

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HOGAN LOVELLS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BRIAN BILBRAY FOR CONGRESS

Mailing Address 970 SEACOAST DRIVE
7

City State Zip Code
IMPERIAL BEACH CA 91932

Purpose of Disbursement

Candidate Name
BRIAN P BILBRAY

Office Sought: House
 Senate
 President
State: CA District: 50

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2012

Transaction ID : **SB23.7799**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CONGRESSMAN BILL YOUNG CAMPAIGN COMMITTEE

Mailing Address P. O. Box 47025

City State Zip Code
St. Petersburg FL 33743

Purpose of Disbursement

Candidate Name
C. W. BILL YOUNG

Office Sought: House
 Senate
 President
State: FL District: 10

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 11 / 2012

Transaction ID : **SB23.7781**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. CRUZ VICTORY COMMITTEE

Mailing Address 1609 SHOAL CREEK BLVD STE 203

City State Zip Code
AUSTIN TX 78701

Purpose of Disbursement

Candidate Name
RAFAEL EDWARD TED CRUZ

Office Sought: House
 Senate
 President
State: TX District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 11 / 2012

Transaction ID : **SB23.7787**

Amount of Each Disbursement this Period

2000.00

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

4000.00

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