



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

McDonald Hopkins LLC 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="2015"/>		116424.56
(b) Cash on Hand at Beginning of Reporting Period.....	116424.56	
(c) Total Receipts (from Line 19) .....	24764.90	24764.90
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	141189.46	141189.46
7. Total Disbursements (from Line 31).....	31800.00	31800.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	109389.46	109389.46
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**McDonald Hopkins LLC 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).....	21057.40	21057.40
(ii) Unitemized .....	3707.50	3707.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	24764.90	24764.90
(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) .....	24764.90	24764.90
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))..... ▶	24764.90	24764.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	24764.90	24764.90

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1250.00	1250.00
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 .....	30550.00	30550.00
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)) ..	31800.00	31800.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31800.00	31800.00

**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) .....	24764.90	24764.90
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	24764.90	24764.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**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 6 OF 64
	<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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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)  
**McDonald Hopkins LLC PAC**

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

Mailing Address **MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100**

City **CLEVELAND** State **OH** Zip Code **44114**

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

Name of Employer **McDonald Hopkins LLC** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**04 / 29 / 2015**  
**Transaction ID : A2015-826219**

Amount of Each Receipt this Period  
**62.50**

Full Name (Last, First, Middle Initial)  
**B. TODD A BENNI**

Mailing Address **MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100**

City **CLEVELAND** State **OH** Zip Code **44114**

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

Name of Employer **McDonald Hopkins LLC** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **312.50**

Date of Receipt  
**05 / 28 / 2015**  
**Transaction ID : A2015-1065721**

Amount of Each Receipt this Period  
**62.50**

Full Name (Last, First, Middle Initial)  
**C. TODD A BENNI**

Mailing Address **MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100**

City **CLEVELAND** State **OH** Zip Code **44114**

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

Name of Employer **McDonald Hopkins LLC** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
**06 / 29 / 2015**  
**Transaction ID : A2015-1385408**

Amount of Each Receipt this Period  
**62.50**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>187.50</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI  
Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

Form/Schedule:  
Transaction ID:

**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 8 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**McDonald Hopkins LLC PAC**

**A. PETER M BERNHARDT**  
Full Name (Last, First, Middle Initial)

Mailing Address MCDONALD HOPKINS LLC 505 SOUTH FLA  
STE 300

City WEST PALM BEACH State FL Zip Code 33401

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.33

Date of Receipt  
01 / 29 / 2015  
**Transaction ID : A2015-68958**

Amount of Each Receipt this Period  
208.33

**B. PETER M BERNHARDT**  
Full Name (Last, First, Middle Initial)

Mailing Address MCDONALD HOPKINS LLC 505 SOUTH FLA  
STE 300

City WEST PALM BEACH State FL Zip Code 33401

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.66

Date of Receipt  
02 / 26 / 2015  
**Transaction ID : A2015-336769**

Amount of Each Receipt this Period  
208.33

**C. PETER M BERNHARDT**  
Full Name (Last, First, Middle Initial)

Mailing Address MCDONALD HOPKINS LLC 505 SOUTH FLA  
STE 300

City WEST PALM BEACH State FL Zip Code 33401

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
624.99

Date of Receipt  
03 / 30 / 2015  
**Transaction ID : A2015-562691**

Amount of Each Receipt this Period  
208.33

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 624.99

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 64
	(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)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial) <b>A. PETER M BERNHARDT</b>		Date of Receipt MM / DD / YYYY 04 / 29 / 2015 <b>Transaction ID : A2015-826221</b>
Mailing Address MCDONALD HOPKINS LLC 505 SOUTH FLA STE 300		Amount of Each Receipt this Period 208.33
City WEST PALM BEACH	State FL	Zip Code 33401
FEC ID number of contributing federal political committee. C	Name of Employer McDonald Hopkins LLC	Occupation Attorney
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.32	

Full Name (Last, First, Middle Initial) <b>B. PETER M BERNHARDT</b>		Date of Receipt MM / DD / YYYY 05 / 28 / 2015 <b>Transaction ID : A2015-1065723</b>
Mailing Address MCDONALD HOPKINS LLC 505 SOUTH FLA STE 300		Amount of Each Receipt this Period 208.33
City WEST PALM BEACH	State FL	Zip Code 33401
FEC ID number of contributing federal political committee. C	Name of Employer McDonald Hopkins LLC	Occupation Attorney
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1041.65	

Full Name (Last, First, Middle Initial) <b>C. PETER M BERNHARDT</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2015 <b>Transaction ID : A2015-1385410</b>
Mailing Address MCDONALD HOPKINS LLC 505 SOUTH FLA STE 300		Amount of Each Receipt this Period 208.33
City WEST PALM BEACH	State FL	Zip Code 33401
FEC ID number of contributing federal political committee. C	Name of Employer McDonald Hopkins LLC	Occupation Attorney
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1249.98	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	624.99
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 64  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)  
**A. RICHARD H BLAKE**

Mailing Address **MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100**

City **CLEVELAND** State **OH** Zip Code **44114**

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

Name of Employer **McDonald Hopkins LLC** Occupation **Attorney**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**04 / 29 / 2015**  
**Transaction ID : A2015-826231**

Amount of Each Receipt this Period  
**62.50**

Full Name (Last, First, Middle Initial)  
**B. RICHARD H BLAKE**

Mailing Address **MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100**

City **CLEVELAND** State **OH** Zip Code **44114**

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

Name of Employer **McDonald Hopkins LLC** Occupation **Attorney**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **312.50**

Date of Receipt  
**05 / 28 / 2015**  
**Transaction ID : A2015-1065733**

Amount of Each Receipt this Period  
**62.50**

Full Name (Last, First, Middle Initial)  
**C. RICHARD H BLAKE**

Mailing Address **MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100**

City **CLEVELAND** State **OH** Zip Code **44114**

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

Name of Employer **McDonald Hopkins LLC** Occupation **Attorney**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
**06 / 29 / 2015**  
**Transaction ID : A2015-1385420**

Amount of Each Receipt this Period  
**62.50**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **187.50**

**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 64
	<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)  
**McDonald Hopkins LLC PAC**

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

Mailing Address MCDONALD HOPKINS LLC 505 SOUTH FLA  
STE 300

City WEST PALM BEACH State FL Zip Code 33401

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

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  
 02 / 26 / 2015  
**Transaction ID : A2015-336773**

Amount of Each Receipt this Period  
125.00

Full Name (Last, First, Middle Initial)  
**B. ALAN BURGER**

Mailing Address MCDONALD HOPKINS LLC 505 SOUTH FLA  
STE 300

City WEST PALM BEACH State FL Zip Code 33401

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

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  
 03 / 30 / 2015  
**Transaction ID : A2015-562695**

Amount of Each Receipt this Period  
125.00

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

Mailing Address MCDONALD HOPKINS LLC 505 SOUTH FLA  
STE 300

City WEST PALM BEACH State FL Zip Code 33401

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

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  
 04 / 29 / 2015  
**Transaction ID : A2015-826225**

Amount of Each Receipt this Period  
125.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 12 OF 64  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**McDonald Hopkins LLC PAC**

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

Mailing Address MCDONALD HOPKINS LLC 505 SOUTH FLA  
STE 300

City State Zip Code  
WEST PALM BEACH FL 33401

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

Name of Employer Occupation  
McDonald Hopkins LLC Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 28 / 2015  
**Transaction ID : A2015-1065727**

Amount of Each Receipt this Period  
125.00

Full Name (Last, First, Middle Initial)  
**B. ALAN BURGER**

Mailing Address MCDONALD HOPKINS LLC 505 SOUTH FLA  
STE 300

City State Zip Code  
WEST PALM BEACH FL 33401

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

Name of Employer Occupation  
McDonald Hopkins LLC Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 29 / 2015  
**Transaction ID : A2015-1385414**

Amount of Each Receipt this Period  
125.00

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

Mailing Address MCDONALD HOPKINS LLC 600 SUPERIOR  
STE 2100

City State Zip Code  
CLEVELAND OH 44114

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

Name of Employer Occupation  
McDonald Hopkins LLC Principal

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.33

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 29 / 2015  
**Transaction ID : A2015-68955**

Amount of Each Receipt this Period  
208.33

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 458.33

**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 13 OF 64  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**McDonald Hopkins LLC PAC**

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

Mailing Address **MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100**

City **CLEVELAND** State **OH** Zip Code **44114**

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

Name of Employer **McDonald Hopkins LLC** Occupation **Principal**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.66**

Date of Receipt  
**02 / 26 / 2015**  
**Transaction ID : A2015-336766**

Amount of Each Receipt this Period  
**208.33**

Full Name (Last, First, Middle Initial)  
**B. MICHAEL CAPUTO**

Mailing Address **MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100**

City **CLEVELAND** State **OH** Zip Code **44114**

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

Name of Employer **McDonald Hopkins LLC** Occupation **Principal**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **624.99**

Date of Receipt  
**03 / 30 / 2015**  
**Transaction ID : A2015-562688**

Amount of Each Receipt this Period  
**208.33**

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

Mailing Address **MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100**

City **CLEVELAND** State **OH** Zip Code **44114**

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

Name of Employer **McDonald Hopkins LLC** Occupation **Principal**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **833.32**

Date of Receipt  
**04 / 29 / 2015**  
**Transaction ID : A2015-826218**

Amount of Each Receipt this Period  
**208.33**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **624.99**

**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 64
	<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)  
**McDonald Hopkins LLC PAC**

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

Mailing Address MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100

City CLEVELAND State OH Zip Code 44114

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

Name of Employer McDonald Hopkins LLC Occupation Principal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1041.65**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 28 / 2015**

**Transaction ID : A2015-1065720**

Amount of Each Receipt this Period  
**208.33**

**B. MICHAEL CAPUTO**  
Full Name (Last, First, Middle Initial)

Mailing Address MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100

City CLEVELAND State OH Zip Code 44114

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

Name of Employer McDonald Hopkins LLC Occupation Principal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1249.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 29 / 2015**

**Transaction ID : A2015-1385407**

Amount of Each Receipt this Period  
**208.33**

**C. RICHARD S COOPER**  
Full Name (Last, First, Middle Initial)

Mailing Address MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100

City CLEVELAND State OH Zip Code 44114

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

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  
**02 / 26 / 2015**

**Transaction ID : A2015-336757**

Amount of Each Receipt this Period  
**150.00**

**SUBTOTAL** of Receipts This Page (optional)..... **566.66**

**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 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**McDonald Hopkins LLC PAC**

**A. RICHARD S COOPER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100  
 City CLEVELAND State OH Zip Code 44114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer McDonald Hopkins LLC Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : A2015-562678**  
 Amount of Each Receipt this Period  
 150.00

**B. RICHARD S COOPER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100  
 City CLEVELAND State OH Zip Code 44114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer McDonald Hopkins LLC Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2015  
**Transaction ID : A2015-826208**  
 Amount of Each Receipt this Period  
 150.00

**C. RICHARD S COOPER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100  
 City CLEVELAND State OH Zip Code 44114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer McDonald Hopkins LLC Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2015  
**Transaction ID : A2015-1065710**  
 Amount of Each Receipt this Period  
 150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 64
	<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)  
**McDonald Hopkins LLC PAC**

**A. RICHARD S COOPER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100  
 City CLEVELAND State OH Zip Code 44114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer McDonald Hopkins LLC Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015  
**Transaction ID : A2015-1385397**  
 Amount of Each Receipt this Period  
 150.00

**B. DAVID B CUPAR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100  
 City CLEVELAND State OH Zip Code 44114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer McDonald Hopkins LLC Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 26 / 2015  
**Transaction ID : A2015-336764**  
 Amount of Each Receipt this Period  
 125.00

**C. DAVID B CUPAR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100  
 City CLEVELAND State OH Zip Code 44114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer McDonald Hopkins LLC Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : A2015-562686**  
 Amount of Each Receipt this Period  
 125.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 17 OF 64  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)  
**A. DAVID B CUPAR**

Mailing Address **MCDONALD HOPKINS LLC 600 SUPERIOR  
STE 2100**

City State Zip Code  
**CLEVELAND OH 44114**

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

Name of Employer Occupation  
**McDonald Hopkins LLC Attorney**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**04 / 29 / 2015**

**Transaction ID : A2015-826216**

Amount of Each Receipt this Period  
**125.00**

Full Name (Last, First, Middle Initial)  
**B. DAVID B CUPAR**

Mailing Address **MCDONALD HOPKINS LLC 600 SUPERIOR  
STE 2100**

City State Zip Code  
**CLEVELAND OH 44114**

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

Name of Employer Occupation  
**McDonald Hopkins LLC Attorney**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**625.00**

Date of Receipt  
**05 / 28 / 2015**

**Transaction ID : A2015-1065718**

Amount of Each Receipt this Period  
**125.00**

Full Name (Last, First, Middle Initial)  
**C. DAVID B CUPAR**

Mailing Address **MCDONALD HOPKINS LLC 600 SUPERIOR  
STE 2100**

City State Zip Code  
**CLEVELAND OH 44114**

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

Name of Employer Occupation  
**McDonald Hopkins LLC Attorney**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**750.00**

Date of Receipt  
**06 / 29 / 2015**

**Transaction ID : A2015-1385405**

Amount of Each Receipt this Period  
**125.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **375.00**

**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 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

NAME OF COMMITTEE (In Full)  
**McDonald Hopkins LLC PAC**

**A. DEAN E DEPIERO**  
Full Name (Last, First, Middle Initial)

Mailing Address MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100

City CLEVELAND State OH Zip Code 44114

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

Name of Employer McDonald Hopkins LLC Occupation OF COUNSEL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 26 / 2015

**Transaction ID : A2015-336770**

Amount of Each Receipt this Period  
125.00

**B. DEAN E DEPIERO**  
Full Name (Last, First, Middle Initial)

Mailing Address MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100

City CLEVELAND State OH Zip Code 44114

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

Name of Employer McDonald Hopkins LLC Occupation OF COUNSEL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2015

**Transaction ID : A2015-562692**

Amount of Each Receipt this Period  
125.00

**C. DEAN E DEPIERO**  
Full Name (Last, First, Middle Initial)

Mailing Address MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100

City CLEVELAND State OH Zip Code 44114

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

Name of Employer McDonald Hopkins LLC Occupation OF COUNSEL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2015

**Transaction ID : A2015-826222**

Amount of Each Receipt this Period  
125.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 64
	(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)  
**McDonald Hopkins LLC PAC**

**A. DEAN E DEPIERO**  
Full Name (Last, First, Middle Initial)

Mailing Address MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100

City CLEVELAND State OH Zip Code 44114

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

Name of Employer McDonald Hopkins LLC Occupation OF COUNSEL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 28 / 2015**

**Transaction ID : A2015-1065724**

Amount of Each Receipt this Period  
**125.00**

**B. DEAN E DEPIERO**  
Full Name (Last, First, Middle Initial)

Mailing Address MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100

City CLEVELAND State OH Zip Code 44114

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

Name of Employer McDonald Hopkins LLC Occupation OF COUNSEL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 29 / 2015**

**Transaction ID : A2015-1385411**

Amount of Each Receipt this Period  
**125.00**

**C. JAMES A DIMITRIJEVS**  
Full Name (Last, First, Middle Initial)

Mailing Address MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100

City CLEVELAND State OH Zip Code 44114

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

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  
**02 / 26 / 2015**

**Transaction ID : A2015-336761**

Amount of Each Receipt this Period  
**150.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **400.00**

**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 64
	<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)  
**McDonald Hopkins LLC PAC**

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

Mailing Address MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100

City CLEVELAND State OH Zip Code 44114

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : A2015-562683**

Amount of Each Receipt this Period  
 150.00

**B. JAMES A DIMITRIJEVS**  
Full Name (Last, First, Middle Initial)

Mailing Address MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100

City CLEVELAND State OH Zip Code 44114

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2015

**Transaction ID : A2015-826213**

Amount of Each Receipt this Period  
 150.00

**C. JAMES A DIMITRIJEVS**  
Full Name (Last, First, Middle Initial)

Mailing Address MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100

City CLEVELAND State OH Zip Code 44114

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2015

**Transaction ID : A2015-1065715**

Amount of Each Receipt this Period  
 150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 64
	<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)  
**McDonald Hopkins LLC PAC**

**A. JAMES A DIMITRIJEVS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100  
 City CLEVELAND State OH Zip Code 44114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer McDonald Hopkins LLC Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2015  
**Transaction ID : A2015-1385402**  
 Amount of Each Receipt this Period  
 150.00

**B. STEPHEN M GROSS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address MCDONALD HOPKINS LLC 39533 WOODWAR STE 318  
 City BLOOMFIELD HILLS State MI Zip Code 48304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer McDonald Hopkins LLC Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.66

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 29 / 2015  
**Transaction ID : A2015-68960**  
 Amount of Each Receipt this Period  
 416.66

**C. STEPHEN M GROSS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address MCDONALD HOPKINS LLC 39533 WOODWAR STE 318  
 City BLOOMFIELD HILLS State MI Zip Code 48304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer McDonald Hopkins LLC Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 833.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 26 / 2015  
**Transaction ID : A2015-336771**  
 Amount of Each Receipt this Period  
 416.66

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	983.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 64
	<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)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial) <b>A. STEPHEN M GROSS</b>		Date of Receipt MM / DD / YYYY 03 / 30 / 2015 <b>Transaction ID : A2015-562693</b>
Mailing Address MCDONALD HOPKINS LLC 39533 WOODWAR STE 318		Amount of Each Receipt this Period 416.66
City BLOOMFIELD HILLS	State MI	Zip Code 48304
FEC ID number of contributing federal political committee. C	Name of Employer McDonald Hopkins LLC	Occupation Attorney
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1249.98	

Full Name (Last, First, Middle Initial) <b>B. STEPHEN M GROSS</b>		Date of Receipt MM / DD / YYYY 04 / 29 / 2015 <b>Transaction ID : A2015-826223</b>
Mailing Address MCDONALD HOPKINS LLC 39533 WOODWAR STE 318		Amount of Each Receipt this Period 416.66
City BLOOMFIELD HILLS	State MI	Zip Code 48304
FEC ID number of contributing federal political committee. C	Name of Employer McDonald Hopkins LLC	Occupation Attorney
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.64	

Full Name (Last, First, Middle Initial) <b>C. STEPHEN M GROSS</b>		Date of Receipt MM / DD / YYYY 05 / 28 / 2015 <b>Transaction ID : A2015-1065725</b>
Mailing Address MCDONALD HOPKINS LLC 39533 WOODWAR STE 318		Amount of Each Receipt this Period 416.66
City BLOOMFIELD HILLS	State MI	Zip Code 48304
FEC ID number of contributing federal political committee. C	Name of Employer McDonald Hopkins LLC	Occupation Attorney
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2083.30	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1249.98
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 64
	<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	

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)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)  
**A. STEPHEN M GROSS**

Mailing Address **MCDONALD HOPKINS LLC 39533 WOODWAR  
STE 318**

City **BLOOMFIELD HILLS** State **MI** Zip Code **48304**

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

Name of Employer **McDonald Hopkins LLC** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2499.96**

Date of Receipt **06 / 29 / 2015**

**Transaction ID : A2015-1385412**

Amount of Each Receipt this Period **416.66**

Full Name (Last, First, Middle Initial)  
**B. DAVID H GUNNING II**

Mailing Address **MCDONALD HOPKINS LLC 600 SUPERIOR  
STE 2100**

City **CLEVELAND** State **OH** Zip Code **44114**

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

Name of Employer **McDonald Hopkins LLC** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 30 / 2015**

**Transaction ID : A2015-562704**

Amount of Each Receipt this Period **100.00**

Full Name (Last, First, Middle Initial)  
**C. DAVID H GUNNING II**

Mailing Address **MCDONALD HOPKINS LLC 600 SUPERIOR  
STE 2100**

City **CLEVELAND** State **OH** Zip Code **44114**

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

Name of Employer **McDonald Hopkins LLC** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **04 / 29 / 2015**

**Transaction ID : A2015-826234**

Amount of Each Receipt this Period **100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>616.66</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 OF 64
	(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)  
**McDonald Hopkins LLC PAC**

**A. DAVID H GUNNING II**  
Full Name (Last, First, Middle Initial)

Mailing Address MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100

City CLEVELAND State OH Zip Code 44114

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

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  
**05 / 28 / 2015**

**Transaction ID : A2015-1065736**

Amount of Each Receipt this Period  
**100.00**

**B. DAVID H GUNNING II**  
Full Name (Last, First, Middle Initial)

Mailing Address MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100

City CLEVELAND State OH Zip Code 44114

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 29 / 2015**

**Transaction ID : A2015-1385423**

Amount of Each Receipt this Period  
**100.00**

**C. TARA G KAMRADT**  
Full Name (Last, First, Middle Initial)

Mailing Address MCDONALD HOPKINS LLC 300 NORTH LAS STE 2100

City CHICAGO State IL Zip Code 60654

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

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  
**02 / 26 / 2015**

**Transaction ID : A2015-336784**

Amount of Each Receipt this Period  
**125.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>325.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**McDonald Hopkins LLC PAC**

**A. TARA G KAMRADT**  
Full Name (Last, First, Middle Initial)

Mailing Address MCDONALD HOPKINS LLC 300 NORTH LAS  
STE 2100

City CHICAGO State IL Zip Code 60654

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

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  
**03 / 30 / 2015**

**Transaction ID : A2015-562705**

Amount of Each Receipt this Period  
**125.00**

**B. TARA G KAMRADT**  
Full Name (Last, First, Middle Initial)

Mailing Address MCDONALD HOPKINS LLC 300 NORTH LAS  
STE 2100

City CHICAGO State IL Zip Code 60654

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

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  
**04 / 29 / 2015**

**Transaction ID : A2015-826235**

Amount of Each Receipt this Period  
**125.00**

**C. TARA G KAMRADT**  
Full Name (Last, First, Middle Initial)

Mailing Address MCDONALD HOPKINS LLC 300 NORTH LAS  
STE 2100

City CHICAGO State IL Zip Code 60654

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 28 / 2015**

**Transaction ID : A2015-1065737**

Amount of Each Receipt this Period  
**125.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>375.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 64
	(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)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial) <b>A. TARA G KAMRADT</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2015 <b>Transaction ID : A2015-1385424</b>
Mailing Address MCDONALD HOPKINS LLC 300 NORTH LAS STE 2100		Amount of Each Receipt this Period 125.00
City CHICAGO	State IL	
Zip Code 60654		Aggregate Year-to-Date ▼ 750.00
FEC ID number of contributing federal political committee. C		
Name of Employer McDonald Hopkins LLC	Occupation Attorney	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. RICHARD N KESSLER</b>		Date of Receipt MM / DD / YYYY 01 / 29 / 2015 <b>Transaction ID : A2015-68961</b>
Mailing Address MCDONALD HOPKINS LLC 300 NORTH LAS STE 2100		Amount of Each Receipt this Period 416.66
City CHICAGO	State IL	
Zip Code 60654		Aggregate Year-to-Date ▼ 416.66
FEC ID number of contributing federal political committee. C		
Name of Employer McDonald Hopkins LLC	Occupation Attorney	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. RICHARD N KESSLER</b>		Date of Receipt MM / DD / YYYY 02 / 26 / 2015 <b>Transaction ID : A2015-336772</b>
Mailing Address MCDONALD HOPKINS LLC 300 NORTH LAS STE 2100		Amount of Each Receipt this Period 416.66
City CHICAGO	State IL	
Zip Code 60654		Aggregate Year-to-Date ▼ 833.32
FEC ID number of contributing federal political committee. C		
Name of Employer McDonald Hopkins LLC	Occupation Attorney	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	958.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 64
	<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)  
**McDonald Hopkins LLC PAC**

**A. RICHARD N KESSLER**  
Full Name (Last, First, Middle Initial)

Mailing Address MCDONALD HOPKINS LLC 300 NORTH LAS  
STE 2100

City CHICAGO State IL Zip Code 60654

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1249.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : A2015-562694**

Amount of Each Receipt this Period  
 416.66

**B. RICHARD N KESSLER**  
Full Name (Last, First, Middle Initial)

Mailing Address MCDONALD HOPKINS LLC 300 NORTH LAS  
STE 2100

City CHICAGO State IL Zip Code 60654

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1666.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2015  
**Transaction ID : A2015-826224**

Amount of Each Receipt this Period  
 416.66

**C. RICHARD N KESSLER**  
Full Name (Last, First, Middle Initial)

Mailing Address MCDONALD HOPKINS LLC 300 NORTH LAS  
STE 2100

City CHICAGO State IL Zip Code 60654

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2083.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2015  
**Transaction ID : A2015-1065726**

Amount of Each Receipt this Period  
 416.66

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1249.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 64
	<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)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)  
**A. RICHARD N KESSLER**

Mailing Address **MCDONALD HOPKINS LLC 300 NORTH LAS  
STE 2100**

City **CHICAGO** State **IL** Zip Code **60654**

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

Name of Employer **McDonald Hopkins LLC** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2499.96**

Date of Receipt  
**06 / 29 / 2015**  
**Transaction ID : A2015-1385413**

Amount of Each Receipt this Period  
**416.66**

Full Name (Last, First, Middle Initial)  
**B. MICHAEL G LATIFF**

Mailing Address **MCDONALD HOPKINS LLC 39533 WOODWAR  
STE 318**

City **BLOOMFIELD HILLS** State **MI** Zip Code **48304**

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

Name of Employer **McDonald Hopkins LLC** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**02 / 26 / 2015**  
**Transaction ID : A2015-336777**

Amount of Each Receipt this Period  
**125.00**

Full Name (Last, First, Middle Initial)  
**C. MICHAEL G LATIFF**

Mailing Address **MCDONALD HOPKINS LLC 39533 WOODWAR  
STE 318**

City **BLOOMFIELD HILLS** State **MI** Zip Code **48304**

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

Name of Employer **McDonald Hopkins LLC** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
**03 / 30 / 2015**  
**Transaction ID : A2015-562698**

Amount of Each Receipt this Period  
**125.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>666.66</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 OF 64
	(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)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)  
**A. MICHAEL G LATIFF**

Mailing Address **MCDONALD HOPKINS LLC 39533 WOODWAR  
STE 318**

City **BLOOMFIELD HILLS** State **MI** Zip Code **48304**

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

Name of Employer **McDonald Hopkins LLC** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**04 / 29 / 2015**  
**Transaction ID : A2015-826228**

Amount of Each Receipt this Period  
**125.00**

Full Name (Last, First, Middle Initial)  
**B. MICHAEL G LATIFF**

Mailing Address **MCDONALD HOPKINS LLC 39533 WOODWAR  
STE 318**

City **BLOOMFIELD HILLS** State **MI** Zip Code **48304**

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

Name of Employer **McDonald Hopkins LLC** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt  
**05 / 28 / 2015**  
**Transaction ID : A2015-1065730**

Amount of Each Receipt this Period  
**125.00**

Full Name (Last, First, Middle Initial)  
**C. MICHAEL G LATIFF**

Mailing Address **MCDONALD HOPKINS LLC 39533 WOODWAR  
STE 318**

City **BLOOMFIELD HILLS** State **MI** Zip Code **48304**

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

Name of Employer **McDonald Hopkins LLC** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
**06 / 29 / 2015**  
**Transaction ID : A2015-1385417**

Amount of Each Receipt this Period  
**125.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>375.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 OF 64
	(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)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)  
**A. BILL O LINDOW**

Mailing Address **MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100**

City **CLEVELAND** State **OH** Zip Code **44114**

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

Name of Employer **McDonald Hopkins LLC** Occupation **CFO**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
**06 / 29 / 2015**  
**Transaction ID : A2015-1385404**

Amount of Each Receipt this Period  
**40.00**

Full Name (Last, First, Middle Initial)  
**B. TIMOTHY J LOWE**

Mailing Address **MCDONALD HOPKINS LLC 39533 WOODWAR STE 318**

City **BLOOMFIELD HILLS** State **MI** Zip Code **48304**

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

Name of Employer **McDonald Hopkins LLC** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**04 / 29 / 2015**  
**Transaction ID : A2015-826229**

Amount of Each Receipt this Period  
**62.50**

Full Name (Last, First, Middle Initial)  
**C. TIMOTHY J LOWE**

Mailing Address **MCDONALD HOPKINS LLC 39533 WOODWAR STE 318**

City **BLOOMFIELD HILLS** State **MI** Zip Code **48304**

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

Name of Employer **McDonald Hopkins LLC** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **312.50**

Date of Receipt  
**05 / 28 / 2015**  
**Transaction ID : A2015-1065731**

Amount of Each Receipt this Period  
**62.50**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>165.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 64
	<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)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)  
**A. TIMOTHY J LOWE**

Mailing Address **MCDONALD HOPKINS LLC 39533 WOODWAR  
STE 318**

City **BLOOMFIELD HILLS** State **MI** Zip Code **48304**

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

Name of Employer **McDonald Hopkins LLC** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
**06 / 29 / 2015**  
**Transaction ID : A2015-1385418**

Amount of Each Receipt this Period  
**62.50**

Full Name (Last, First, Middle Initial)  
**B. SEAN D MALLOY**

Mailing Address **MCDONALD HOPKINS LLC 600 SUPERIOR  
STE 2100**

City **CLEVELAND** State **OH** Zip Code **44114**

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

Name of Employer **McDonald Hopkins LLC** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**02 / 26 / 2015**  
**Transaction ID : A2015-336760**

Amount of Each Receipt this Period  
**125.00**

Full Name (Last, First, Middle Initial)  
**C. SEAN D MALLOY**

Mailing Address **MCDONALD HOPKINS LLC 600 SUPERIOR  
STE 2100**

City **CLEVELAND** State **OH** Zip Code **44114**

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

Name of Employer **McDonald Hopkins LLC** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
**03 / 30 / 2015**  
**Transaction ID : A2015-562682**

Amount of Each Receipt this Period  
**125.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **312.50**

**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 32 OF 64
	<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)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial) <b>A. SEAN D MALLOY</b>		Date of Receipt MM / DD / YYYY 04 / 29 / 2015 <b>Transaction ID : A2015-826212</b>
Mailing Address MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100		Amount of Each Receipt this Period 125.00
City CLEVELAND	State OH	Zip Code 44114
FEC ID number of contributing federal political committee. C	Name of Employer McDonald Hopkins LLC	Occupation Attorney
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. SEAN D MALLOY</b>		Date of Receipt MM / DD / YYYY 05 / 28 / 2015 <b>Transaction ID : A2015-1065714</b>
Mailing Address MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100		Amount of Each Receipt this Period 125.00
City CLEVELAND	State OH	Zip Code 44114
FEC ID number of contributing federal political committee. C	Name of Employer McDonald Hopkins LLC	Occupation Attorney
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

Full Name (Last, First, Middle Initial) <b>C. SEAN D MALLOY</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2015 <b>Transaction ID : A2015-1385401</b>
Mailing Address MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100		Amount of Each Receipt this Period 125.00
City CLEVELAND	State OH	Zip Code 44114
FEC ID number of contributing federal political committee. C	Name of Employer McDonald Hopkins LLC	Occupation Attorney
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 33 OF 64  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**McDonald Hopkins LLC PAC**

**A. GEORGE L MCGAUGHEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100  
 City CLEVELAND State OH Zip Code 44114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer McDonald Hopkins LLC Occupation Attorney  
 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  
 03 / 30 / 2015  
**Transaction ID : A2015-562679**  
 Amount of Each Receipt this Period  
 70.00

**B. GEORGE L MCGAUGHEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100  
 City CLEVELAND State OH Zip Code 44114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer McDonald Hopkins LLC Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2015  
**Transaction ID : A2015-826209**  
 Amount of Each Receipt this Period  
 70.00

**C. GEORGE L MCGAUGHEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100  
 City CLEVELAND State OH Zip Code 44114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer McDonald Hopkins LLC Occupation Attorney  
 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  
 05 / 28 / 2015  
**Transaction ID : A2015-1065711**  
 Amount of Each Receipt this Period  
 70.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 210.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 OF 64
	(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)  
**McDonald Hopkins LLC PAC**

**A. GEORGE L MCGAUGHEY**  
Full Name (Last, First, Middle Initial)

Mailing Address MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100

City CLEVELAND State OH Zip Code 44114

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 29 / 2015**

**Transaction ID : A2015-1385398**

Amount of Each Receipt this Period  
**70.00**

**B. MICHAEL J MEANEY**  
Full Name (Last, First, Middle Initial)

Mailing Address MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100

City CLEVELAND State OH Zip Code 44114

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

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  
**02 / 26 / 2015**

**Transaction ID : A2015-336759**

Amount of Each Receipt this Period  
**125.00**

**C. MICHAEL J MEANEY**  
Full Name (Last, First, Middle Initial)

Mailing Address MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100

City CLEVELAND State OH Zip Code 44114

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

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  
**03 / 30 / 2015**

**Transaction ID : A2015-562681**

Amount of Each Receipt this Period  
**125.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>320.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 OF 64
	(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)  
**McDonald Hopkins LLC PAC**

**A. MICHAEL J MEANEY**  
Full Name (Last, First, Middle Initial)

Mailing Address MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100

City CLEVELAND State OH Zip Code 44114

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

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  
 04 / 29 / 2015  
**Transaction ID : A2015-826211**

Amount of Each Receipt this Period  
 125.00

**B. MICHAEL J MEANEY**  
Full Name (Last, First, Middle Initial)

Mailing Address MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100

City CLEVELAND State OH Zip Code 44114

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2015  
**Transaction ID : A2015-1065713**

Amount of Each Receipt this Period  
 125.00

**C. MICHAEL J MEANEY**  
Full Name (Last, First, Middle Initial)

Mailing Address MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100

City CLEVELAND State OH Zip Code 44114

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2015  
**Transaction ID : A2015-1385400**

Amount of Each Receipt this Period  
 125.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

NAME OF COMMITTEE (In Full)  
**McDonald Hopkins LLC PAC**

**A. JOHN T METZGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address MCDONALD HOPKINS LLC 505 SOUTH FLA  
 STE 300  
 City WEST PALM BEACH State FL Zip Code 33401  
 Name of Employer McDonald Hopkins LLC Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.67

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 29 / 2015  
**Transaction ID : A2015-68957**  
 Amount of Each Receipt this Period  
 416.67

**B. JOHN T METZGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address MCDONALD HOPKINS LLC 505 SOUTH FLA  
 STE 300  
 City WEST PALM BEACH State FL Zip Code 33401  
 Name of Employer McDonald Hopkins LLC Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 833.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 26 / 2015  
**Transaction ID : A2015-336768**  
 Amount of Each Receipt this Period  
 416.67

**C. JOHN T METZGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address MCDONALD HOPKINS LLC 505 SOUTH FLA  
 STE 300  
 City WEST PALM BEACH State FL Zip Code 33401  
 Name of Employer McDonald Hopkins LLC Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.01

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : A2015-562690**  
 Amount of Each Receipt this Period  
 416.67

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.01
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 64
	<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	

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)  
**McDonald Hopkins LLC PAC**

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

Mailing Address MCDONALD HOPKINS LLC 41 SOUTH HIGH  
STE 1625

City Columbus State OH Zip Code 43215

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

Name of Employer McDonald Hopkins LLC Occupation NON-ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
03 / 30 / 2015  
**Transaction ID : A2015-562703**

Amount of Each Receipt this Period  
100.00

**B. AARON OCKERMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address MCDONALD HOPKINS LLC 41 SOUTH HIGH  
STE 1625

City Columbus State OH Zip Code 43215

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

Name of Employer McDonald Hopkins LLC Occupation NON-ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
04 / 29 / 2015  
**Transaction ID : A2015-826233**

Amount of Each Receipt this Period  
100.00

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

Mailing Address MCDONALD HOPKINS LLC 41 SOUTH HIGH  
STE 1625

City Columbus State OH Zip Code 43215

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

Name of Employer McDonald Hopkins LLC Occupation NON-ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
05 / 28 / 2015  
**Transaction ID : A2015-1065735**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**McDonald Hopkins LLC PAC**

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

Mailing Address **MCDONALD HOPKINS LLC 41 SOUTH HIGH  
STE 1625**

City **COLUMBUS** State **OH** Zip Code **43215**

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

Name of Employer **McDonald Hopkins LLC** Occupation **NON-ATTORNEY**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 29 / 2015**

**Transaction ID : A2015-1385422**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**B. OWEN P QUINN**

Mailing Address **MCDONALD HOPKINS LLC 300 NORTH LAS  
STE 2100**

City **CHICAGO** State **IL** Zip Code **60654**

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

Name of Employer **McDonald Hopkins LLC** Occupation **Attorney**

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  
**04 / 29 / 2015**

**Transaction ID : A2015-826226**

Amount of Each Receipt this Period  
**62.50**

Full Name (Last, First, Middle Initial)  
**C. OWEN P QUINN**

Mailing Address **MCDONALD HOPKINS LLC 300 NORTH LAS  
STE 2100**

City **CHICAGO** State **IL** Zip Code **60654**

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

Name of Employer **McDonald Hopkins LLC** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **312.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 28 / 2015**

**Transaction ID : A2015-1065728**

Amount of Each Receipt this Period  
**62.50**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>225.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 64
	<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)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)  
**A. OWEN P QUINN**

Mailing Address **MCDONALD HOPKINS LLC 300 NORTH LAS STE 2100**

City **CHICAGO** State **IL** Zip Code **60654**

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

Name of Employer **McDonald Hopkins LLC** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
**06 / 29 / 2015**  
**Transaction ID : A2015-1385415**

Amount of Each Receipt this Period  
**62.50**

Full Name (Last, First, Middle Initial)  
**B. BRUCE REINHART**

Mailing Address **MCDONALD HOPKINS LLC 505 SOUTH FLA STE 300**

City **WEST PALM BEACH** State **FL** Zip Code **33401**

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

Name of Employer **McDonald Hopkins LLC** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
**02 / 26 / 2015**  
**Transaction ID : A2015-336779**

Amount of Each Receipt this Period  
**120.00**

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

Mailing Address **MCDONALD HOPKINS LLC 505 SOUTH FLA STE 300**

City **WEST PALM BEACH** State **FL** Zip Code **33401**

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

Name of Employer **McDonald Hopkins LLC** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
**03 / 30 / 2015**  
**Transaction ID : A2015-562700**

Amount of Each Receipt this Period  
**120.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **302.50**

**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 41 OF 64
	<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	

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)  
**McDonald Hopkins LLC PAC**

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

Mailing Address **MCDONALD HOPKINS LLC 505 SOUTH FLA  
STE 300**

City **WEST PALM BEACH** State **FL** Zip Code **33401**

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

Name of Employer **McDonald Hopkins LLC** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  
**04 / 29 / 2015**  
**Transaction ID : A2015-826230**

Amount of Each Receipt this Period  
**120.00**

Full Name (Last, First, Middle Initial)  
**B. BRUCE REINHART**

Mailing Address **MCDONALD HOPKINS LLC 505 SOUTH FLA  
STE 300**

City **WEST PALM BEACH** State **FL** Zip Code **33401**

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

Name of Employer **McDonald Hopkins LLC** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
**05 / 28 / 2015**  
**Transaction ID : A2015-1065732**

Amount of Each Receipt this Period  
**120.00**

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

Mailing Address **MCDONALD HOPKINS LLC 505 SOUTH FLA  
STE 300**

City **WEST PALM BEACH** State **FL** Zip Code **33401**

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

Name of Employer **McDonald Hopkins LLC** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt  
**06 / 29 / 2015**  
**Transaction ID : A2015-1385419**

Amount of Each Receipt this Period  
**120.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **360.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 OF 64
	(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)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)  
**A. CHAD J RICHMAN**

Mailing Address **MCDONALD HOPKINS LLC 300 NORTH LAS  
STE 2100**

City **CHICAGO** State **IL** Zip Code **60654**

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

Name of Employer **McDonald Hopkins LLC** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**04 / 29 / 2015**  
**Transaction ID : A2015-826227**

Amount of Each Receipt this Period  
**62.50**

Full Name (Last, First, Middle Initial)  
**B. CHAD J RICHMAN**

Mailing Address **MCDONALD HOPKINS LLC 300 NORTH LAS  
STE 2100**

City **CHICAGO** State **IL** Zip Code **60654**

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

Name of Employer **McDonald Hopkins LLC** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **312.50**

Date of Receipt  
**05 / 28 / 2015**  
**Transaction ID : A2015-1065729**

Amount of Each Receipt this Period  
**62.50**

Full Name (Last, First, Middle Initial)  
**C. CHAD J RICHMAN**

Mailing Address **MCDONALD HOPKINS LLC 300 NORTH LAS  
STE 2100**

City **CHICAGO** State **IL** Zip Code **60654**

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

Name of Employer **McDonald Hopkins LLC** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
**06 / 29 / 2015**  
**Transaction ID : A2015-1385416**

Amount of Each Receipt this Period  
**62.50**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **187.50**

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

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

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

FOR LINE NUMBER: PAGE 43 OF 64  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)  
**A. MICHAEL G RILEY**

Mailing Address **MCDONALD HOPKINS LLC 600 SUPERIOR  
STE 2100**

City State Zip Code  
**CLEVELAND OH 44114**

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

Name of Employer Occupation  
**McDonald Hopkins LLC Attorney**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
**04 / 29 / 2015**

**Transaction ID : A2015-826210**

Amount of Each Receipt this Period  
**150.00**

Full Name (Last, First, Middle Initial)  
**B. MICHAEL G RILEY**

Mailing Address **MCDONALD HOPKINS LLC 600 SUPERIOR  
STE 2100**

City State Zip Code  
**CLEVELAND OH 44114**

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

Name of Employer Occupation  
**McDonald Hopkins LLC Attorney**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**450.00**

Date of Receipt  
**05 / 28 / 2015**

**Transaction ID : A2015-1065712**

Amount of Each Receipt this Period  
**150.00**

Full Name (Last, First, Middle Initial)  
**C. MICHAEL G RILEY**

Mailing Address **MCDONALD HOPKINS LLC 600 SUPERIOR  
STE 2100**

City State Zip Code  
**CLEVELAND OH 44114**

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

Name of Employer Occupation  
**McDonald Hopkins LLC Attorney**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**600.00**

Date of Receipt  
**06 / 29 / 2015**

**Transaction ID : A2015-1385399**

Amount of Each Receipt this Period  
**150.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **450.00**

**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 44 OF 64
	<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)  
**McDonald Hopkins LLC PAC**

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

Mailing Address MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100

City CLEVELAND State OH Zip Code 44114

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

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  
**05 / 28 / 2015**

**Transaction ID : A2015-1065734**

Amount of Each Receipt this Period  
**50.00**

**B. RICHIK SARKAR**  
Full Name (Last, First, Middle Initial)

Mailing Address MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100

City CLEVELAND State OH Zip Code 44114

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

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  
**06 / 29 / 2015**

**Transaction ID : A2015-1385421**

Amount of Each Receipt this Period  
**50.00**

**C. TODD A SNITCHLER**  
Full Name (Last, First, Middle Initial)

Mailing Address MCDONALD HOPKINS LLC 41 SOUTH HIGH STE 1625

City COLUMBUS State OH Zip Code 43215

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 29 / 2015**

**Transaction ID : A2015-68974**

Amount of Each Receipt this Period  
**225.00**

**SUBTOTAL** of Receipts This Page (optional)..... ► **325.00**

**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 45 OF 64
	<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	

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)  
**McDonald Hopkins LLC PAC**

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

Mailing Address MCDONALD HOPKINS LLC 41 SOUTH HIGH  
STE 1625

City Columbus State OH Zip Code 43215

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
02 / 26 / 2015  
**Transaction ID : A2015-336785**

Amount of Each Receipt this Period  
225.00

**B. TODD A SNITCHLER**  
Full Name (Last, First, Middle Initial)

Mailing Address MCDONALD HOPKINS LLC 41 SOUTH HIGH  
STE 1625

City Columbus State OH Zip Code 43215

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
675.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2015  
**Transaction ID : A2015-562706**

Amount of Each Receipt this Period  
225.00

**C. TODD A SNITCHLER**  
Full Name (Last, First, Middle Initial)

Mailing Address MCDONALD HOPKINS LLC 41 SOUTH HIGH  
STE 1625

City Columbus State OH Zip Code 43215

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2015  
**Transaction ID : A2015-826236**

Amount of Each Receipt this Period  
225.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	675.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 64
	<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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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)  
**McDonald Hopkins LLC PAC**

**A. TODD A SNITCHLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address MCDONALD HOPKINS LLC 41 SOUTH HIGH  
 STE 1625  
 City Columbus State OH Zip Code 43215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer McDonald Hopkins LLC Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2015  
**Transaction ID : A2015-1065738**  
 Amount of Each Receipt this Period  
 225.00

**B. TODD A SNITCHLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address MCDONALD HOPKINS LLC 41 SOUTH HIGH  
 STE 1625  
 City Columbus State OH Zip Code 43215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer McDonald Hopkins LLC Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2015  
**Transaction ID : A2015-1385425**  
 Amount of Each Receipt this Period  
 225.00

**C. MICHAEL W WISE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address MCDONALD HOPKINS LLC 600 SUPERIOR  
 STE 2100  
 City CLEVELAND State OH Zip Code 44114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer McDonald Hopkins LLC Occupation Attorney  
 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  
 02 / 26 / 2015  
**Transaction ID : A2015-336765**  
 Amount of Each Receipt this Period  
 125.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	575.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 64
	<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)  
**McDonald Hopkins LLC PAC**

**A. MICHAEL W WISE**  
Full Name (Last, First, Middle Initial)

Mailing Address MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100

City CLEVELAND State OH Zip Code 44114

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **03 / 30 / 2015**

**Transaction ID : A2015-562687**

Amount of Each Receipt this Period **125.00**

**B. MICHAEL W WISE**  
Full Name (Last, First, Middle Initial)

Mailing Address MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100

City CLEVELAND State OH Zip Code 44114

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **04 / 29 / 2015**

**Transaction ID : A2015-826217**

Amount of Each Receipt this Period **125.00**

**C. MICHAEL W WISE**  
Full Name (Last, First, Middle Initial)

Mailing Address MCDONALD HOPKINS LLC 600 SUPERIOR STE 2100

City CLEVELAND State OH Zip Code 44114

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

Name of Employer McDonald Hopkins LLC Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt **05 / 28 / 2015**

**Transaction ID : A2015-1065719**

Amount of Each Receipt this Period **125.00**

**SUBTOTAL** of Receipts This Page (optional)..... **375.00**

**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 48 OF 64  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)  
**A. MICHAEL W WISE**

Mailing Address **MCDONALD HOPKINS LLC 600 SUPERIOR  
STE 2100**

City **CLEVELAND** State **OH** Zip Code **44114**

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

Name of Employer **McDonald Hopkins LLC** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
**06 / 29 / 2015**

**Transaction ID : A2015-1385406**

Amount of Each Receipt this Period  
**125.00**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>125.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>21057.40</b>



**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)

**A. Kirk for Senate**

Mailing Address P.O. Box 8

City Winnetka State IL Zip Code 60093

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mark Kirk**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2015

**Transaction ID : B546230**

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**B. Portman for Senate Committee**

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rob Portman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2015

**Transaction ID : B576670**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

1250.00
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**TOTAL** This Period (last page this line number only)..... ▶

1250.00
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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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)

**A. Cary Glickstein Campaign**

Mailing Address 1118 Waterway Lane

City Delray Beach State FL Zip Code 33483

Purpose of Disbursement  
G-2015 Mayor Delray Beach FL

011

Category/  
Type

Candidate Name

**Cary Glickstein**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: FL District:

Date of Disbursement

MM / DD / YYYY  
02 / 17 / 2015

**Transaction ID : B545176**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Citizens for Judge Hoffman**

Mailing Address P.O. Box 64

City Highwood State IL Zip Code 60654

Purpose of Disbursement  
P-2016 Circuit Court Judge 19th Judicial

011

Category/  
Type

Candidate Name

**Mitchell L Hoffman**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 19

Date of Disbursement

MM / DD / YYYY  
04 / 22 / 2015

**Transaction ID : B572394**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Elect Judge Burke**

Mailing Address 6348 N. Milwaukee Suite 115

City Chicago State IL Zip Code 60646

Purpose of Disbursement  
G-2016 Court of Appeals 1st IL

011

Category/  
Type

Candidate Name

**Eileen O'Neill Burke**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District:

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2015

**Transaction ID : B574954**

Amount of Each Disbursement this Period

250.00

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

1750.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)

**A. Cmte to Elect Shannon M. Gallagher**

Mailing Address 14837 Detroit Ave

City Lakewood State OH Zip Code 44107

Purpose of Disbursement  
P-2020 Common Pleas Court Judge Cuyahoga

011

Candidate Name

**Shannon M Gallagher**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	03	/	2015

**Transaction ID : B544342**

Amount of Each Disbursement this Period

150.00
--------

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Cliff Rosenberger**

Mailing Address PO Box 343

City Clarksville State OH Zip Code 45113

Purpose of Disbursement  
P-2016 State House 91 OH

011

Candidate Name

**Cliff Rosenberger**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 91

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	06	/	2015

**Transaction ID : B544624**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Citizens for Amstutz**

Mailing Address 4456 Woodlake Trail

City Wooster State OH Zip Code 44691

Purpose of Disbursement  
P-2016 State House 01 OH

011

Candidate Name

**Ron Amstutz**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	16	/	2015

**Transaction ID : B545156**

Amount of Each Disbursement this Period

1000.00
---------

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

3650.00
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**TOTAL** This Period (last page this line number only)..... ▶

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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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)

**A. Citizens for Mike Dovilla**

Mailing Address 62 Harnagy Street

City Berea State OH Zip Code 44017

Purpose of Disbursement  
P-2016 State House 7 OH

011

Candidate Name  
**Mike Dovilla**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 07

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 16 / 2015

Transaction ID : B545159

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Pelanda for Representative**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43320

Purpose of Disbursement  
P-2016 State House 86 OH

011

Candidate Name  
**Dorothy Pelanda**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 86

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 16 / 2015

Transaction ID : B545157

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Cliff Rosenberger**

Mailing Address 7027 State Route 350 West P.O. Box

City Clarksville State OH Zip Code 45113

Purpose of Disbursement  
P-2016 State House 91 OH

011

Candidate Name  
**Cliff Rosenberger**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 91

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 16 / 2015

Transaction ID : B545158

Amount of Each Disbursement this Period

2500.00

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)

**A. Citizens for Sears**

Mailing Address 3040 Byrnwyck W. #1113

City Maumee State OH Zip Code 43537

Purpose of Disbursement  
P-2016 State House 47 OH

011

Candidate Name

**Barbara Sears**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 47

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 16 / 2015

Transaction ID : B545155

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Hagan for Representative**

Mailing Address 11301 Marlboro Avenue

City Alliance State OH Zip Code 44601

Purpose of Disbursement  
P-2016 State House 50 OH

011

Candidate Name

**Christina Hagan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 50

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 27 / 2015

Transaction ID : B546562

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Citizens for Hall**

Mailing Address 31 North Hillside Drive

City Millersburg State OH Zip Code 44654

Purpose of Disbursement  
G-2014 State House 70 OH

011

Candidate Name

**David Hall**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 70

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2015

Transaction ID : B540393

Amount of Each Disbursement this Period

-500.00

Voided: Original check dated 12/11/14

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

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

1000.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)

**A. Seitz for Senate Committee**

Mailing Address 4401 Abby Court

City Cincinnati State OH Zip Code 45248

Purpose of Disbursement  
P-2016 State Senate 8 OH

011

Candidate Name

**Bill Seitz**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 08

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2015

**Transaction ID : B535484**

Amount of Each Disbursement this Period

-1000.00

Voided: Original check dated 08/21/14

Full Name (Last, First, Middle Initial)

**B. Citizens for Cheryl Grossman**

Mailing Address 3955 Brown Park Drive Ste. A

City Hillard State OH Zip Code 43026

Purpose of Disbursement  
P-2016 State House 23 OH

011

Candidate Name

**Cheryl Grossman**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 23

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

**Transaction ID : B549924**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Seitz for Senate Committee**

Mailing Address 4401 Abby Court

City Cincinnati State OH Zip Code 45248

Purpose of Disbursement  
P-2016 State Senate 8 OH

011

Candidate Name

**Bill Seitz**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 08

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

**Transaction ID : B549880**

Amount of Each Disbursement this Period

1000.00

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

250.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Timothy J. DeGeeter**

Mailing Address 7501 Trevor Lane

City Parma State OH Zip Code 44129

Purpose of Disbursement  
G-2015 Mayor Parma OH

011

Candidate Name

**Timothy J DeGeeter**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2015

**Transaction ID : B550776**

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Friends of Richard Dell'Aquila**

Mailing Address 661 East Pleasant Valley Road

City Seven Hills State OH Zip Code 44131

Purpose of Disbursement  
G-2015 Mayor Seven Hills OH

011

Candidate Name

**Richard Dell'Aquila**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2015

**Transaction ID : B550773**

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Citizens for Lehner**

Mailing Address 533 Lockerbie Ln

City Kettering State OH Zip Code 45429

Purpose of Disbursement  
P-2016 State Senate 6 OH

011

Candidate Name

**Peggy Lehner**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2015

**Transaction ID : B550794**

Amount of Each Disbursement this Period

350.00

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

550.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Sean J. O'Brien**

Mailing Address P.O. Box 9

City State Zip Code  
Brookfield OH 44403

Purpose of Disbursement  
P-2016 State House 63 OH

011

Category/  
Type

Candidate Name

**Sean O'Brien**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 63

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	5

Transaction ID : B550777

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. Boosters for Perciak**

Mailing Address 17889 Monterey Place

City State Zip Code  
Strongsville OH 44136

Purpose of Disbursement  
G-2015 Mayor Strongsville OH

011

Category/  
Type

Candidate Name

**Thomas Perciak**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	5

Transaction ID : B550775

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Friends of Mayor Stefanik**

Mailing Address 10298 River Run Lane

City State Zip Code  
North Royalton OH 44133

Purpose of Disbursement  
G-2015 Mayor North Royalton OH

011

Category/  
Type

Candidate Name

**Bob Stefanik**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	5

Transaction ID : B550772

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

4	5	0	0	0	0	0	0	0	0
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0	0	0	0	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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Nickie J. Antonio**

Mailing Address 1305 Belle Ave.

City Lakewood State OH Zip Code 44107

Purpose of Disbursement  
P-2016 State House 13 OH

011

Candidate Name

**Nickie Antonio**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	5

**Transaction ID : B550988**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Friends of John Eklund**

Mailing Address 12040 Burlington Glen Dr.

City Chardon State OH Zip Code 44024

Purpose of Disbursement  
P-2016 State Senate 18 OH

011

Candidate Name

**John Eklund**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	5

**Transaction ID : B551031**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Citizens for Stephanie Kunze**

Mailing Address 865 Macon Alley

City Columbus State OH Zip Code 43206

Purpose of Disbursement  
P-2016 State House 24 OH

011

Candidate Name

**Stephanie Kunze**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 24

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	5

**Transaction ID : B551033**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1	5	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

1	5	0	0	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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of David Leland**

Mailing Address 367 East Broad Street Suite 1002

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
P-2016 State House 22 OH

011

Candidate Name

**David Leland**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 22

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	5

**Transaction ID : B551097**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**B. Committee to Elect Manning**

Mailing Address 5380 Barton Road

City North Ridgeville State OH Zip Code 44039

Purpose of Disbursement  
P-2018 State Senate 13 OH

011

Candidate Name

**Gayle Manning**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: OH District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	5

**Transaction ID : B551034**

Amount of Each Disbursement this Period

3	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Manning for Ohio**

Mailing Address 7064 Belden Road

City North Ridgeville State OH Zip Code 44039

Purpose of Disbursement  
P-2016 State House 55 OH

011

Candidate Name

**Nathan Manning**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 55

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	5

**Transaction ID : B551032**

Amount of Each Disbursement this Period

3	5	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

9	5	0	0	.	0	0
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9	5	0	0	.	0	0
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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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)

**A. Citizens for Schuring Committee**

Mailing Address 330 3rd St NW

City State Zip Code  
Canton OH 44702

Purpose of Disbursement  
P-2016 State House 48 OH

011

Candidate Name

**Kirk Schuring**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 48

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 02 / 2015

Transaction ID : B551035

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Sprague for State Representative**

Mailing Address 220 West Sandusky St.

City State Zip Code  
Findlay OH 45840

Purpose of Disbursement  
P-2016 State House 83 OH

011

Candidate Name

**Robert C Sprague**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 83

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 02 / 2015

Transaction ID : B551029

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Cliff Hite**

Mailing Address 2417 Westmoor Road

City State Zip Code  
Findlay OH 45840

Purpose of Disbursement  
P-2016 State House 76 OH

011

Candidate Name

**Cliff Hite**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 76

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 10 / 2015

Transaction ID : B551414

Amount of Each Disbursement this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Janine Boyd**

Mailing Address 4022 Monticello Blvd.

City Cleveland Hts. State OH Zip Code 44121

Purpose of Disbursement  
P-2016 State House 09 OH

011

Candidate Name

**Janine Boyd**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	5

**Transaction ID : B551738**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. Mike DeWine for Ohio**

Mailing Address PO Box 3410645

City Columbus State OH Zip Code 43234

Purpose of Disbursement  
P-2018 State Att. General OH

011

Candidate Name

**Michael (Mike) DeWine**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	1	5

**Transaction ID : B572396**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. Friends of Tom Patton**

Mailing Address 17157 Rabbit Run Drive

City Strongsville State OH Zip Code 44136

Purpose of Disbursement  
P-2016 State Senate 24 OH

011

Candidate Name

**Tom Patton**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 24

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	5

**Transaction ID : B572792**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1	7	5	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

1	7	5	0	0	0	0	0	0	0
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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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)

**A. The Republican Senate Campaign Committee**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement  
O-2015 State Party Cmte OH

011

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2015

Transaction ID : B573209

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Friends of Faber**

Mailing Address 7706 St. Rt. 703

City Celina State OH Zip Code 45822

Purpose of Disbursement  
P-2016 State Senate 12 OH

011

Category/  
Type

Candidate Name

**Keith Faber**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2015

Transaction ID : B573207

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Citizens for Obhof**

Mailing Address 5206 Crown Point Drive

City Medina State OH Zip Code 44256

Purpose of Disbursement  
P-2016 State Senate 22 OH

011

Category/  
Type

Candidate Name

**Larry Obhof**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 22

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2015

Transaction ID : B573206

Amount of Each Disbursement this Period

1000.00

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

8500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)

**A. Committee for Ron O'Brien**

Mailing Address 480 E. Broad Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
P-2016 Co. Prosecutor Franklin County OH

Candidate Name  
**Ron O'Brien**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District:

**011**  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 06 / 2015

**Transaction ID : B573280**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Friends to Elect Scott Claussen**

Mailing Address 4647 Winter Lane

City Brooklyn State OH Zip Code 44144

Purpose of Disbursement  
G-2015 Mayor Brooklyn OH

Candidate Name  
**Scott Claussen**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: OH District:

**011**  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 07 / 2015

**Transaction ID : B573315**

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Troy Balderson for State Senator**

Mailing Address 601 Underwood St. P.O. Box 69

City Zanesville State OH Zip Code 43702

Purpose of Disbursement  
P-2016 State Senate 20 OH

Candidate Name  
**Troy Balderson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 20

**011**  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 12 / 2015

**Transaction ID : B573665**

Amount of Each Disbursement this Period

1000.00

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

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

1600.00



**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**McDonald Hopkins LLC PAC**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Manning**

Mailing Address 5380 Barton Road

City North Ridgeville State OH Zip Code 44039

Purpose of Disbursement  
P-2018 State Senate 13 OH

011

Category/  
Type

Candidate Name

**Gayle Manning**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: OH District: 13

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2015

**Transaction ID : B576508**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

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 Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

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 Y Y

Amount of Each Disbursement this Period

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

500.00

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

30550.00