Image# 12972678712 PAGE 1 / 10

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

			Office Use Only
NAME OF TOMMITTEE (in full)	YPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
HPAC			1
ADDRESS (number and street)	1050 CONNECTICUT AVE	E NW	
Check if different			
than previously reported. (ACC)	WASHINGTON		DC 20036 - -
2. FEC IDENTIFICATION NUI	MBER ▼ CI	TY▲	STATE ▲ ZIP CODE ▲
C C00495911		IS THIS REPORT X (N) O	R AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report	b 20 (M2) May 20 (M	M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On: Ma	ur 20 (M3) Jun 20 (M	(Non-Election Year Only)
April 15		r 20 (M4) Jul 20 (M	7) Oct 20 (M10) Jan 31 (YE)
Quarterly Report (Q1 July 15	(C) 12-Day	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (Q2 October 15	Report for the:	Convention (12C)	Special (12S)
Quarterly Report (Q3)	M M / D D	/ Y Y Y Y in the
January 31 Year-End Report (YE) Electi	on on	State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)		ion on	in the State of
5. Covering Period 07	01 / 2012	through 09	
I certify that I have examined this	Report and to the best o	f my knowledge and belief it is	s true, correct and complete.
Type or Print Name of Treasurer	David Satterfield		
Signature of Treasurer David	Satterfield	[Electronically Filed]	Date 10 / 15 / 2012
NOTE: Submission of false, erroned	ous, or incomplete information	on may subject the person signir	ng this Report to the penalties of 2 U.S.C. §437g.
Office Use			FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name **HPAC** 07 2012 09 30 2012 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 19422.32 January 1, 2012 (b) Cash on Hand at 526.11 Beginning of Reporting Period..... 34500.00 0.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 526.11 53922.32 6(a) and 6(c) for Column B)..... 466.89 53863.10 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 59.22 59.22 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 63207.26 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

HPAC

I. Receipts	COLUMN A	COLUMN B	
<u> </u>	Total This Period	Calendar Year-to-Date	
. Contributions (other than loans) From:			
(a) Individuals/Persons Other Than Political Committees			
	0.00	34500.00	
(i) Itemized (use Schedule A)			
(ii) Unitemized	0.00	0.00	
(iii) TOTAL (add	, <u>, , , , , , , , , , , , , , , , , , </u>		
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	
. Transfers From Affiliated/Other			
Party Committees	0.00	0.00	
=			
8. All Loans Received	0.00	0.00	
. Loan Repayments Received	0.00	0.00	
Offsets To Operating Expenditures	7		
(Refunds, Rebates, etc.)			
(Carry Totals to Line 37, page 5)	0.00	0.00	
5. Refunds of Contributions Made			
to Federal Candidates and Other			
Political Committees	0.00	0.00	
7. Other Federal Receipts	7		
(Dividends, Interest, etc.)	0.00	0.00	
. Transfers from Non-Federal and Levin Funds			
(a) Non-Federal Account			
(from Schedule H3)	0.00	0.00	
<u> </u>	7	7	
(b) Levin Funds (from Schedule H5)	0.00	0.00	
(b) Leviii i unus (nom ochedule 110)	7		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00	
(6) 10141 1141101010 (4444 10(4) 4114 10(6))		3 3 3	
Total Receipts (add Lines 11(d),		0450000	
12, 13, 14, 15, 16, 17, and 18(c))▶	0.00	34500.00	
Table I al Barrie			
. Total Federal Receipts	2.22	0.4500.00	
(subtract Line 18(c) from Line 19)▶	0.00	34500.00	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Culonal Four to Duto
	(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	400.00	F2962 40
2 1	(add 21(a)(i), (a)(ii), and (b))▶ Fransfers to Affiliated/Other Party	466.89	53863.10
(Committees	0.00	0.00
F	Contributions to Federal Candidates/Committees	0.00	
а	and Other Political Committees	0.00	0.00
	ndependent Expenditures use Schedule E)	0.00	0.00
5. (Coordinated Party Expenditures 2 U.S.C. §441a(d))		
(use Schedule F)	0.00	0.00
6 1	oan Repayments Made	0.00	0.00
O. L	Loan nepayments Made		0.00
7. L	oans Made	0.00	0.00
	Refunds of Contributions To: a) Individuals/Persons Other	0.00	0.00
	Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		0.00
	(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
,	(add Lines 28(a), (b), and (c))▶	0.00	0.00
9. (Other Disbursements	0.00	0.00
0. F	Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) I edetal Shale		
	(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
(With Federal Funds	0.00	0.00
(Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
		, , , , , , , , , , , , , , , , , , , ,	
	Total Disbursements (add Lines 21(c), 22,	466.00	50000 10
2	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	466.89	53863.10
2. 1	Total Federal Disbursements		
	subtract Line 21(a)(ii) and Line 30(a)(ii)		
f	rom 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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	34500.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	34500.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	466.89	53863.10
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	466.89	53863.10

17

SCHEDULE B (FEC Form 3X)	11	FOR LINE	FOR LINE NUMBER:	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		00
	Detailed Summary Page	X 21b 27		23 24 25 26 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) HPAC				
Full Name (Last, First, Middle Initial) A. ARENT FOX			Date of Disk	
Mailing Address PO BOX 758670			08	20 2012
BALTIMORE	State Zip Code MD 21275		Transactio	on ID : SB21B.5588
Purpose of Disbursement LEGAL CONSULTING			Amount of E	Each Disbursement this Period
Candidate Name		Category/ Type		466.89
President	nent For: Primary General Other (specify) ▼			
State: District: Full Name (Last, First, Middle Initial)				
B.			Date of Disk	oursement
Mailing Address				
•	State Zip Code			
Purpose of Disbursement			Amount of E	Each Disbursement this Period
Candidate Name		Category/ Type		
President	nent For: Primary General Other (specify) ▼			
State: District: Full Name (Last, First, Middle Initial)				
C.			Date of Disk	pursement
Mailing Address				
City	State Zip Code			
Purpose of Disbursement			Amount of 5	Each Disbursement this Period
Candidate Name Category/ Type				
Office Sought: House Disbursen Senate President State: District:	nent For: Primary General Other (specify) ▼			
SUBTOTAL of Disbursements This Page (optional)				466.89
TOTAL This Period (last page this line number only)				466.89

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 7
FOR LINE NUMBER: (check only one)

	9
X	10

OF

10

NAME OF COMMITTEE (In Full) **HPAC** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FINANCE CONSULTANT **TOD BOWEN** Mailing Address 2931 E. DUBLIN-GRANVILLE RD State Zip Code OH **COLUMBUS** 43231 Transaction ID: SD10.5577 Outstanding Balance Beginning This Period 375.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 375.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **FACILITY RENTAL** C2 GROUP LLC Mailing Address 325 7TH STREET, NW SUITE 400 City State Zip Code WASHINGTON DC 20004 Outstanding Balance Beginning This Period Transaction ID: SD10.5571 1000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 1000.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FINANCE CONSULTANT LINUS CATIGNANI Mailing Address 1914 19TH AVE, SOUTH City State Zip Code **NASHVILLE** 37212 TN Transaction ID: SD10.5566 Outstanding Balance Beginning This Period 1544.05 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 1544.05 0.00 2919.05 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 8 OF
FOR LINE NUMBER:
(check only one)

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X	10

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NAME OF COMMITTEE (In Full) HPAC		
A. Full Name (Last, First, Middle Initial) of Debte	Nature of Debt (Purpose): DATABASE PROCESSING	
Mailing Address 7704 LEESBURG PIKE		
City State FALLS CHURCH	Zip Code VA 22043	
Outstanding Balance Beginning This Period		Transaction ID : SD10.5570
12250.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0	0.00 12250.00
B. Full Name (Last, First, Middle Initial) of Debto HIGHWOOD CAPITAL	r or Creditor	Nature of Debt (Purpose): FINANCE CONSULTING
Mailing Address 915 E STREET NW		
City State WASHINGTON	Zip Code DC 20004	
Outstanding Balance Beginning This Period 6740.21		Transaction ID : SD10.5565
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0	.00 6740.21
C. Full Name (Last, First, Middle Initial) of Debte MARRIOTT GROUP	or or Creditor	Nature of Debt (Purpose): FINANCE CONSULTANT
Mailing Address PO BOX 980847		
City PARK CITY	State Zip Code UT 84098	
Outstanding Balance Beginning This Period 3333.00		Transaction ID: SD10.5579
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00 3333.00
1) SUBTOTALS This Period This Page (optional)		> 22323.21
2) TOTALS This Period (last page this line number	>	
3) TOTAL OUTSTANDING LOANS from Schedule		
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page of	nly) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 9
FOR LINE NUMBER: (check only one)

	9
X	10

OF

10

NAME OF COMMITTEE (In Full) **HPAC** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL EXPENSE MOBY DICK AIRWAYS LTD Mailing Address PO BOX 77518 State Zip Code DC WASHINGTON 20013 Transaction ID: SD10.5581 Outstanding Balance Beginning This Period 5632.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 5632.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FINANCE CONSULTANT PKL CONSULTING INC Mailing Address 621 THORNWOOD LN City State Zip Code **NORTHFIELD** 60093 IL Outstanding Balance Beginning This Period Transaction ID: SD10.5583 3333.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 3333.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **NEW MEDIA CONSULTING** SMART INTERACTIVE Mailing Address 814 KING ST, SUITE 440 City State Zip Code **ALEXANDRIA** 22314 VA Transaction ID: SD10.5585 Outstanding Balance Beginning This Period 3500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 3500.00 0.00 12465.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

	9
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10 OF

NAME OF COMMITTEE (In Full) **HPAC** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FINANCE CONSULTANT KAREN SPENCE Mailing Address 6190 ROSE COURT State Zip Code **GRANITE BAY** 95746 Transaction ID: SD10.5568 Outstanding Balance Beginning This Period 10000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 10000.00 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING STRATEGIC INFORMATION CONSULTANTS Mailing Address PO BOX 13986 City State Zip Code MAUMELLE 72113 AR Outstanding Balance Beginning This Period Transaction ID: SD10.5573 8000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 8000.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FINANCE CONSULTING THE WOODS HERBERGER GROUP Mailing Address 1200 ANASTASIA AVE SUITE 310 City State Zip Code **CORAL GABLES** 33134 FL Transaction ID: SD10.5575 Outstanding Balance Beginning This Period 7500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 7500.00 0.00 25500.00 1) SUBTOTALS This Period This Page (optional)..... 63207.26 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 63207.26 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶