



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

HPAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		19422.32
(b) Cash on Hand at Beginning of Reporting Period.....	526.11	
(c) Total Receipts (from Line 19) .....	0.00	34500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	526.11	53922.32
7. Total Disbursements (from Line 31).....	466.89	53863.10
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	59.22	59.22
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	63207.26	

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

**HPAC**

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).....	0.00	34500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	34500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	0.00	34500.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	0.00	34500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	0.00	34500.00

**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 .....	466.89	53863.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	466.89	53863.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	466.89	53863.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	466.89	53863.10

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	34500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	34500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	466.89	53863.10
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	466.89	53863.10

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**HPAC**

Full Name (Last, First, Middle Initial)

**A. ARENT FOX**

Mailing Address PO BOX 758670

City State Zip Code  
BALTIMORE MD 21275

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 20 / 2012

**Transaction ID : SB21B.5588**

Amount of Each Disbursement this Period

466.89

Full Name (Last, First, Middle Initial)

**B.**

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

Full Name (Last, First, Middle Initial)

**C.**

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)..... ▶

466.89

466.89

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 7 OF 10
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**HPAC**

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

Outstanding Balance Beginning This Period <input type="text" value="375.00"/>	<b>Transaction ID : SD10.5577</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="375.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	<b>Transaction ID : SD10.5571</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="2919.05"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 8 OF 10
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**HPAC**

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

Outstanding Balance Beginning This Period 12250.00	<b>Transaction ID : SD10.5570</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 12250.00

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

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>MARRIOTT GROUP</b>	Nature of Debt (Purpose): FINANCE CONSULTANT
Mailing Address PO BOX 980847	
City State Zip Code PARK CITY UT 84098	

Outstanding Balance Beginning This Period 3333.00	<b>Transaction ID : SD10.5579</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3333.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	22323.21
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

NAME OF COMMITTEE (In Full)  
**HPAC**

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

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

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

Outstanding Balance Beginning This Period 3333.00	<b>Transaction ID : SD10.5583</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3333.00

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

Outstanding Balance Beginning This Period 3500.00	<b>Transaction ID : SD10.5585</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3500.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	12465.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

NAME OF COMMITTEE (In Full)  
**HPAC**

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

Outstanding Balance Beginning This Period 10000.00	<b>Transaction ID : SD10.5568</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10000.00

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

Outstanding Balance Beginning This Period 8000.00	<b>Transaction ID : SD10.5573</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 8000.00

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

Outstanding Balance Beginning This Period 7500.00	<b>Transaction ID : SD10.5575</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7500.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	25500.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	63207.26
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	63207.26