

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) HPAC

ADDRESS (number and street) 1050 CONNECTICUT AVENUE NW WASHINGTON DC 20036

2. FEC IDENTIFICATION NUMBER C00495911 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 05 02 2011 through 06 30 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer David Satterfield Signature of Treasurer Electronically Filed by David Satterfield Date 07 29 2011

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

Office Use Only

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
HPAC

Report Covering the Period: From:

M	M
0	5

D	D
0	2

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		0.00
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	0.00									
(c) Total Receipts (from Line 19)	211852.21	211852.21								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	211852.21	211852.21								
7. Total Disbursements (from Line 31)	200749.66	200749.66								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	11102.55	11102.55								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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**

Write or Type Committee Name
HPAC

Report Covering the Period: From:

M	M
0	5

D	D
0	2

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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)	194300.00	194300.00
(ii) Unitemized	12552.21	12552.21
(iii) TOTAL (add Lines 11(a)(i) and (ii)	206852.21	206852.21
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	211852.21	211852.21
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 Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	211852.21	211852.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	211852.21	211852.21

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	198249.66	198249.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	198249.66	198249.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	2500.00	2500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	200749.66	200749.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	200749.66	200749.66

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)	211852.21	211852.21
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	211852.21	211852.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	198249.66	198249.66
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	198249.66	198249.66

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

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

FOR LINE NUMBER: PAGE 6 / 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
HPAC

A. Full Name (Last, First, Middle Initial)
NEIL S. ALPERT

Mailing Address 1080 WISCONSIN AVE, NW

City State Zip Code
WASHINGTON DC 20007-3637

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

Name of Employer Occupation
TKG PARTNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2011

Transaction ID: SA11.148

Amount of Each Receipt this Period
300.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. TIMOTHY B. ANDERSON

Mailing Address 887 E. 970 S. CIRCLE

City State Zip Code
SAINT GEORGE UT 84790-4037

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

Name of Employer Occupation
JONES WALDO HOLBROOK & MC-DONOUGH PC. LAWYER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2011

Transaction ID: SA11.49

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MICHAEL L. ASHNER

Mailing Address 101 COVE NECK ROAD

City State Zip Code
COVE NECK NY 11771-1822

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

Name of Employer Occupation
WINTHROP REALTY TRUST C.E.O.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
05 / 19 / 2011

Transaction ID: SA11.3

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

SEE REATTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **11300.00**

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 7 / 78
	<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)
HPAC

A.	Full Name (Last, First, Middle Initial) MR. MICHAEL L. ASHNER	Date of Receipt MM / DD / YYYY 05 / 19 / 2011
	Mailing Address 101 COVE NECK ROAD	Transaction ID: SA11.3B
	City State Zip Code COVE NECK NY 11771-1822	Amount of Each Receipt this Period -5000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation WINTHROP REALTY TRUST C.E.O.	[MEMO ITEM] REATTRIBUTION TO SPOUSE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B.	Full Name (Last, First, Middle Initial) MRS. SUSAN ASHNER	Date of Receipt MM / DD / YYYY 05 / 19 / 2011
	Mailing Address 101 COVE NECK ROAD	Transaction ID: SA11.4
	City State Zip Code COVE NECK NY 11771-1822	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS	[MEMO ITEM] REATTRIBUTION FROM SPOUSE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C.	Full Name (Last, First, Middle Initial) KENDRICK F. ASHTON, JR.	Date of Receipt MM / DD / YYYY 05 / 25 / 2011
	Mailing Address 60 RIVERSIDE BLVD. SUITE 1004	Transaction ID: SA11.18
	City State Zip Code NEW YORK NY 10069-0201	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation PERELLA WEINBERG PARTNERS INVESTMENT BANKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 8 / 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HPAC

A. Full Name (Last, First, Middle Initial)
CHARLES GEORGE BAKALY, III

Mailing Address 400 MADISON ST.

City State Zip Code
ALEXANDRIA VA 22314-1755

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
EDELMAN CONSULTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 15 / 2011
Transaction ID: SA11.138
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RHONDA BENTZ

Mailing Address 3532 S. STAFFORD ST.

City State Zip Code
ARLINGTON VA 22206-1812

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
BENTZ STRATEGIES LLC CONSULTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 14 / 2011
Transaction ID: SA11.124
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DAVID E. BLACK

Mailing Address 809 Q. STREET NW #2

City State Zip Code
WASHINGTON DC 20001-3200

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
UNION PACIFIC CORPORATION DEPUTY DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 23 / 2011
Transaction ID: SA11.9
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 3000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 78
	<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)
HPAC

A.	Full Name (Last, First, Middle Initial) ASHLEY K. BRATICH	Date of Receipt MM / DD / YYYY 06 / 03 / 2011
	Mailing Address 3418 MARTHA CUSTIS DRIVE	Transaction ID: SA11.33
	City State Zip Code ALEXANDRIA VA 22302-2118	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation EMERGENT BIOSOLUTIONS GOVERNMENT AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) MR. SCOTT T. BREW	Date of Receipt MM / DD / YYYY 06 / 08 / 2011
	Mailing Address 2000 LAKE DRIVE SE	Transaction ID: SA11.61
	City State Zip Code EAST GRAND RAPIDS MI 49506-3023	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation ADTEGRITY EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) JAMES W.F BROOKS	Date of Receipt MM / DD / YYYY 06 / 09 / 2011
	Mailing Address 31 E. 8TH STREET SUITE 340	Transaction ID: SA11.69
	City State Zip Code HOLLAND MI 49423-3541	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation BROOKS MANAGEMENT BUSINESS EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 78
	<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)
HPAC

A.	Full Name (Last, First, Middle Initial) C. DAVID BURKE		Date of Receipt																					
	Mailing Address 1615 Q ST. NW #803		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	8		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		0	8		2	0	1	1														
	City State Zip Code WASHINGTON DC 20009-6319		Transaction ID: SA11.56																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer Occupation ICF INTERNATIONAL HOMELAND SECURITY ANALYST		CONTRIBUTION																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00																						

B.	Full Name (Last, First, Middle Initial) MR. R. KEVIN CAIN		Date of Receipt																					
	Mailing Address 2125 14TH STREET NW #714		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	1		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		2	1		2	0	1	1														
	City State Zip Code WASHINGTON DC 20009-8014		Transaction ID: SA11.287																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00																						
Name of Employer Occupation VANDERBILT UNIVERSITY DIRECTOR FEDERAL AFFAIRS		CONTRIBUTION																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00																						

C.	Full Name (Last, First, Middle Initial) MR. ROBERT W. CHAMBERLIN		Date of Receipt																					
	Mailing Address 3646 CUMBERLAND STREET NW		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	7		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		1	7		2	0	1	1														
	City State Zip Code WASHINGTON DC 20008-2923		Transaction ID: SA11.182																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00																						
Name of Employer Occupation MCBEE STRATEGIC CONSULTING INFORMATION REQUESTED PER BEST EFFORTS		CONTRIBUTION																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00																						

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 11 / 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HPAC

A. Full Name (Last, First, Middle Initial)
BRIAN COLAS
 Mailing Address 147 OLD FIFTH CIRCLE
 City CHARLOTTESVILLE State VA Zip Code 22903-4330
 Date of Receipt 06 / 07 / 2011
Transaction ID: SA11.52
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION
 FEC ID number of contributing federal political committee. C
 Name of Employer MCKINSEY & COMPANY Occupation CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

B. Full Name (Last, First, Middle Initial)
MR. ALEXANDER DAHL
 Mailing Address 1350 I. STREET NW SUITE 510
 City WASHINGTON State DC Zip Code 20005-3355
 Date of Receipt 06 / 21 / 2011
Transaction ID: SA11.323
 Amount of Each Receipt this Period 1000.00
 CONTRIBUTION
 FEC ID number of contributing federal political committee. C
 Name of Employer B.H.F.S. Occupation LAWYER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

C. Full Name (Last, First, Middle Initial)
MR. PHILIP M. DARIVOFF
 Mailing Address ONE FARMSTEAD ROAD
 City SHORT HILLS State NJ Zip Code 07078-1291
 Date of Receipt 05 / 23 / 2011
Transaction ID: SA11.10
 Amount of Each Receipt this Period 1000.00
 CONTRIBUTION
 FEC ID number of contributing federal political committee. C
 Name of Employer GOLDMAN, SACHS & COMPANY Occupation INVESTMENT BANKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HPAC

A. Full Name (Last, First, Middle Initial)
MS. CHRISTINE DAVIES
 Mailing Address 1300 13TH STREET, NW
 City State Zip Code
 WASHINGTON DC 20005-4475
 Date of Receipt
 M M / D D / Y Y Y Y
 06 / 08 / 2011
Transaction ID: SA11.65
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MICROSOFT BUSINESS DEVELOPMENT MANAGER
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

B. Full Name (Last, First, Middle Initial)
MS. LYNN FORESTER DE ROTHSCHILD
 Mailing Address 435 E. 52ND STREET
 City State Zip Code
 NEW YORK NY 10022-6445
 Date of Receipt
 M M / D D / Y Y Y Y
 06 / 16 / 2011
Transaction ID: SA11.174
 Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 E.L. ROTHSCHILD CO DIRECTOR
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

C. Full Name (Last, First, Middle Initial)
MR. MARK T. DEWAAL
 Mailing Address 1601 GALBRAITH AVENUE SE
 City State Zip Code
 GRAND RAPIDS MI 49546-6479
 Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2011
Transaction ID: SA11.27
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CHYLSTEK AND WHITE PREMIUM AUDIT SERVICES
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

SUBTOTAL of Receipts This Page (optional) ► **6250.00**
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 13 / 78
(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)
HPAC

A. Full Name (Last, First, Middle Initial)
RACHEL DODSWORTH

Mailing Address 300 WOODLAND TERRACE

City State Zip Code
ALEXANDRIA VA 22302-3313

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

Name of Employer Occupation
CRAFT MEDIA DIGITAL COMMUNICATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2011

Transaction ID: SA11.91

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ANDREW DORAN

Mailing Address 4318 9TH STREET SOUTH

City State Zip Code
ARLINGTON VA 22204-3012

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

Name of Employer Occupation
ALLIED TECHNOLOGY GROUP MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2011

Transaction ID: SA11.101

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
KURT DYKSTRA

Mailing Address 1118 ALDEN COURT

City State Zip Code
HOLLAND MI 49423-5281

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

Name of Employer Occupation
WARNER NORCROSS & JUDD ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: SA11.22

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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 14 / 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HPAC

A. Full Name (Last, First, Middle Initial)
MISSY EDWARDS

Mailing Address 1156 15TH ST NW #321

City WASHINGTON State DC Zip Code 20005-1714

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

Name of Employer MISSY EDWARDS STRATEGIES, LLC
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 21 / 2011
Transaction ID: SA11.275
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

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

Mailing Address 6606 N. 29TH ST.

City ARLINGTON State VA Zip Code 22213-1507

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

Name of Employer BIOTECHNOLOGY INDUSTRY ORGANIZATION
Occupation EX. VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 14 / 2011
Transaction ID: SA11.122
Amount of Each Receipt this Period 250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROBERT ELLSWORTH

Mailing Address 1415 10TH ST., NW #1

City WASHINGTON State DC Zip Code 20001-3311

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

Name of Employer MAJORITY GROUP
Occupation CONSULTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 17 / 2011
Transaction ID: SA11.177
Amount of Each Receipt this Period 250.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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 15 / 78

(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)
HPAC

A.

Full Name (Last, First, Middle Initial)
MS. ELISA FARR

Mailing Address 2305 26TH STREET S.

City State Zip Code
ARLINGTON VA 22206-2870

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11.290

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. JULIE FINLEY

Mailing Address 3242 WOODLAND DRIVE NW

City State Zip Code
WASHINGTON DC 20008-3547

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

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 1 1

Transaction ID: SA11.28

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
FENN FRENCH

Mailing Address 230 CARONDELET STREET

City State Zip Code
NEW ORLEANS LA 70130-2901

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11.417

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

10250.00

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 16 / 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HPAC

A. Full Name (Last, First, Middle Initial)
DIANA GARDNER

Mailing Address 5266 COLONEL JOHNSON LANE

City State Zip Code
ALEXANDRIA VA 22304-8671

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

Name of Employer Occupation
RESPONSE AMERICA CONSULTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 09 / 2011
Transaction ID: SA11.67
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMB. DAVID F. GIRARD-DICARLO

Mailing Address 210 W. RITTENHOUSE SQUARE
APARTMENT 1006

City State Zip Code
PHILADELPHIA PA 19103-6850

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

Name of Employer Occupation
COZEN O'CONNOR ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 06 / 28 / 2011
Transaction ID: SA11.371
Amount of Each Receipt this Period: 5000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CHRISTOPHER K. GLEASON

Mailing Address 255 SILVER BIRCH LANE

City State Zip Code
JOHNSTOWN PA 15905-5624

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

Name of Employer Occupation
GLEASON FINANCIAL, DIVISION OF GALLAGH INSURANCE BROKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 06 / 09 / 2011
Transaction ID: SA11.70
Amount of Each Receipt this Period: 5000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 10250.00

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 17 / 78
(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)
HPAC

A.

Full Name (Last, First, Middle Initial)
JANET GLEASON

Mailing Address 255 SILVER BIRCH LANE

City JOHNSTOWN State PA Zip Code 15905-5624

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 06 / 09 / 2011
Transaction ID: SA11.70A
 Amount of Each Receipt this Period: 5000.00
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
JEANNE GLEASON

Mailing Address 552 ELKNUD LANE

City JOHNSTOWN State PA Zip Code 15905-2064

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 06 / 09 / 2011
Transaction ID: SA11.71A
 Amount of Each Receipt this Period: 5000.00
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
ROBERT A. GLEASON

Mailing Address 552 ELKNUD LANE

City JOHNSTOWN State PA Zip Code 15905-2064

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

Name of Employer Occupation
GLEASON AGENCY, A DIVISION OF ARTHUR J INSURANCE BROKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 06 / 09 / 2011
Transaction ID: SA11.71
 Amount of Each Receipt this Period: 5000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 15000.00

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 18 / 78

(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)
HPAC

A.

Full Name (Last, First, Middle Initial)
MR. HAROLD P. GOLDFIELD

Mailing Address 555 13TH STREET N.W.
SUITE 3-W

City State Zip Code
WASHINGTON DC 20004-1109

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

Name of Employer Occupation
ALBRIGHT STONEBRIDGE VICE-CHAIR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 15 / 2011

Transaction ID: SA11.172

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. STEVE GONZALEZ

Mailing Address 391 LORIMER ST.
APT. 2B

City State Zip Code
BROOKLYN NY 11206-1865

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

Name of Employer Occupation
AMERICAN LEGION INFORMATION REQUESTED PER BEST EFFORTS

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

Date of Receipt

M M / D D / Y Y Y Y
06 / 17 / 2011

Transaction ID: SA11.176

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. MICHAEL J.J. GOSCINSKI

Mailing Address 2313 MANOMET COURT

City State Zip Code
CROFTON MD 21114-3214

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

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

Date of Receipt

M M / D D / Y Y Y Y
06 / 21 / 2011

Transaction ID: SA11.289

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 78
(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)
HPAC

A. Full Name (Last, First, Middle Initial)
CHARLIE GRIZZLE

Mailing Address 2326 CALIFORNIA ST, NW

City WASHINGTON State DC Zip Code 20008-1637

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

Name of Employer THE GRIZZLE COMPANY Occupation LOBBYIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 10 / 2011
Transaction ID: SA11.84
Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. BENJAMIN R. GROVE

Mailing Address 1441 RHODE ISLAND NW APARTMENT 211

City WASHINGTON State DC Zip Code 20005-5444

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 21 / 2011
Transaction ID: SA11.306
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. LOUIS S. GURVICH, JR.

Mailing Address 1532 ELEONORE STREET

City NEW ORLEANS State LA Zip Code 70115-4243

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 06 / 30 / 2011
Transaction ID: SA11.893
Amount of Each Receipt this Period: 5000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 6250.00

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 / 78
	<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)
HPAC

A.	Full Name (Last, First, Middle Initial) MR. A. BLAKE HANLON		Date of Receipt
	Mailing Address 5133 HALIFAX AVENUE S.		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	EDINA	MN	55424-1419
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation INFORMATION REQUESTED PER BEST EFFORTS	Transaction ID: SA11.308
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
CONTRIBUTION			

B.	Full Name (Last, First, Middle Initial) MRS. SARAH L. HANLON		Date of Receipt
	Mailing Address 5133 HALIFAX AVENUE S.		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	EDINA	MN	55424-1419
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation INFORMATION REQUESTED PER BEST EFFORTS	Transaction ID: SA11.307
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
CONTRIBUTION			

C.	Full Name (Last, First, Middle Initial) NICHOLAS HENTSCHEL		Date of Receipt
	Mailing Address 1515 15TH STREET NW		<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	WASHINGTON	DC	20005-1858
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation INFORMATION REQUESTED PER BEST EFFORTS	Transaction ID: SA11.74
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
CONTRIBUTION			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 78
(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)
HPAC

A.

Full Name (Last, First, Middle Initial) MR. STEPHEN J. HEYMAN		Date of Receipt MM / DD / YYYY 06 / 03 / 2011
Mailing Address 15 E. 5TH STREET 3200 1ST PLACE TOWER		Transaction ID: SA11.32
City TULSA	State OK	Zip Code 74103-4346
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer NADEL & GUSSMAN, LLC	Occupation MANAGING PARTNER	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B.

Full Name (Last, First, Middle Initial) MR. JAMES HOLBROOK		Date of Receipt MM / DD / YYYY 06 / 06 / 2011
Mailing Address 775 NORTH HILLTOP ROAD		Transaction ID: SA11.37
City SALT LAKE CITY	State UT	Zip Code 84103-3311
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer UNIVERSITY OF UTAH	Occupation LAW PROFESSOR	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) MS. JILL I. HOMAN		Date of Receipt MM / DD / YYYY 06 / 21 / 2011
Mailing Address 601 PENNSYLVANIA AVENUE NW #1101		Transaction ID: SA11.285
City WASHINGTON	State DC	Zip Code 20004-2613
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer JAVELIN 19 INVESTMENTS	Occupation PRINCIPAL	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	6250.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 78
	<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)
HPAC

A.	Full Name (Last, First, Middle Initial) MR. JAMES HUNTSMAN	Date of Receipt MM / DD / YYYY 06 / 03 / 2011
	Mailing Address 66 PLAYER CREST CIRCLE	Transaction ID: SA11.35
	City State Zip Code THE WOODLANDS TX 77382-1809	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		

B.	Full Name (Last, First, Middle Initial) MRS. MARIANNE HUNTSMAN	Date of Receipt MM / DD / YYYY 06 / 03 / 2011
	Mailing Address 66 PLAYER CREST CIRCLE	Transaction ID: SA11.34
	City State Zip Code THE WOODLANDS TX 77382-1809	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		

C.	Full Name (Last, First, Middle Initial) MRS. JUDITH HART IRVING	Date of Receipt MM / DD / YYYY 05 / 23 / 2011
	Mailing Address 1765 BROOKSIDE LANE	Transaction ID: SA11.14
	City State Zip Code VIENNA VA 22182-1922	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer SELF-EMPLOYED Occupation HOME MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional)	▶	15000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 23 / 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HPAC

A. Full Name (Last, First, Middle Initial)
MR. THOMAS LEE IRVING

Mailing Address 1765 BROOKSIDE LANE

City State Zip Code
VIENNA VA 22182-1922

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
FINNEGAN (PARTNER) ATTORNEY AT LAW

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 23 / 2011

Transaction ID: SA11.8

Amount of Each Receipt this Period 5000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GORDON JOHNDROE

Mailing Address 1517 30TH STREET NW

City State Zip Code
WASHINGTON DC 20007-3082

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
APCO WORLDWIDE VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 14 / 2011

Transaction ID: SA11.115

Amount of Each Receipt this Period 250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOSEPH PHILIP KALMIN

Mailing Address 1220 FOREST AVENUE

City State Zip Code
HIGHLAND PARK IL 60035-3415

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
N/A N/A (PAC)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 14 / 2011

Transaction ID: SA11.127

Amount of Each Receipt this Period 250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 5500.00

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 24 / 78
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<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)
HPAC

A.	Full Name (Last, First, Middle Initial) CHRYSOVALANTIS P. KEFALAS	Date of Receipt MM / DD / YYYY 06 / 14 / 2011
	Mailing Address 3115 NORTHWIND ROAD	Transaction ID: SA11.123
	City State Zip Code BALTIMORE MD 21234-1215	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer U.S. DEPARTMENT OF JUSTICE Occupation ATTORNEY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) MR. FRED KELLER	Date of Receipt MM / DD / YYYY 05 / 31 / 2011
	Mailing Address 5505 BANCROFT AVENUE	Transaction ID: SA11.21
	City State Zip Code ALTO MI 49302-9251	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer CASCADE ENGINEERING Occupation C.E.O. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) GERALD R. KUNDE	Date of Receipt MM / DD / YYYY 06 / 10 / 2011
	Mailing Address 1322 KENYON ST, NW	Transaction ID: SA11.76
	City State Zip Code WASHINGTON DC 20010-2306	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer DARDEN RESTAURANTS, INC. Occupation VP, GOVERNMENT RELATIONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 78

(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)
HPAC

A.

Full Name (Last, First, Middle Initial)
ANNE LEWIS

Mailing Address 107 FAIRWAY LANE

City State Zip Code
PITTSBURGH PA 15238-2217

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

Name of Employer Occupation
OXFORD DEVELOPMENT COMPANY BOARD CHAIR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: SA11.20

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. NANCY A. LIEBERMAN

Mailing Address 435 E. 52ND STREET
APARTMENT 10D

City State Zip Code
NEW YORK NY 10022-6445

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

Name of Employer Occupation
SKADDEN ARPS SLATE MEAGHER LAWYER

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

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

Transaction ID: SA11.17

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. RICHARD LINDER

Mailing Address 7810 CHATSWORTH CT.

City State Zip Code
SANDY UT 84093-6254

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

Name of Employer Occupation
COHEREX MEDICAL, INC PRESIDENT/CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10000.00

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

Transaction ID: SA11.40

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

REATTRIBUTION REQUESTED

SUBTOTAL of Receipts This Page (optional)

17500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 78

(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)
HPAC

A.

Full Name (Last, First, Middle Initial)
MS. JULIE E. LINN

Mailing Address 2830 S. COLUMBUS STREET

City State Zip Code
ARLINGTON VA 22206-1411

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

Name of Employer Occupation
K12 INC. INTERNATIONAL BUSINESS DEVELOPMENT

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 08 / 2011

Transaction ID: SA11.64

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
LISBETH ANNE LYONS

Mailing Address 1210 R ST NW

City State Zip Code
WASHINGTON DC 20009-4359

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

Name of Employer Occupation
PRINTING INDUSTRIES OF AMERICA VP

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 14 / 2011

Transaction ID: SA11.118

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
LISBETH ANNE LYONS

Mailing Address 1210 R ST NW

City State Zip Code
WASHINGTON DC 20009-4359

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

Name of Employer Occupation
PRINTING INDUSTRIES OF AMERICA VP

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 14 / 2011

Transaction ID: SA11.120

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 78

(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)
HPAC

A.

Full Name (Last, First, Middle Initial)
MR. DAVID S. MACK

Mailing Address 2115 LINWOOD AVENUE

City State Zip Code
FORT LEE NJ 07024-5020

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

Name of Employer Occupation
MACK CONSTRUCTION CORPORATION REAL ESTATE DEVELOPER

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

Date of Receipt

M M / D D / Y Y Y Y
06 / 03 / 2011

Transaction ID: SA11.31

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JOHN MACK

Mailing Address 2 SUNSET LANE

City State Zip Code
RYE NY 10580-1624

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

Name of Employer Occupation
MORGAN STANLEY CHAIRMAN

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

Date of Receipt

M M / D D / Y Y Y Y
05 / 24 / 2011

Transaction ID: SA11.13

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. PHYLLIS S. MACK

Mailing Address 60 COLUMBUS CIRCLE
20TH FLOOR

City State Zip Code
NEW YORK NY 10023-5802

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

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

Date of Receipt

M M / D D / Y Y Y Y
05 / 13 / 2011

Transaction ID: SA11.2

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

15000.00

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 28 / 78
(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)
HPAC

<p>A. Full Name (Last, First, Middle Initial) MR. RICHARD J. MACK</p> <p>Mailing Address 60 COLUMBUS CIRCLE 20TH FLOOR</p> <p>City State Zip Code NEW YORK NY 10023-5802</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AREA PROPERTY PARTNERS CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p>	<p>Date of Receipt 06 / 03 / 2011</p> <p>Transaction ID: SA11.29</p> <p>Amount of Each Receipt this Period 5000.00</p> <p>CONTRIBUTION</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) MR. STEPHEN MACK</p> <p>Mailing Address 411 WEST PUTNAM AVENUE SUITE 450</p> <p>City State Zip Code GREENWICH CT 06830-6290</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation SOLON MACK CAPITAL LLC PRINCIPAL</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p>	<p>Date of Receipt 06 / 03 / 2011</p> <p>Transaction ID: SA11.30</p> <p>Amount of Each Receipt this Period 5000.00</p> <p>CONTRIBUTION</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) MR. WILLIAM L. MACK</p> <p>Mailing Address 60 COLUMBUS CIRCLE 20TH FLOOR</p> <p>City State Zip Code NEW YORK NY 10023-5802</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AREA PROPERTY PARTNERS FOUNDER & CHAIRMAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p>	<p>Date of Receipt 05 / 13 / 2011</p> <p>Transaction ID: SA11.1</p> <p>Amount of Each Receipt this Period 5000.00</p> <p>CONTRIBUTION</p>
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SUBTOTAL of Receipts This Page (optional)	15000.00
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 29 / 78

(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)
HPAC

A.

Full Name (Last, First, Middle Initial)
MR. PETER MALONE

Mailing Address 149 RANDOLPH AVENUE

City State Zip Code
MILTON MA 02186-3524

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

Name of Employer Occupation
CSP ASSOCIATES, INC. SENIOR MANAGING DIRECTOR

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

Date of Receipt

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

Transaction ID: SA11.26

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
PATRICK MARA

Mailing Address 3221 11TH ST NW

City State Zip Code
WASHINGTON DC 20010-2468

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

Name of Employer Occupation
SELF EMPLOYED CONSULTANT

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: SA11.131

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
CAMPBELL B. MARSHALL

Mailing Address 2204 Q STREET, NW

City State Zip Code
WASHINGTON DC 20008-2817

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

Name of Employer Occupation
N/A STUDENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: SA11.158

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 30 / 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HPAC

A. Full Name (Last, First, Middle Initial)
HAROLD MARSHALL

Mailing Address 1416 LAKE ROAD

City LAKE FOREST State IL Zip Code 60045-1426

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 15 / 2011
Transaction ID: SA11.157
 Amount of Each Receipt this Period: 1000.00
 CONTRIBUTION

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

Mailing Address 1221 12TH STREET NW, #1

City WASHINGTON State DC Zip Code 20005-4360

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

Name of Employer URBAN SWIRSKI & ASSOCIATES Occupation GOVERNMENT AFFAIRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 13 / 2011
Transaction ID: SA11.94
 Amount of Each Receipt this Period: 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MARK MCINTOSH

Mailing Address 1627 EYE STREET, SUITE 950

City WASHINGTON State DC Zip Code 20006-4039

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

Name of Employer BOYDEN GRAY & ASSOCIATES Occupation COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 07 / 2011
Transaction ID: SA11.47
 Amount of Each Receipt this Period: 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HPAC

A. Full Name (Last, First, Middle Initial)
CARL MEACHAM
Mailing Address 9314 MILROY PLACE
City State Zip Code
BETHESDA MD 20814-1609
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
US SENATE SENIOR STAFF
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 06 / 15 / 2011
Transaction ID: SA11.173
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHN P. MIDDLETON
Mailing Address 343 AVON ROAD
City State Zip Code
BRYN MAWR PA 19010-3655
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
VERTIGO ENTERTAINMENT FILM PRODUCER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt: 05 / 23 / 2011
Transaction ID: SA11.15
Amount of Each Receipt this Period: 5000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. JENNIFER A. MINTON
Mailing Address 1311 N. ABINGDON STREET
City State Zip Code
ARLINGTON VA 22207-2112
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS GOVERNMENT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 06 / 21 / 2011
Transaction ID: SA11.327
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 5500.00
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 32 / 78
	<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)
HPAC

A.	Full Name (Last, First, Middle Initial) MR. TIMOTHY P. O'HARA	Date of Receipt MM / DD / YYYY 05 / 23 / 2011
	Mailing Address 15 E. 91ST STREET APARTMENT 10B	Transaction ID: SA11.7
	City NEW YORK State NY Zip Code 10128-0648	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer CREDIT SUISSE Occupation BANKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00	

B.	Full Name (Last, First, Middle Initial) RICHARD WILLIAM OETTINGER	Date of Receipt MM / DD / YYYY 06 / 06 / 2011
	Mailing Address 1105 WILDWOOD AVE.	Transaction ID: SA11.42
	City BENSALEM State PA Zip Code 19020-3114	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer U.S. TREASURY Occupation ANALYST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) JAY BRETT PERRON	Date of Receipt MM / DD / YYYY 06 / 15 / 2011
	Mailing Address 1441 CONSTITUTION AVE, NE	Transaction ID: SA11.169
	City WASHINGTON State DC Zip Code 20002-6421	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer IBM CORP Occupation GOVERNMENT PROGRAMS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	3000.00
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 33 / 78
	<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)
HPAC

A.	Full Name (Last, First, Middle Initial) JEROME HAYDEN POWELL		Date of Receipt
	Mailing Address 37 WEST LENOX ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 13 / 2011
	City	State	Zip Code
	CHEVY CHASE	MD	20815-4208
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.92
Name of Employer BIPARTISAN POLICY CENTER		Occupation POLICY PROFESSIONAL	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
			CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) JASON PRAY		Date of Receipt
	Mailing Address 3535 S. BALL ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 07 / 2011
	City	State	Zip Code
	ARLINGTON	VA	22202-4426
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.44
Name of Employer BLUE CROSS BLUE SHIELD AS-SOCIATION		Occupation EXECUTIVE WASHINGTON REP.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) MS. JENNIFER HAYDEN PRUETT		Date of Receipt
	Mailing Address 2214 TUNLAW ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 21 / 2011
	City	State	Zip Code
	WASHINGTON	DC	20007-1828
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.348
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation INFORMATION REQUESTED PER BEST EFFORTS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 78
	<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)
HPAC

A.	Full Name (Last, First, Middle Initial) MR. JAMES K.V. RATLIFF, III	Date of Receipt MM / DD / YYYY 06 / 21 / 2011
	Mailing Address 2412 OBSERVATORY PLACE NW	Transaction ID: SA11.353
	City State Zip Code WASHINGTON DC 20007-1814	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

B.	Full Name (Last, First, Middle Initial) MR. MICHAEL RICHARD	Date of Receipt MM / DD / YYYY 06 / 21 / 2011
	Mailing Address 9701 POTOMAC DRIVE	Transaction ID: SA11.282
	City State Zip Code FORT WASHINGTON MD 20744-6936	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer WESTINGHOUSE Occupation GOVERNMENT AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

C.	Full Name (Last, First, Middle Initial) MR. MICHAEL RICHARD	Date of Receipt MM / DD / YYYY 05 / 23 / 2011
	Mailing Address 9701 POTOMAC DRIVE	Transaction ID: SA11.6
	City State Zip Code FORT WASHINGTON MD 20744-6936	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer WESTINGHOUSE Occupation GOVERNMENT AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

SUBTOTAL of Receipts This Page (optional)	750.00
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 35 / 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HPAC

A. Full Name (Last, First, Middle Initial)
MR. TIM RIESTER

Mailing Address 6724 E. MAVERICK ROAD

City State Zip Code
PARADISE VALLEY AZ 85253-2649

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

Name of Employer Occupation
RIESTER CORPORATION C.E.O./MARKETING FIRM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: SA11.476

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. AUSTIN T. ROBERTS

Mailing Address 600 MARYLAND AVENUE N.E. #201

City State Zip Code
WASHINGTON DC 20002-5800

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2011

Transaction ID: SA11.340

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOE ROBSON

Mailing Address 6565 S. TIMBERLANE

City State Zip Code
TULSA OK 74136-4520

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

Name of Employer Occupation
THE ROBSON COMPANIES REAL ESTATE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2011

Transaction ID: SA11.41

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **10250.00**

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

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

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

FOR LINE NUMBER: PAGE 36 / 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HPAC

A. Full Name (Last, First, Middle Initial)
REBECCA ANN ROSEN

Mailing Address 8516 HAZELWOOD DRIVE

City State Zip Code
BETHESDA MD 20814-1408

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

Name of Employer U.S. SENATE COMMITTEE ON ENERGY & NATU Occupation PROFESSIONAL STAFF MEMBER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	3	/	2	0	1	1

Transaction ID: SA11.93

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHN R. RUSSELL

Mailing Address 2901 LEGATION ST. NW

City State Zip Code
WASHINGTON DC 20015-1213

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

Name of Employer SNR DENTON Occupation GOVERNMENT AFFAIRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11.19

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ALLEN M. SHOFE

Mailing Address 4928 SENTINEL DRIVE

City State Zip Code
BETHESDA MD 20816-3591

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

Name of Employer EMERGENT Occupation SENIOR VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	4	/	2	0	1	1

Transaction ID: SA11.121

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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 37 / 78
(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)
HPAC

A.

Full Name (Last, First, Middle Initial)
ROBERT C. SISSON

Mailing Address 606 CHERRY

City State Zip Code
STURGIS MI 49091-2204

FEC ID number of contributing federal political committee. C

Name of Employer
REPUBLICANS FOR ENVIRONMENTAL PROTECTI

Occupation
PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 14 / 2011

Transaction ID: SA11.114

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. MICHAEL E. E. SORRELL

Mailing Address 2900 S. VALLEY VIEW BLVD., # 297

City State Zip Code
LAS VEGAS NV 89102-5951

FEC ID number of contributing federal political committee. C

Name of Employer
THE SANTA MESA FOUNDATION

Occupation
CHAIRMAN OF THE BOARD/EXECUTIVE DIRECT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
06 / 21 / 2011

Transaction ID: SA11.288

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DAVID SPOONER

Mailing Address 1908 N. KENMORE STREET

City State Zip Code
ARLINGTON VA 22207-3709

FEC ID number of contributing federal political committee. C

Name of Employer
SQUIRE, SANDERS & DEMPSEY (US), LLP

Occupation
ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
06 / 15 / 2011

Transaction ID: SA11.166

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 2250.00

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 38 / 78
	<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)
HPAC

A.	Full Name (Last, First, Middle Initial) MR. JOSEPH STANTON	Date of Receipt MM / DD / YYYY 06 / 21 / 2011
	Mailing Address 9821 CARMELITA DRIVE	Transaction ID: SA11.336
	City State Zip Code POTOMAC MD 20854-4268	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation N.A.H.B. SENIOR VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) JAMIE TUCKER	Date of Receipt MM / DD / YYYY 06 / 15 / 2011
	Mailing Address 2237 46TH STREET, NW	Transaction ID: SA11.167
	City State Zip Code WASHINGTON DC 20007-1032	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation AKIN GUMP ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) MICHAEL WASCOM	Date of Receipt MM / DD / YYYY 05 / 23 / 2011
	Mailing Address 1010 22ND ST. NW	Transaction ID: SA11.12
	City State Zip Code WASHINGTON DC 20037-1806	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation AMERICAN AIRLINES MANAGING DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 78

(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)
HPAC

A.

Full Name (Last, First, Middle Initial)
ADAM WISE

Mailing Address 733 15TH ST NW

City State Zip Code
WASHINGTON DC 20005-2112

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

Name of Employer Occupation
GWU STUDENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 15 / 2011

Transaction ID: SA11.170

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
ADAM WISE

Mailing Address 733 15TH ST NW

City State Zip Code
WASHINGTON DC 20005-2112

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

Name of Employer Occupation
GWU STUDENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 17 / 2011

Transaction ID: SA11.184

Amount of Each Receipt this Period

950.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. DANIEL YEOMANS

Mailing Address 3609 MASON LAKE N.E.

City State Zip Code
GRAND RAPIDS MI 49525-9650

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

Name of Employer Occupation
AMICUS MANAGEMENT, INC. BUSINESS OWNER/CONSULTING

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 08 / 2011

Transaction ID: SA11.62

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 40 / 78	
	(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"/> 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)
HPAC

A.	Full Name (Last, First, Middle Initial) MR. ALAN ZUCCARI		Date of Receipt																					
	Mailing Address 7712 CARLTON PLACE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	1		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		2	1		2	0	1	1														
	City	State	Zip Code	Transaction ID: SA11.318																				
	MCLEAN	VA	22102-2149	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	2500.00																					
Name of Employer HAMILTON INSURANCE		Occupation PRESIDENT	CONTRIBUTION																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	2500.00																					

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	194300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 41 / 78	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 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) HPAC

A.	Full Name (Last, First, Middle Initial) KEYSTONE ALLIANCE PAC		Date of Receipt
	Mailing Address P.O. BOX 3883		<input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	PHILADELPHIA	PA	19146-0183
	FEC ID number of contributing federal political committee.		<input type="text" value="C000432096"/>
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="5000.00"/> CONTRIBUTION	
Aggregate Year-to-Date ▼		<input type="text" value="5000.00"/>	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

A.	Full Name (Last, First, Middle Initial) JOEY AHEARN	Transaction ID: SB.26 Date of Disbursement 06 / 13 / 2011
	Mailing Address 302 KEMEYS COVE	
	City BRIAR CLIFF State NY Zip Code 10510	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement FINANCE CONSULTING Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CHRIS ALLEN	Transaction ID: SB.10 Date of Disbursement 05 / 24 / 2011
	Mailing Address PO BOX 597	
	City SULLIVAN ISLAND State SC Zip Code 29482	Amount of Each Disbursement this Period 6250.00
	Purpose of Disbursement MANAGEMENT CONSULTING Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ALYSIA BARZEE	Transaction ID: SB.15 Date of Disbursement 06 / 02 / 2011
	Mailing Address 2615 S JOYCE ST	
	City ARLINGTON State VA Zip Code 22202	Amount of Each Disbursement this Period 3550.00
	Purpose of Disbursement MANAGEMENT CONSULTING Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	12300.00
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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HPAC

A.	Full Name (Last, First, Middle Initial) ALYSIA BARZEE	Transaction ID: SB.44 Date of Disbursement
	Mailing Address 2615 S JOYCE ST	<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City ARLINGTON State VA Zip Code 22202	Amount of Each Disbursement this Period
	Purpose of Disbursement MANAGEMENT CONSULTING	<input type="text" value="2366.67"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ALYSIA BARZEE	Transaction ID: SB.9 Date of Disbursement
	Mailing Address 2615 S JOYCE ST	<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2011"/>
	City ARLINGTON State VA Zip Code 22202	Amount of Each Disbursement this Period
	Purpose of Disbursement MANAGEMENT CONSULTING	<input type="text" value="3550.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) KEVIN CURRAN	Transaction ID: SB.23 Date of Disbursement
	Mailing Address 719 NORTH OAKLAND STREET	<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>
	City ARLINGTON State VA Zip Code 22203	Amount of Each Disbursement this Period
	Purpose of Disbursement FINANCE CONSULTING	<input type="text" value="2250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8166.67"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

A.	Full Name (Last, First, Middle Initial) KEVIN CURRAN	Transaction ID: SB.46 Date of Disbursement 06 / 28 / 2011
	Mailing Address 719 NORTH OAKLAND STREET	Amount of Each Disbursement this Period 3333.33
	City ARLINGTON State VA Zip Code 22203	
	Purpose of Disbursement FINANCE CONSULTING	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) DANIELLE DUNCAN	Transaction ID: SB.16 Date of Disbursement 06 / 02 / 2011
	Mailing Address 12205 FROSTWOOD COURT	Amount of Each Disbursement this Period 1185.48
	City JACKSONVILLE State FL Zip Code 32223	
	Purpose of Disbursement MANAGEMENT CONSULTING	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) DANIELLE DUNCAN	Transaction ID: SB.43 Date of Disbursement 06 / 28 / 2011
	Mailing Address 12205 FROSTWOOD COURT	Amount of Each Disbursement this Period 1166.67
	City JACKSONVILLE State FL Zip Code 32223	
	Purpose of Disbursement MANAGEMENT CONSULTING	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	5685.48
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
HPAC

A.	Full Name (Last, First, Middle Initial) TARA ESFAHANIAN	Transaction ID: SB.28 Date of Disbursement 06 / 13 / 2011
	Mailing Address 177 UPHAM STREET	Amount of Each Disbursement this Period 2500.00
	City MELROSE State MA Zip Code 02176	
	Purpose of Disbursement FINANCE CONSULTING	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) TARA ESFAHANIAN	Transaction ID: SB.47 Date of Disbursement 06 / 28 / 2011
	Mailing Address 177 UPHAM STREET	Amount of Each Disbursement this Period 1666.67
	City MELROSE State MA Zip Code 02176	
	Purpose of Disbursement FINANCE CONSULTING	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) JASON L EVANS	Transaction ID: SB.17 Date of Disbursement 06 / 02 / 2011
	Mailing Address 324 MAYO ST	Amount of Each Disbursement this Period 710.50
	City TALLAHASSEE State FL Zip Code 32304	
	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	4877.17
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) JASON L EVANS</p> <p>Mailing Address 324 MAYO ST</p> <p>City TALLAHASSEE State FL Zip Code 32304</p> <p>Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.3 Date of Disbursement 05 / 16 / 2011</p> <p>Amount of Each Disbursement this Period 306.27</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) SPENCER GEISSINGER</p> <p>Mailing Address 425 8TH ST NW #1145</p> <p>City WASHINGTON State DC Zip Code 20004</p> <p>Purpose of Disbursement MANAGEMENT CONSULTING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.32 Date of Disbursement 06 / 13 / 2011</p> <p>Amount of Each Disbursement this Period 3750.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) SPENCER GEISSINGER</p> <p>Mailing Address 425 8TH ST NW #1145</p> <p>City WASHINGTON State DC Zip Code 20004</p> <p>Purpose of Disbursement MANAGEMENT CONSULTING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.7 Date of Disbursement 05 / 24 / 2011</p> <p>Amount of Each Disbursement this Period 7500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

11556.27

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

A.	Full Name (Last, First, Middle Initial) SPENCER GEISSINGER	Transaction ID: SB.8 Date of Disbursement
	Mailing Address 425 8TH ST NW #1145	<input type="text" value="05"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City WASHINGTON State DC Zip Code 20004	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT	<input type="text" value="688.53"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) BRENNAN HART	Transaction ID: SB.2 Date of Disbursement
	Mailing Address 2705 MOUNT VERNON AVE	<input type="text" value="05"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City ALEXANDRIA State VA Zip Code 22301	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT	<input type="text" value="596.31"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) CARA MASON	Transaction ID: SB.48 Date of Disbursement
	Mailing Address 98 N HILLVIEW DR	<input type="text" value="06"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City ST PETERS State MO Zip Code 63376	Amount of Each Disbursement this Period
	Purpose of Disbursement FINANCE CONSULTING	<input type="text" value="2333.33"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3618.17"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

<p>A. Full Name (Last, First, Middle Initial) ANNIE MCENIRY</p> <p>Mailing Address 4189 S FOUR MILE RUN DR. #404</p> <p>City ARLINGTON State VA Zip Code 22204</p> <p>Purpose of Disbursement FINANCE CONSULTING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.38 Date of Disbursement 06 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 1209.67</p>
<p>B. Full Name (Last, First, Middle Initial) ANNIE MCENIRY</p> <p>Mailing Address 4189 S FOUR MILE RUN DR. #404</p> <p>City ARLINGTON State VA Zip Code 22204</p> <p>Purpose of Disbursement FINANCE CONSULTING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.42 Date of Disbursement 06 / 28 / 2011</p> <p>Amount of Each Disbursement this Period 1209.67</p>
<p>C. Full Name (Last, First, Middle Initial) ANNIE MCENIRY</p> <p>Mailing Address 4189 S FOUR MILE RUN DR. #404</p> <p>City ARLINGTON State VA Zip Code 22204</p> <p>Purpose of Disbursement FINANCE CONSULTING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.51 Date of Disbursement 06 / 28 / 2011</p> <p>Amount of Each Disbursement this Period 457.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2876.34

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

A.	Full Name (Last, First, Middle Initial) RACHEL MCGREGOR	Transaction ID: SB.37 Date of Disbursement 06 / 21 / 2011
	Mailing Address 26 BAYLOR CIRCLE	Amount of Each Disbursement this Period 2291.67
	City WHITE PLAINS State NY Zip Code 10605	
	Purpose of Disbursement FINANCE CONSULTING	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) RACHEL MCGREGOR	Transaction ID: SB.6 Date of Disbursement 05 / 24 / 2011
	Mailing Address 26 BAYLOR CIRCLE	Amount of Each Disbursement this Period 5000.00
	City WHITE PLAINS State NY Zip Code 10605	
	Purpose of Disbursement FINANCE CONSULTING	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) JAMES RICHARDSON	Transaction ID: SB.39 Date of Disbursement 06 / 21 / 2011
	Mailing Address 400 W PEACHTREE NW UNIT 3616	Amount of Each Disbursement this Period 4193.55
	City ATLANTA State GA Zip Code 30308	
	Purpose of Disbursement MANAGEMENT CONSULTING	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	11485.22
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

A.

Full Name (Last, First, Middle Initial)
MATT SAVAGE

Transaction ID: SB.49
Date of Disbursement

Mailing Address 5930 ROYAL LANE #328

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	1

City DALLAS State TX Zip Code 75230

Amount of Each Disbursement this Period

Purpose of Disbursement
MANAGEMENT CONSULTING

Category/
Type

2666.67

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
ALLY SCHMEISER

Transaction ID: SB.24
Date of Disbursement

Mailing Address 733 15TH STREET NW

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	1	1

City WASHINGTON State DC Zip Code 20005

Amount of Each Disbursement this Period

Purpose of Disbursement
FINANCE CONSULTING

Category/
Type

3500.00

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
ALLY SCHMEISER

Transaction ID: SB.50
Date of Disbursement

Mailing Address 733 15TH STREET NW

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	1

City WASHINGTON State DC Zip Code 20005

Amount of Each Disbursement this Period

Purpose of Disbursement
FINANCE CONSULTING

Category/
Type

4667.00

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

10833.67

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

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NAME OF COMMITTEE (In Full)
HPAC

A.	Full Name (Last, First, Middle Initial) JONATHAN TALLMAN	Transaction ID: SB.14 Date of Disbursement 06 / 02 / 2011
	Mailing Address 2070 BAY DRIVE, APT 316	Amount of Each Disbursement this Period 242.48
	City MIAMI BEACH State FL Zip Code 33141	
	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) CAROLINE WREN	Transaction ID: SB.41 Date of Disbursement 06 / 27 / 2011
	Mailing Address 55 WEST CHURCH ST #2518	Amount of Each Disbursement this Period 1666.67
	City ORLANDO State FL Zip Code 32801	
	Purpose of Disbursement FINANCE CONSULTING	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB.20 Date of Disbursement 06 / 06 / 2011
	Mailing Address PO BOX 360001	Amount of Each Disbursement this Period 461.40
	City FT LAUDERDALE State FL Zip Code 33336	
	Purpose of Disbursement BANK FEE	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	2370.55
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

<p>A. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS</p> <p>Mailing Address PO BOX 360001</p> <p>City FT LAUDERDALE State FL Zip Code 33336</p> <p>Purpose of Disbursement CREDIT CARD PAYMENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.22</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="22836.24"/></p>
<p>B. Full Name (Last, First, Middle Initial) AMERICAN AIRLINES, INC.</p> <p>Mailing Address 7645 E 63RD ST., SUITE 600</p> <p>City TULSA State OK Zip Code 74133</p> <p>Purpose of Disbursement TRAVEL EXPENSE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.101</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="75.00"/></p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) DELTA AIR LINES</p> <p>Mailing Address 1030 DELTA BLVD</p> <p>City ATLANTA State GA Zip Code 30354</p> <p>Purpose of Disbursement TRAVEL EXPENSE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.104</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="23.00"/></p> <p>[MEMO ITEM]</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="22836.24"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

A. Full Name (Last, First, Middle Initial) DELTA AIR LINES Mailing Address 1030 DELTA BLVD City ATLANTA State GA Zip Code 30354 Purpose of Disbursement TRAVEL EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB.112 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 1 1
	Amount of Each Disbursement this Period 205.70 [MEMO ITEM]

B. Full Name (Last, First, Middle Initial) DELTA AIR LINES Mailing Address 1030 DELTA BLVD City ATLANTA State GA Zip Code 30354 Purpose of Disbursement TRAVEL EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB.146 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 1 1
	Amount of Each Disbursement this Period 1140.00 [MEMO ITEM]

C. Full Name (Last, First, Middle Initial) DELTA AIR LINES Mailing Address 1030 DELTA BLVD City ATLANTA State GA Zip Code 30354 Purpose of Disbursement TRAVEL EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB.147 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 1 1
	Amount of Each Disbursement this Period 661.70 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

A. Full Name (Last, First, Middle Initial)
DELTA AIR LINES

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement TRAVEL EXPENSE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB.148
Date of Disbursement 05 / 24 / 2011

Amount of Each Disbursement this Period 190.70

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
DELTA AIR LINES

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement TRAVEL EXPENSE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB.149
Date of Disbursement 05 / 24 / 2011

Amount of Each Disbursement this Period 190.70

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
DELTA AIR LINES

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement TRAVEL EXPENSE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB.150
Date of Disbursement 05 / 24 / 2011

Amount of Each Disbursement this Period 190.70

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ► 0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

A.	Full Name (Last, First, Middle Initial) ENTERPRISE RENTACAR	Transaction ID: SB.124 Date of Disbursement 05 / 23 / 2011
	Mailing Address 8 GABRIELLE ST.	Amount of Each Disbursement this Period 376.96
	City MANCHESTER State NH Zip Code 03103	
	Purpose of Disbursement TRAVEL EXPENSE Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) HILTON GARDEN INN	Transaction ID: SB.116 Date of Disbursement 05 / 21 / 2011
	Mailing Address 7930 JONES BRANCH DRIVE	Amount of Each Disbursement this Period 151.51
	City MCLEAN State VA Zip Code 22102	
	Purpose of Disbursement TRAVEL EXPENSE Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) HILTON GARDEN INN	Transaction ID: SB.120 Date of Disbursement 05 / 23 / 2011
	Mailing Address 7930 JONES BRANCH DRIVE	Amount of Each Disbursement this Period 390.22
	City MCLEAN State VA Zip Code 22102	
	Purpose of Disbursement TRAVEL EXPENSE Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

A.	Full Name (Last, First, Middle Initial) HILTON GARDEN INN	Transaction ID: SB.121
	Mailing Address 7930 JONES BRANCH DRIVE	Date of Disbursement 05 / 23 / 2011
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period 327.00
	Purpose of Disbursement TRAVEL EXPENSE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) HILTON GARDEN INN	Transaction ID: SB.122
	Mailing Address 7930 JONES BRANCH DRIVE	Date of Disbursement 05 / 23 / 2011
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period 151.51
	Purpose of Disbursement TRAVEL EXPENSE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) HILTON GARDEN INN	Transaction ID: SB.123
	Mailing Address 7930 JONES BRANCH DRIVE	Date of Disbursement 05 / 23 / 2011
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period 13.94
	Purpose of Disbursement TRAVEL EXPENSE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

A.

Full Name (Last, First, Middle Initial)
HILTON GARDEN INN

Transaction ID: SB.135
Date of Disbursement

Mailing Address 7930 JONES BRANCH DRIVE

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

City State Zip Code
MCLEAN VA 22102

Amount of Each Disbursement this Period

454.53

Purpose of Disbursement
TRAVEL EXPENSE

Category/
Type

Candidate Name

[MEMO ITEM]

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
HILTON GARDEN INN

Transaction ID: SB.136
Date of Disbursement

Mailing Address 7930 JONES BRANCH DRIVE

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

City State Zip Code
MCLEAN VA 22102

Amount of Each Disbursement this Period

454.53

Purpose of Disbursement
TRAVEL EXPENSE

Category/
Type

Candidate Name

[MEMO ITEM]

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
HILTON GARDEN INN

Transaction ID: SB.137
Date of Disbursement

Mailing Address 7930 JONES BRANCH DRIVE

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

City State Zip Code
MCLEAN VA 22102

Amount of Each Disbursement this Period

454.53

Purpose of Disbursement
TRAVEL EXPENSE

Category/
Type

Candidate Name

[MEMO ITEM]

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

0.00

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

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NAME OF COMMITTEE (In Full)
HPAC

A.	Full Name (Last, First, Middle Initial) HILTON GARDEN INN	Transaction ID: SB.138 Date of Disbursement 05 / 24 / 2011
	Mailing Address 7930 JONES BRANCH DRIVE	Amount of Each Disbursement this Period 454.53
	City MCLEAN State VA Zip Code 22102	
	Purpose of Disbursement TRAVEL EXPENSE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) HILTON GARDEN INN	Transaction ID: SB.139 Date of Disbursement 05 / 24 / 2011
	Mailing Address 7930 JONES BRANCH DRIVE	Amount of Each Disbursement this Period 454.53
	City MCLEAN State VA Zip Code 22102	
	Purpose of Disbursement TRAVEL EXPENSE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) HILTON GARDEN INN	Transaction ID: SB.140 Date of Disbursement 05 / 24 / 2011
	Mailing Address 7930 JONES BRANCH DRIVE	Amount of Each Disbursement this Period 454.53
	City MCLEAN State VA Zip Code 22102	
	Purpose of Disbursement TRAVEL EXPENSE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

A.	Full Name (Last, First, Middle Initial) HILTON GARDEN INN	Transaction ID: SB.141
	Mailing Address 7930 JONES BRANCH DRIVE	Date of Disbursement 05 / 24 / 2011
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period 399.92
	Purpose of Disbursement TRAVEL EXPENSE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) HILTON GARDEN INN	Transaction ID: SB.142
	Mailing Address 7930 JONES BRANCH DRIVE	Date of Disbursement 05 / 24 / 2011
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period 129.07
	Purpose of Disbursement TRAVEL EXPENSE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) HILTON GARDEN INN	Transaction ID: SB.143
	Mailing Address 7930 JONES BRANCH DRIVE	Date of Disbursement 05 / 24 / 2011
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period 82.71
	Purpose of Disbursement TRAVEL EXPENSE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

A.	Full Name (Last, First, Middle Initial) HILTON GARDEN INN	Transaction ID: SB.151
	Mailing Address 7930 JONES BRANCH DRIVE	Date of Disbursement MM / DD / YYYY 05 / 24 / 2011
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period 606.04
	Purpose of Disbursement TRAVEL EXPENSE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) HILTON GARDEN INN	Transaction ID: SB.152
	Mailing Address 7930 JONES BRANCH DRIVE	Date of Disbursement MM / DD / YYYY 05 / 24 / 2011
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period 606.04
	Purpose of Disbursement TRAVEL EXPENSE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) HILTON GARDEN INN	Transaction ID: SB.153
	Mailing Address 7930 JONES BRANCH DRIVE	Date of Disbursement MM / DD / YYYY 05 / 24 / 2011
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period 482.40
	Purpose of Disbursement TRAVEL EXPENSE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

A.	Full Name (Last, First, Middle Initial) HILTON GARDEN INN	Transaction ID: SB.154 Date of Disbursement 05 / 24 / 2011
	Mailing Address 7930 JONES BRANCH DRIVE	Amount of Each Disbursement this Period 454.53
	City MCLEAN State VA Zip Code 22102	
	Purpose of Disbursement TRAVEL EXPENSE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) HILTON GARDEN INN	Transaction ID: SB.155 Date of Disbursement 05 / 24 / 2011
	Mailing Address 7930 JONES BRANCH DRIVE	Amount of Each Disbursement this Period 454.53
	City MCLEAN State VA Zip Code 22102	
	Purpose of Disbursement TRAVEL EXPENSE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) HILTON GARDEN INN	Transaction ID: SB.156 Date of Disbursement 05 / 24 / 2011
	Mailing Address 7930 JONES BRANCH DRIVE	Amount of Each Disbursement this Period 454.53
	City MCLEAN State VA Zip Code 22102	
	Purpose of Disbursement TRAVEL EXPENSE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

A.	Full Name (Last, First, Middle Initial) HILTON GARDEN INN	Transaction ID: SB.157
	Mailing Address 7930 JONES BRANCH DRIVE	Date of Disbursement 05 / 24 / 2011
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period 454.53
	Purpose of Disbursement TRAVEL EXPENSE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) HOTEL MONACO ALEXANDRIA	Transaction ID: SB.144
	Mailing Address 480 KING STREET	Date of Disbursement 05 / 24 / 2011
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 396.23
	Purpose of Disbursement TRAVEL EXPENSE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) LANGHAM HOTEL	Transaction ID: SB.111
	Mailing Address 250 FRANKLIN STREET	Date of Disbursement 05 / 20 / 2011
	City BOSTON State MA Zip Code 02110	Amount of Each Disbursement this Period 469.80
	Purpose of Disbursement TRAVEL EXPENSE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
HPAC

A.	Full Name (Last, First, Middle Initial) LIVESTREAM LLC	Transaction ID: SB.110 Date of Disbursement 05 / 20 / 2011
	Mailing Address 111 8TH AVE, SUITE 1509	Amount of Each Disbursement this Period 2000.00
	City NEW YORK State NY Zip Code 10011	
	Purpose of Disbursement WEB SERVICE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES	Transaction ID: SB.100 Date of Disbursement 05 / 19 / 2011
	Mailing Address PO BOX 36611	Amount of Each Disbursement this Period 175.70
	City DALLAS State TX Zip Code 75235	
	Purpose of Disbursement TRAVEL EXPENSE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES	Transaction ID: SB.106 Date of Disbursement 05 / 20 / 2011
	Mailing Address PO BOX 36611	Amount of Each Disbursement this Period 499.10
	City DALLAS State TX Zip Code 75235	
	Purpose of Disbursement TRAVEL EXPENSE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

<p>A. Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES</p> <p>Mailing Address PO BOX 36611</p> <p>City DALLAS State TX Zip Code 75235</p> <p>Purpose of Disbursement TRAVEL EXPENSE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.107</p> <p>Date of Disbursement 05 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 499.10</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES</p> <p>Mailing Address PO BOX 36611</p> <p>City DALLAS State TX Zip Code 75235</p> <p>Purpose of Disbursement TRAVEL EXPENSE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.108</p> <p>Date of Disbursement 05 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 380.70</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES</p> <p>Mailing Address PO BOX 36611</p> <p>City DALLAS State TX Zip Code 75235</p> <p>Purpose of Disbursement TRAVEL EXPENSE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.109</p> <p>Date of Disbursement 05 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 175.70</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

A.	Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES	Transaction ID: SB.119
	Mailing Address PO BOX 36611	Date of Disbursement 05 / 23 / 2011
	City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 157.70
	Purpose of Disbursement TRAVEL EXPENSE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES	Transaction ID: SB.125
	Mailing Address PO BOX 36611	Date of Disbursement 05 / 23 / 2011
	City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 199.70
	Purpose of Disbursement TRAVEL EXPENSE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES	Transaction ID: SB.126
	Mailing Address PO BOX 36611	Date of Disbursement 05 / 23 / 2011
	City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 199.70
	Purpose of Disbursement TRAVEL EXPENSE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

A.

Full Name (Last, First, Middle Initial)
SOUTHWEST AIRLINES

Mailing Address PO BOX 36611

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL EXPENSE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB.127
Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
SOUTHWEST AIRLINES

Mailing Address PO BOX 36611

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL EXPENSE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB.128
Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
SOUTHWEST AIRLINES

Mailing Address PO BOX 36611

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL EXPENSE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB.129
Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

A.	Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES	Transaction ID: SB.130
	Mailing Address PO BOX 36611	Date of Disbursement 05 / 23 / 2011
	City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 185.70
	Purpose of Disbursement TRAVEL EXPENSE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES	Transaction ID: SB.131
	Mailing Address PO BOX 36611	Date of Disbursement 05 / 23 / 2011
	City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 185.70
	Purpose of Disbursement TRAVEL EXPENSE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES	Transaction ID: SB.132
	Mailing Address PO BOX 36611	Date of Disbursement 05 / 23 / 2011
	City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 185.70
	Purpose of Disbursement TRAVEL EXPENSE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

A. Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES Mailing Address PO BOX 36611 City DALLAS State TX Zip Code 75235 Purpose of Disbursement TRAVEL EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB.134 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 1 1
	Amount of Each Disbursement this Period 228.70 [MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES Mailing Address PO BOX 36611 City DALLAS State TX Zip Code 75235 Purpose of Disbursement TRAVEL EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB.145 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 1 1
	Amount of Each Disbursement this Period 199.70 [MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) UNITED AIRLINES E-TKTS Mailing Address 1200 E ALGONQUIN RD City ELK GROVE VILLAGE State IL Zip Code 60007 Purpose of Disbursement TRAVEL EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB.113 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 1 1
	Amount of Each Disbursement this Period 664.70 [MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

A.

Full Name (Last, First, Middle Initial)
UNITED AIRLINES E-TKTS

Transaction ID: SB.114
Date of Disbursement

Mailing Address 1200 E ALGONQUIN RD

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

City State Zip Code
ELK GROVE VILLAGE IL 60007

Amount of Each Disbursement this Period

664.70

Purpose of Disbursement
TRAVEL EXPENSE

Category/
Type

Candidate Name

[MEMO ITEM]

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
UNITED AIRLINES E-TKTS

Transaction ID: SB.115
Date of Disbursement

Mailing Address 1200 E ALGONQUIN RD

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

City State Zip Code
ELK GROVE VILLAGE IL 60007

Amount of Each Disbursement this Period

664.70

Purpose of Disbursement
TRAVEL EXPENSE

Category/
Type

Candidate Name

[MEMO ITEM]

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
US AIRWAYS WEB SALES

Transaction ID: SB.102
Date of Disbursement

Mailing Address 4000 E SKY HARBOR BLVD

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

City State Zip Code
PHOENIX AR 85034

Amount of Each Disbursement this Period

500.10

Purpose of Disbursement
TRAVEL EXPENSE

Category/
Type

Candidate Name

[MEMO ITEM]

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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NAME OF COMMITTEE (In Full)
HPAC

A.	Full Name (Last, First, Middle Initial) US AIRWAYS WEB SALES	Transaction ID: SB.103 Date of Disbursement
	Mailing Address 4000 E SKY HARBOR BLVD	<input type="text" value="05"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City PHOENIX State AR Zip Code 85034	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL EXPENSE	<input type="text" value="500.10"/>
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) US AIRWAYS WEB SALES	Transaction ID: SB.105 Date of Disbursement
	Mailing Address 4000 E SKY HARBOR BLVD	<input type="text" value="05"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City PHOENIX State AR Zip Code 85034	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL EXPENSE	<input type="text" value="255.70"/>
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) US AIRWAYS WEB SALES	Transaction ID: SB.133 Date of Disbursement
	Mailing Address 4000 E SKY HARBOR BLVD	<input type="text" value="05"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City PHOENIX State AR Zip Code 85034	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL EXPENSE	<input type="text" value="341.40"/>
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

A.

Full Name (Last, First, Middle Initial)
VIRGIN AMERICA

Mailing Address 555 AIRPORT BLVD FL 2ND

City BURLINGAME State CA Zip Code 94010

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.118

Date of Disbursement

05 / 23 / 2011

Amount of Each Disbursement this Period

619.69

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
WASHINGTON SEDANS

Mailing Address 1619 CLEARVIEW AVENUE

City OXON HILL State MD Zip Code 20745

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.117

Date of Disbursement

05 / 23 / 2011

Amount of Each Disbursement this Period

975.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
BELLWEATHER CONSULTING

Mailing Address 1737 H STREET NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.25

Date of Disbursement

06 / 13 / 2011

Amount of Each Disbursement this Period

3500.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

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

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NAME OF COMMITTEE (In Full)
HPAC

A.	Full Name (Last, First, Middle Initial) BELLWEATHER CONSULTING	Transaction ID: SB.45
	Mailing Address 1737 H STREET NW	Date of Disbursement 06 / 28 / 2011
	City WASHINGTON State DC Zip Code 20006	Amount of Each Disbursement this Period 2333.33
	Purpose of Disbursement FINANCE CONSULTING	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) BUCKSHOT GROUP	Transaction ID: SB.34
	Mailing Address PO BOX 30005	Date of Disbursement 06 / 13 / 2011
	City BETHESDA State MD Zip Code 20824	Amount of Each Disbursement this Period 4375.00
	Purpose of Disbursement FINANCE CONSULTING	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) CAMPAIGN RESOURCE GROUP	Transaction ID: SB.29
	Mailing Address PO BOX 230197	Date of Disbursement 06 / 13 / 2011
	City GRAND RAPIDS State MI Zip Code 49523	Amount of Each Disbursement this Period 3750.00
	Purpose of Disbursement FINANCE CONSULTING	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	10458.33
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

<p>A. Full Name (Last, First, Middle Initial) CMDI</p> <p>Mailing Address 7704 LEESBURG PIKE</p> <p>City FALLS CHURCH State VA Zip Code 22043</p> <p>Purpose of Disbursement DATABASE MANAGEMENT SOFTWARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.40</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2033.33"/></p>
<p>B. Full Name (Last, First, Middle Initial) DELUXE BUSINESS PRODUCTS</p> <p>Mailing Address PO BOX 1186</p> <p>City LANCASTER State CA Zip Code 93584</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.4</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="210.29"/></p>
<p>C. Full Name (Last, First, Middle Initial) DMM GROUP</p> <p>Mailing Address 444 N MICHIGAN AVE #3600</p> <p>City CHICAGO State IL Zip Code 60611</p> <p>Purpose of Disbursement FINANCE CONSULTING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.30</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4743.62"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

A.	Full Name (Last, First, Middle Initial) ELAVON MERCHANTS	Transaction ID: SB.12 Date of Disbursement
	Mailing Address ONE CONCOURSE PARKWAY	<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
	City ATLANTA State GA Zip Code 30328	Amount of Each Disbursement this Period
	Purpose of Disbursement BANK FEE	<input type="text" value="353.74"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) ELAVON MERCHANTS	Transaction ID: SB.13 Date of Disbursement
	Mailing Address ONE CONCOURSE PARKWAY	<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
	City ATLANTA State GA Zip Code 30328	Amount of Each Disbursement this Period
	Purpose of Disbursement BANK FEE	<input type="text" value="4.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) ENSENAT, CATHERINE FARISH	Transaction ID: SB.1 Date of Disbursement
	Mailing Address 3667 120TH AVE S	<input type="text" value="05"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
	City WELLINGTON State FL Zip Code 33414	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT	<input type="text" value="210.65"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

A. Full Name (Last, First, Middle Initial) HOLLAND TAUCHER CONSULTING GROUP <hr/> Mailing Address PO BOX 684281 <hr/> City AUSTIN State TX Zip Code 78768 <hr/> Purpose of Disbursement FINANCE CONSULTING Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.33 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 1 1
	Amount of Each Disbursement this Period 6166.67

B. Full Name (Last, First, Middle Initial) INTEGRATED CAMPAIGN SOLUTIONS <hr/> Mailing Address 526 DAROCO AVENUE <hr/> City CORAL GABLES State FL Zip Code 33146 <hr/> Purpose of Disbursement FINANCE CONSULTING Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.27 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 1 1
	Amount of Each Disbursement this Period 5000.00

C. Full Name (Last, First, Middle Initial) MAGELLAN GROUP <hr/> Mailing Address 10638 TIMBERIDGE RD <hr/> City FAIRFAX STATION State VA Zip Code 22039 <hr/> Purpose of Disbursement MANAGEMENT CONSULTING Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.11 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 1 1
	Amount of Each Disbursement this Period 10000.00

SUBTOTAL of Disbursements This Page (optional) ▶	21166.67
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

A.	Full Name (Last, First, Middle Initial) PACIFIC FUNDRAISING GROUP	Transaction ID: SB.31 Date of Disbursement
	Mailing Address 2208 29TH STREET, SUITE 300	<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>
	City SACRAMENTO State CA Zip Code 95817	Amount of Each Disbursement this Period
	Purpose of Disbursement FINANCE CONSULTING	<input type="text" value="7500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) REPUBLICAN LEADERSHIP CONF INC	Transaction ID: SB.21 Date of Disbursement
	Mailing Address 12232 INDUSTRIPLEX BLVD	<input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2011"/>
	City BATON ROUGE State LA Zip Code 70809	Amount of Each Disbursement this Period
	Purpose of Disbursement REGISTRATION FEE	<input type="text" value="30000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SMART INTERACTIVE	Transaction ID: SB.36 Date of Disbursement
	Mailing Address 814 KING ST, SUITE 440	<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement MEDIA	<input type="text" value="3500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="41000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

A. Full Name (Last, First, Middle Initial)
THE NETWORK COMPANIES

Mailing Address 101 COLORADO ST

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement MANAGEMENT CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB.19
Date of Disbursement 06 / 03 / 2011

Amount of Each Disbursement this Period 20000.00

Category/Type

B. Full Name (Last, First, Middle Initial)
VERIZON WIRELESS

Mailing Address PO BOX 660108

City DALLAS State TX Zip Code 75266

Purpose of Disbursement PHONE EXPENSE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB.18
Date of Disbursement 06 / 03 / 2011

Amount of Each Disbursement this Period 206.87

Category/Type

SUBTOTAL of Disbursements This Page (optional)	▶	20206.87
TOTAL This Period (last page this line number only)	▶	198249.66

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

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

FOR LINE NUMBER:
(check only one)

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<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

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NAME OF COMMITTEE (In Full)
HPAC

A.	Full Name (Last, First, Middle Initial) NY REPUBLICAN STATE COMMITTEE		Transaction ID: SB.5	
	Mailing Address 315 STATE ST		Date of Disbursement 05 / 20 / 2011	
	City ALBANY	State NY	Zip Code 12210	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement CONTRIBUTION		Category/ Type	
	Candidate Name			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	2500.00