City Eufaula State AL Zip Code 36027
FEC ID number of contributing federal political committee. **C**
Name of Employer Lake Real Estate Occupation Real Estate Agent
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **5000.00**

Date of Receipt **12 / 05 / 2012**
Transaction ID : SA11AI.64279
Amount of Each Receipt this Period **5000.00**

SUBTOTAL of Receipts This Page (optional)..... **5035.00**
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 OF 47
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HUCK PAC

Full Name (Last, First, Middle Initial) A. Linda Wesson		Date of Receipt
Mailing Address 4860 N Treasure Circle		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City Prescott	State AZ	Zip Code 86314
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.63987
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="345.00"/>	Amount of Each Receipt this Period <input type="text" value="25.00"/>

Full Name (Last, First, Middle Initial) B. Chija Yoon		Date of Receipt
Mailing Address 100 S. Painted Mountain Drive		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City Las Vegas	State NV	Zip Code 89148
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.63892
Name of Employer Calvary Chapel Spring Valley		Occupation Ministry Worker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	Amount of Each Receipt this Period <input type="text" value="10.00"/>

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text"/>
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"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="35.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="17330.00"/>

**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

Full Name (Last, First, Middle Initial)

A. AT&T Mobility

Mailing Address PO Box 6463

City State Zip Code
Carol Stream IL 60197

Purpose of Disbursement
Telephone Service

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.63560

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. GSL Solutions, Inc.

Mailing Address 1411 N. Westchore Boulevard
Suite 204

City State Zip Code
Tampa FL 33607

Purpose of Disbursement
Web Development/Hosting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.63527

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. GSL Solutions, Inc.

Mailing Address 1411 N. Westchore Boulevard
Suite 204

City State Zip Code
Tampa FL 33607

Purpose of Disbursement
Web Development/Hosting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.63540

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

Full Name (Last, First, Middle Initial)

A. Katherine E. Harris

Mailing Address 3226 Stonepine

City State Zip Code
Bryant AR 72022

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 30 / 2012

Transaction ID : SB21B.63529

Amount of Each Disbursement this Period

1650.00

Full Name (Last, First, Middle Initial)

B. Katherine E. Harris

Mailing Address 3226 Stonepine

City State Zip Code
Bryant AR 72022

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 14 / 2012

Transaction ID : SB21B.63549

Amount of Each Disbursement this Period

1650.00

Full Name (Last, First, Middle Initial)

C. Katherine E. Harris

Mailing Address 3226 Stonepine

City State Zip Code
Bryant AR 72022

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 14 / 2012

Transaction ID : SB21B.63554

Amount of Each Disbursement this Period

396.00

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

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

3696.00

**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

Full Name (Last, First, Middle Initial) A. Katherine E. Harris		Date of Disbursement MM / DD / YYYY 12 / 31 / 2012
Mailing Address 3226 Stonepine		Transaction ID : SB21B.63590
City Bryant	State AR	
Purpose of Disbursement Payroll	Candidate Name	Amount of Each Disbursement this Period 1650.00
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: _____	Category/Type

Full Name (Last, First, Middle Initial) B. Holtzman Vogel, PLLC		Date of Disbursement MM / DD / YYYY 11 / 29 / 2012
Mailing Address 45 North Hill Drive Suite 100		Transaction ID : SB21B.63528
City Warrenton	State VA	
Purpose of Disbursement Consulting - Legal	Candidate Name	Amount of Each Disbursement this Period 1219.80
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: _____	Category/Type

Full Name (Last, First, Middle Initial) C. JPMS Cox, PLLC		Date of Disbursement MM / DD / YYYY 11 / 29 / 2012
Mailing Address 11300 Cantrell Road Suite 301		Transaction ID : SB21B.63525
City Little Rock	State AR	
Purpose of Disbursement Accounting & Compliance Fees	Candidate Name	Amount of Each Disbursement this Period 7867.05
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: _____	Category/Type

SUBTOTAL of Disbursements This Page (optional).....▶	10736.85
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

Full Name (Last, First, Middle Initial)

A. JPMS Cox, PLLC

Mailing Address 11300 Cantrell Road
Suite 301

City Little Rock State AR Zip Code 72212

Purpose of Disbursement
Accounting & Compliance Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 07 / 2012

Transaction ID : **SB21B.63542**

Amount of Each Disbursement this Period

2986.57

Full Name (Last, First, Middle Initial)

B. LCM Strategies

Mailing Address 3409 Hopkins Street

City Nashville State TN Zip Code 37215

Purpose of Disbursement
Direct Mail - PAC Fundraising

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 29 / 2012

Transaction ID : **SB21B.63526**

Amount of Each Disbursement this Period

9000.00

Full Name (Last, First, Middle Initial)

C. LCM Strategies

Mailing Address 3409 Hopkins Street

City Nashville State TN Zip Code 37215

Purpose of Disbursement
Direct Mail - PAC Fundraising

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2012

Transaction ID : **SB21B.63561**

Amount of Each Disbursement this Period

12300.20

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

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

24286.77

**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

Full Name (Last, First, Middle Initial) A. Legacy Consulting, Inc.		Date of Disbursement MM / DD / YYYY 12 / 11 / 2012
Mailing Address P.O. Box 409		Transaction ID : SB21B.63546
City De Queen	State AR	
Zip Code 71832	Purpose of Disbursement Consulting and Fundraising	Amount of Each Disbursement this Period 26980.33
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:		

Full Name (Last, First, Middle Initial) B. Paychex, Inc.		Date of Disbursement MM / DD / YYYY 11 / 30 / 2012
Mailing Address 12921 Cantrell Road Suite 100		Transaction ID : SB21B.63530
City Little Rock	State AR	
Zip Code 72223	Purpose of Disbursement Payroll Taxes	Amount of Each Disbursement this Period 126.23
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:		

Full Name (Last, First, Middle Initial) C. Paychex, Inc.		Date of Disbursement MM / DD / YYYY 11 / 30 / 2012
Mailing Address 12921 Cantrell Road Suite 100		Transaction ID : SB21B.63531
City Little Rock	State AR	
Zip Code 72223	Purpose of Disbursement Payroll Processing Fee	Amount of Each Disbursement this Period 75.17
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	27181.73
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

Full Name (Last, First, Middle Initial)

A. Paychex, Inc.

Mailing Address 12921 Cantrell Road
Suite 100

City Little Rock State AR Zip Code 72223

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2012

Transaction ID : SB21B.63550

Amount of Each Disbursement this Period

126.23

Category/
Type

Full Name (Last, First, Middle Initial)

B. Paychex, Inc.

Mailing Address 12921 Cantrell Road
Suite 100

City Little Rock State AR Zip Code 72223

Purpose of Disbursement
Payroll Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2012

Transaction ID : SB21B.63551

Amount of Each Disbursement this Period

75.17

Category/
Type

Full Name (Last, First, Middle Initial)

C. Paychex, Inc.

Mailing Address 12921 Cantrell Road
Suite 100

City Little Rock State AR Zip Code 72223

Purpose of Disbursement
Payroll Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2012

Transaction ID : SB21B.63552

Amount of Each Disbursement this Period

100.17

Category/
Type

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

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

301.57

**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

Full Name (Last, First, Middle Initial)

A. Paychex, Inc.

Mailing Address 12921 Cantrell Road
Suite 100

City Little Rock State AR Zip Code 72223

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
12 / 14 / 2012

Transaction ID : SB21B.63553

Amount of Each Disbursement this Period: 30.29

Category/Type

Full Name (Last, First, Middle Initial)

B. Paychex, Inc.

Mailing Address 12921 Cantrell Road
Suite 100

City Little Rock State AR Zip Code 72223

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
12 / 31 / 2012

Transaction ID : SB21B.63589

Amount of Each Disbursement this Period: 126.23

Category/Type

Full Name (Last, First, Middle Initial)

C. Paychex, Inc.

Mailing Address 12921 Cantrell Road
Suite 100

City Little Rock State AR Zip Code 72223

Purpose of Disbursement Payroll Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
12 / 31 / 2012

Transaction ID : SB21B.64297

Amount of Each Disbursement this Period: 100.17

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 256.69

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

Full Name (Last, First, Middle Initial)

A. Paypal

Mailing Address 4100 Solutions Center
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.63511

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Paypal

Mailing Address 4100 Solutions Center
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.63512

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Paypal

Mailing Address 4100 Solutions Center
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.63524

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

Full Name (Last, First, Middle Initial)

A. Paypal

Mailing Address 4100 Solutions Center
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.63513

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Paypal

Mailing Address 4100 Solutions Center
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.63532

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Paypal

Mailing Address 4100 Solutions Center
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.63533

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

Full Name (Last, First, Middle Initial)

A. Paypal

Mailing Address 4100 Solutions Center
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 03 / 2012

Transaction ID : SB21B.63534

Amount of Each Disbursement this Period

8.36

Full Name (Last, First, Middle Initial)

B. Paypal

Mailing Address 4100 Solutions Center
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2012

Transaction ID : SB21B.63535

Amount of Each Disbursement this Period

7.10

Full Name (Last, First, Middle Initial)

C. Paypal

Mailing Address 4100 Solutions Center
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 05 / 2012

Transaction ID : SB21B.63536

Amount of Each Disbursement this Period

5.69

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

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

21.15

**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

Full Name (Last, First, Middle Initial)

A. Paypal

Mailing Address 4100 Solutions Center
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2012

Transaction ID : SB21B.63537

Amount of Each Disbursement this Period

1.23

Full Name (Last, First, Middle Initial)

B. Paypal

Mailing Address 4100 Solutions Center
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 07 / 2012

Transaction ID : SB21B.63538

Amount of Each Disbursement this Period

3.65

Full Name (Last, First, Middle Initial)

C. Paypal

Mailing Address 4100 Solutions Center
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 08 / 2012

Transaction ID : SB21B.63539

Amount of Each Disbursement this Period

1.78

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

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

6.66

**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

Full Name (Last, First, Middle Initial)

A. Paypal

Mailing Address 4100 Solutions Center
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2012

Transaction ID : SB21B.63543

Amount of Each Disbursement this Period

4.36

Full Name (Last, First, Middle Initial)

B. Paypal

Mailing Address 4100 Solutions Center
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2012

Transaction ID : SB21B.63544

Amount of Each Disbursement this Period

2.86

Full Name (Last, First, Middle Initial)

C. Paypal

Mailing Address 4100 Solutions Center
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2012

Transaction ID : SB21B.63545

Amount of Each Disbursement this Period

2.77

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

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

9.99

**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

Full Name (Last, First, Middle Initial)

A. Paypal

Mailing Address 4100 Solutions Center
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2012

Transaction ID : SB21B.63547

Amount of Each Disbursement this Period

1.40

Full Name (Last, First, Middle Initial)

B. Paypal

Mailing Address 4100 Solutions Center
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2012

Transaction ID : SB21B.63548

Amount of Each Disbursement this Period

1.78

Full Name (Last, First, Middle Initial)

C. Paypal

Mailing Address 4100 Solutions Center
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2012

Transaction ID : SB21B.63555

Amount of Each Disbursement this Period

3.10

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

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

6.28

**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

Full Name (Last, First, Middle Initial)

A. Paypal

Mailing Address 4100 Solutions Center
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 16 / 2012

Transaction ID : SB21B.63556

Amount of Each Disbursement this Period

2.38

Full Name (Last, First, Middle Initial)

B. Paypal

Mailing Address 4100 Solutions Center
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 17 / 2012

Transaction ID : SB21B.63557

Amount of Each Disbursement this Period

7.12

Full Name (Last, First, Middle Initial)

C. Paypal

Mailing Address 4100 Solutions Center
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 18 / 2012

Transaction ID : SB21B.63558

Amount of Each Disbursement this Period

5.73

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

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

15.23

**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

Full Name (Last, First, Middle Initial)

A. Paypal

Mailing Address 4100 Solutions Center
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.63559

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Paypal

Mailing Address 4100 Solutions Center
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.63562

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Paypal

Mailing Address 4100 Solutions Center
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.63563

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

Full Name (Last, First, Middle Initial)

A. Paypal

Mailing Address 4100 Solutions Center
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 22 / 2012

Transaction ID : SB21B.63564

Amount of Each Disbursement this Period

2.82

Full Name (Last, First, Middle Initial)

B. Paypal

Mailing Address 4100 Solutions Center
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2012

Transaction ID : SB21B.63565

Amount of Each Disbursement this Period

1.80

Full Name (Last, First, Middle Initial)

C. Paypal

Mailing Address 4100 Solutions Center
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 24 / 2012

Transaction ID : SB21B.63566

Amount of Each Disbursement this Period

2.11

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

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

6.73

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

Full Name (Last, First, Middle Initial)

A. Paypal

Mailing Address 4100 Solutions Center
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 25 / 2012

Transaction ID : SB21B.63567

Amount of Each Disbursement this Period

0.70

Full Name (Last, First, Middle Initial)

B. Paypal

Mailing Address 4100 Solutions Center
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 26 / 2012

Transaction ID : SB21B.63587

Amount of Each Disbursement this Period

5.69

Full Name (Last, First, Middle Initial)

C. Paypal

Mailing Address 4100 Solutions Center
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2012

Transaction ID : SB21B.63592

Amount of Each Disbursement this Period

2.41

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

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

8.80

**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

Full Name (Last, First, Middle Initial)

A. Paypal

Mailing Address 4100 Solutions Center
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2012

Transaction ID : SB21B.63593

Amount of Each Disbursement this Period

1.70

Full Name (Last, First, Middle Initial)

B. Paypal

Mailing Address 4100 Solutions Center
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2012

Transaction ID : SB21B.63594

Amount of Each Disbursement this Period

1.75

Full Name (Last, First, Middle Initial)

C. Paypal

Mailing Address 4100 Solutions Center
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2012

Transaction ID : SB21B.63595

Amount of Each Disbursement this Period

10.31

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

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

13.76

**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

Full Name (Last, First, Middle Initial)

A. Paypal

Mailing Address 4100 Solutions Center
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2012

Transaction ID : SB21B.63596

Amount of Each Disbursement this Period

13.24

Full Name (Last, First, Middle Initial)

B. QualChoice

Mailing Address 10825 Financial Centre Parkway

City Little Rock State AR Zip Code 72211

Purpose of Disbursement
Employee Health Insurance

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2012

Transaction ID : SB21B.63588

Amount of Each Disbursement this Period

454.53

Full Name (Last, First, Middle Initial)

C. Security BankCard Center

Mailing Address P.O. Box 6139

City Norman State OK Zip Code 73070

Purpose of Disbursement
Credit Card Payment - See Memos

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2012

Transaction ID : SB21B.63514

Amount of Each Disbursement this Period

300.17

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

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

767.94

**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

Full Name (Last, First, Middle Initial)

A. US Postal Service

Mailing Address 1601 Assembly Street

City Columbia State SC Zip Code 29201

Purpose of Disbursement
Postage - PAC Operations

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.63514.0

Amount of Each Disbursement this Period

5	.	1	5
---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Amazon.com

Mailing Address 1200 12th Ave. South
Ste. 1200

City Seattle State WA Zip Code 98144-2734

Purpose of Disbursement
Donor Relations

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.63514.2

Amount of Each Disbursement this Period

1	7	8	.	8	8
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. US Postal Service

Mailing Address 1601 Assembly Street

City Columbia State SC Zip Code 29201

Purpose of Disbursement
Postage - PAC Operations

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.63514.3

Amount of Each Disbursement this Period

5	0	.	1	5
---	---	---	---	---

[MEMO ITEM]

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

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

0	.	0	0
---	---	---	---

0	.	0	0
---	---	---	---

**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

Full Name (Last, First, Middle Initial)

A. Security BankCard Center

Mailing Address P.O. Box 6139

City Norman State OK Zip Code 73070

Purpose of Disbursement
Credit Card Payment - See Memo

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 28 / 2012

Transaction ID : **SB21B.63521**

Amount of Each Disbursement this Period

785.51

Full Name (Last, First, Middle Initial)

B. Arango Cedeno Enterprise Corporation

Mailing Address 3139 80th Street 2nd Floor

City East Elmhurst State NY Zip Code 11377

Purpose of Disbursement
Travel - Rental Car

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 28 / 2012

Transaction ID : **SB21B.63521.2**

Amount of Each Disbursement this Period

700.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Security BankCard Center

Mailing Address P.O. Box 6139

City Norman State OK Zip Code 73070

Purpose of Disbursement
Credit Card Payment - No Itemization Required

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 28 / 2012

Transaction ID : **SB21B.63522**

Amount of Each Disbursement this Period

41.34

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

826.85

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

Full Name (Last, First, Middle Initial)

A. Security BankCard Center

Mailing Address P.O. Box 6139

City Norman State OK Zip Code 73070

Purpose of Disbursement
Credit Card Payment - No Itemization Required

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		28		2012

Transaction ID : SB21B.63523

Amount of Each Disbursement this Period

125.37

Full Name (Last, First, Middle Initial)

B. Security BankCard Center

Mailing Address P.O. Box 6139

City Norman State OK Zip Code 73070

Purpose of Disbursement
Credit Card Payment - See Memo

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		24		2012

Transaction ID : SB21B.63568

Amount of Each Disbursement this Period

41.34

Full Name (Last, First, Middle Initial)

C. Ring Central, Inc.

Mailing Address 1400 Fashion Island Boulevard
7th Floor

City San Mateo State CA Zip Code 94404

Purpose of Disbursement
Telephone Service

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		24		2012

Transaction ID : SB21B.63568.0

Amount of Each Disbursement this Period

41.34

[MEMO ITEM]

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

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

166.71

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

Full Name (Last, First, Middle Initial)

A. Security BankCard Center

Mailing Address P.O. Box 6139

City Norman State OK Zip Code 73070

Purpose of Disbursement
Credit Card Payment - No Itemization Required

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 24 / 2012

Transaction ID : SB21B.63569

Amount of Each Disbursement this Period

91.94

Full Name (Last, First, Middle Initial)

B. Security BankCard Center

Mailing Address P.O. Box 6139

City Norman State OK Zip Code 73070

Purpose of Disbursement
Credit Card Payment - See Memos

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 24 / 2012

Transaction ID : SB21B.63570

Amount of Each Disbursement this Period

258.25

Full Name (Last, First, Middle Initial)

C. US Postal Service

Mailing Address 1601 Assembly Street

City Columbia State SC Zip Code 29201

Purpose of Disbursement
Postage - PAC Operations

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 24 / 2012

Transaction ID : SB21B.63570.0

Amount of Each Disbursement this Period

5.30

[MEMO ITEM]

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

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

350.19

**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

Full Name (Last, First, Middle Initial)

A. Amazon.com

Mailing Address 1200 12th Ave. South
Ste. 1200

City Seattle State WA Zip Code 98144-2734

Purpose of Disbursement
Donor Relations

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 24 / 2012

Transaction ID : SB21B.63570.1

Amount of Each Disbursement this Period

201.15

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

0.00

71961.64