

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
McDonald Hopkins LLC PAC

ADDRESS (number and street) 600 Superior Avenue
Suite 2100
 Check if different than previously reported. (ACC)
Cleveland OH 44114

2. **FEC IDENTIFICATION NUMBER** C00394460
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

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

5. Covering Period 01 01 2010 through 03 31 2010

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 Mr. David M. Kall, Esq.

Signature of Treasurer Electronically Filed by Mr. David M. Kall, Esq. Date 04 06 2010

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 **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
McDonald Hopkins LLC PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		19201.77
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	19201.77									
(c) Total Receipts (from Line 19)	5077.98	5077.98								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	24279.75	24279.75								
7. Total Disbursements (from Line 31)	8700.00	8700.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	15579.75	15579.75								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
McDonald Hopkins LLC PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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)	2199.66	2199.66
(ii) Unitemized	2878.32	2878.32
(iii) TOTAL (add Lines 11(a)(i) and (ii)	5077.98	5077.98
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	5077.98	5077.98
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))	5077.98	5077.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5077.98	5077.98

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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.....	8700.00	8700.00
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))..	8700.00	8700.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8700.00	8700.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	5077.98	5077.98
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5077.98	5077.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 10
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
McDonald Hopkins LLC PAC

A. Full Name (Last, First, Middle Initial)
Mr. David M. Kall, Esq.
Mailing Address 1190 West Parkway Bl
City Aurora State OH Zip Code 44202
FEC ID number of contributing federal political committee. **C**
Name of Employer McDonald Hopkins LLC Occupation Attorney
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 249.99
Date of Receipt 03 / 30 / 2010
Transaction ID: SA11AI.4733
Amount of Each Receipt this Period 83.33
Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Mr. William J. O'Neill, Esq.
Mailing Address 580 Wedgewood Drive
City Avon Lake State OH Zip Code 44012
FEC ID number of contributing federal political committee. **C**
Name of Employer McDonald Hopkins LLC Occupation Attorney
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 249.99
Date of Receipt 03 / 30 / 2010
Transaction ID: SA11AI.4739
Amount of Each Receipt this Period 83.33
Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Connor Patton
Mailing Address 830 City Park Ave.
City Columbus State OH Zip Code 43206
FEC ID number of contributing federal political committee. **C**
Name of Employer McDonald Hopkins LLC Occupation Attorney
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 03 / 30 / 2010
Transaction ID: SA11AI.4741
Amount of Each Receipt this Period 100.00
Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 266.66
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 7 / 10
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
McDonald Hopkins LLC PAC

A. Full Name (Last, First, Middle Initial)
Edmund Searby

Mailing Address 3000 Forest Drive

City State Zip Code
Pepper Pike OH 44124

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

Name of Employer Occupation
McDonald Hopkins LLC Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
01 / 06 / 2010

Transaction ID: SA11AI.4653

Amount of Each Receipt this Period
600.00

Contributino

B. Full Name (Last, First, Middle Initial)
Mr. Michael W. Wise, Esq.

Mailing Address 1109 Royal Oak

City State Zip Code
Chagrin Falls OH 44022

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

Name of Employer Occupation
McDonald Hopkins LLC Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2010

Transaction ID: SA11AI.4746

Amount of Each Receipt this Period
85.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
Mr. Thomas M. Zaino, Esq.

Mailing Address 150 Highmeadow Drive

City State Zip Code
Gahanna OH 43230

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

Name of Employer Occupation
McDonald Hopkins LLC Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: SA11AI.4691

Amount of Each Receipt this Period
416.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► **1101.00**

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 / 10
	(check only one)
<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
McDonald Hopkins LLC PAC

A.	Full Name (Last, First, Middle Initial) Mr. Thomas M. Zaino, Esq.		Date of Receipt
	Mailing Address 150 Highmeadow Drive		<input type="text" value="02"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Gahanna	OH	43230
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer McDonald Hopkins LLC		Occupation Attorney	Transaction ID: SA11AI.4722
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="832.00"/>	<input type="text" value="416.00"/>
			Payroll Deduction

B.	Full Name (Last, First, Middle Initial) Mr. Thomas M. Zaino, Esq.		Date of Receipt
	Mailing Address 150 Highmeadow Drive		<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Gahanna	OH	43230
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer McDonald Hopkins LLC		Occupation Attorney	Transaction ID: SA11AI.4747
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="1248.00"/>	<input type="text" value="416.00"/>
			Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="832.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="2199.66"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
McDonald Hopkins LLC PAC

A.	Full Name (Last, First, Middle Initial) Committee to Elect Chris Ronayne	Transaction ID: SB29.4724 Date of Disbursement																			
	Mailing Address 1294 West 103rd Street	<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>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	5		2	0	1	0												
	City Cleveland State OH Zip Code 44102	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Committee to Elect Chris Ronayne	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	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) Friends of Marlene B. Anielski	Transaction ID: SB29.4698 Date of Disbursement																			
	Mailing Address 5954 Briardale Lane	<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>2</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	1		2	0	1	0												
	City Solon State OH Zip Code 44139	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>250.00</td></tr></table>	250.00																		
250.00																					
	Candidate Name	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	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) John Bocchieri for Congress	Transaction ID: SB29.4663 Date of Disbursement																			
	Mailing Address PO Box	<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>1</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	9		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	9		2	0	1	0												
	City Alliance State OH Zip Code 44601	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Political Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name John Bocchieri for Congress	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>2250.00</td></tr></table>	2250.00
2250.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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)

PAGE 10 / 10

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

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NAME OF COMMITTEE (In Full)
McDonald Hopkins LLC PAC

A.	Full Name (Last, First, Middle Initial) Mike Dewine for Ohio	Transaction ID: SB29.4668 Date of Disbursement
	Mailing Address 2587 Conley Road	<input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City Cedarville State OH Zip Code 45314	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name Mike Dewine for Ohio	<input type="text" value="011"/> 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) Strickland for Governor	Transaction ID: SB29.4664 Date of Disbursement
	Mailing Address 340 E Fulton Street	<input type="text" value="01"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City Columbus State OH Zip Code 43215	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="1000.00"/>
	Candidate Name Strickland for Governor	<input type="text" value="011"/> 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) ►

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