

**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

Hermanator PAC; The

ADDRESS (number and street)

PO Box 1804

☐Check if different
than previously
reported. (ACC)

Orlando

FL

32802

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00483115

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 (12S)

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

1 1

2 3

2 0 1 0

through

1 2

3 1

2 0 1 0

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

Scott Toomey

Signature of Treasurer

Electronically Filed by Scott Toomey

Date

0 1

3 1

2 0 1 0

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

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name
Hermanator PAC; The

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

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 <div>2010^{Y Y Y}</div>		0.00
(b) Cash on Hand at Beginning of Reporting Period	8504.04	
(c) Total Receipts (from Line 19)	53261.00	221945.99
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	61765.04	221945.99
7. Total Disbursements (from Line 31)	59518.94	219699.89
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2246.10	2246.10
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

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

Hermanator PAC; The

Report Covering the Period:

From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	2

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)	51300.00	166075.00
(ii) Unitemized	1961.00	55870.99
(iii) TOTAL (add Lines 11(a)(i) and (ii)	53261.00	221945.99
(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)	53261.00	221945.99
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))	53261.00	221945.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	53261.00	221945.99

DETAILED SUMMARY PAGE

of Disbursements

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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	2000.00	
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.....	59518.94	217699.89	
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))..	59518.94	219699.89	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	59518.94	219699.89	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	53261.00	221945.99
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	53261.00	221945.99
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: PAGE 6 / 46

(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)

Hermanator PAC; The

A.

Full Name (Last, First, Middle Initial)

Jeff Fettig

Mailing Address 274 Ridgeway

City

Saint Joseph

State

MI

Zip Code

49085

FEC ID number of contributing
federal political committee.

C

Name of Employer
Whirlpool Corporation

Occupation
Ceo

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

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

Transaction ID: SA11AI.9686

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Marcia Fettig

Mailing Address 274 Ridgeway

City

St. Joseph

State

MI

Zip Code

49065

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

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
1 2 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.9687

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Charlie Gruschow

Mailing Address 1410 20th St. Unit 15

City

West Des Moines

State

IA

Zip Code

50265

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nevada Computer

Occupation
Sales and Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.9596

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

10500.00

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 7 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hermanator PAC; The

A.

Full Name (Last, First, Middle Initial)

Kathleen Hempel

Mailing Address 350 South Hamilton

City

Madison

State

WI

Zip Code

53703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Various Corporate Boards

Occupation

Independent Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.9697

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Rolf Hempel

Mailing Address 350 South Hamilton Street

City

Madison

State

WI

Zip Code

53703

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 ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.9699

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Michael Johnston

Mailing Address 133 Monte Carlo Dr.

City

Palm Beach Gardens

State

FL

Zip Code

33418

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11AI.9674

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

12500.00

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 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hermanator PAC; The

A.

Full Name (Last, First, Middle Initial)

Peter Leidel

Mailing Address 71 Old Stone Hill Road

City

Pound Ridge

State

NY

Zip Code

10576

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yorktown Partners, LLC

Occupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID: SA11AI.9680

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Janice McNair

Mailing Address 1807 River Oaks Blvd.

City

Houston

State

TX

Zip Code

77019

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

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 Y
1 2 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.9691

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Robert McNair

Mailing Address Reliant Stadium
2 Reliant Park

City

Houston

State

TX

Zip Code

77054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Houston Texans

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.9689

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

12500.00

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 9 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hermanator PAC; The

A.

Full Name (Last, First, Middle Initial)

Michele M Ravenel

Mailing Address 55 Delmont Drive NE
C-2

City State Zip Code
Atlanta GA 30305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fight For Freedom

Occupation
Freedom Fighter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.9681

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

John Ross

Mailing Address 2701 E. La Palma Ave

City State Zip Code
Anaheim CA 92806

FEC ID number of contributing
federal political committee.

C

Name of Employer
In-depth Engineering

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.9651

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

James Stephenson

Mailing Address PO Box 43326

City State Zip Code
Atlanta GA 30336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yancey Brothers

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.9693

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5550.00

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 10 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hermanator PAC; The

A.

Full Name (Last, First, Middle Initial)

Michael A Todman

Mailing Address 200 Lake St., Unit 7A

City

St. Joseph

State

MI

Zip Code

49085

FEC ID number of contributing
federal political committee.

C

Name of Employer
Whirlpool

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.9591

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

John Webb

Mailing Address PO Box 807

City

Elmendorf

State

TX

Zip Code

78112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.9633

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mike White

Mailing Address 4 New Canaan Way

City

Norwalk

State

CT

Zip Code

06850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Direct TV

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.9695

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

10250.00

TOTAL This Period (last page this line number only)

51300.00

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)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Hermanator PAC; The

A. Full Name (Last, First, Middle Initial) A&S Propertis	Transaction ID: SB29.9442 Date of Disbursement
Mailing Address	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 3 / 2 0 1 0</div> </div>
City State Zip Code Stockbridge GA 30281	Amount of Each Disbursement this Period
Purpose of Disbursement Office Space	<div> <div></div> <div>1750.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
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) Best Buy	Transaction ID: SB29.9580 Date of Disbursement
Mailing Address 4601 East Colonial Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 9 / 2 0 1 0</div> </div>
City State Zip Code Orlando FL 32803	Amount of Each Disbursement this Period
Purpose of Disbursement Software	<div> <div></div> <div>298.19</div> </div>
Candidate Name	<div> <div>001</div> <div>Category/ Type</div> </div>
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) Campaigner by Protus	Transaction ID: SB29.9473 Date of Disbursement
Mailing Address 2379 Holly Lane, Suite 210 Ottawa Ontario	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 2 9 / 2 0 1 0</div> </div>
City State Zip Code Canada K1V7P2 ZZ	Amount of Each Disbursement this Period
Purpose of Disbursement Efax Service	<div> <div></div> <div>10.00</div> </div>
Candidate Name	<div> <div>001</div> <div>Category/ Type</div> </div>
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)

2058.19

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 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)
Hermanator PAC; The

<p>A. Full Name (Last, First, Middle Initial) Campaigner by Protus</p> <p>Mailing Address 2379 Holy Lane, Suite 210 Ottwa Ontario</p> <p>City Canada K1V7P2 State ZZ Zip Code</p> <p>Purpose of Disbursement Email List Service</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: SB29.9570 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 3 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div>120.00</div> </p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Campaigner by Protus</p> <p>Mailing Address 2379 Holy Lane, Suite 210 Ottwa Ontario</p> <p>City Canada K1V7P2 State ZZ Zip Code</p> <p>Purpose of Disbursement Efax Service</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: SB29.9516 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 8 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div>10.00</div> </p> <p>001 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Ellen Carmichael</p> <p>Mailing Address 2916 Clairmont Road #2107</p> <p>City Atlanta State GA Zip Code 30329</p> <p>Purpose of Disbursement 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: SB29.9725 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 3 0 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div>919.80</div> </p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)

1049.80

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 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)
Hermanator PAC; The

A. Full Name (Last, First, Middle Initial) Ellen Carmichael	Transaction ID: SB29.9725.0 Date of Disbursement																				
Mailing Address 2916 Clairmont Road #2107	<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>1</td><td>2</td><td></td><td>3</td><td>0</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	1	2		3	0		2	0	1	0
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572.94																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				
B. Full Name (Last, First, Middle Initial) AT & T Mobile	Transaction ID: SB29.9725.1 Date of Disbursement																				
Mailing Address PO Box 536216	<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>1</td><td>2</td><td></td><td>3</td><td>0</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	1	2		3	0		2	0	1	0
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Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				
C. Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: SB29.9491 Date of Disbursement																				
Mailing Address 1030 Delta Blvd	<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>1</td><td>2</td><td></td><td>0</td><td>2</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	1	2		0	2		2	0	1	0
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1	2		0	2		2	0	1	0												
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SUBTOTAL of Disbursements This Page (optional)

435.40

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 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)
Hermanator PAC; The

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address 1030 Delta Blvd</p> <p>City Atlanta State GA Zip Code 30320</p> <p>Purpose of Disbursement Airfare</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: SB29.9497</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="196.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address 1030 Delta Blvd</p> <p>City Atlanta State GA Zip Code 30320</p> <p>Purpose of Disbursement airfare</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: SB29.9498</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="535.40"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address 1030 Delta Blvd</p> <p>City Atlanta State GA Zip Code 30320</p> <p>Purpose of Disbursement Airfare</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: SB29.9503</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="507.40"/></p>

SUBTOTAL of Disbursements This Page (optional)

1238.80

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)
Hermanator PAC; The

A. Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: SB29.9584 Date of Disbursement																				
Mailing Address 1030 Delta Blvd	<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>1</td><td>2</td><td></td><td>0</td><td>8</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	1	2		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	8		2	0	1	0												
City Atlanta State GA Zip Code 30320	Amount of Each Disbursement this Period																				
Purpose of Disbursement Airfare	<table border="1"> <tr> <td>495.30</td> </tr> </table>	495.30																			
495.30																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
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) Delta Airlines	Transaction ID: SB29.9573 Date of Disbursement																				
Mailing Address 1030 Delta Blvd	<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>1</td><td>2</td><td></td><td>1</td><td>0</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	1	2		1	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
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City Atlanta State GA Zip Code 30320	Amount of Each Disbursement this Period																				
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379.60																					
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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) Delta Airlines	Transaction ID: SB29.9571 Date of Disbursement																				
Mailing Address 1030 Delta Blvd	<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>1</td><td>2</td><td></td><td>1</td><td>3</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	1	2		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
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City Atlanta State GA Zip Code 30320	Amount of Each Disbursement this Period																				
Purpose of Disbursement Airfare	<table border="1"> <tr> <td>90.40</td> </tr> </table>	90.40																			
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SUBTOTAL of Disbursements This Page (optional)

965.30

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 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)
Hermanator PAC; The

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address 1030 Delta Blvd</p> <p>City Atlanta State GA Zip Code 30320</p> <p>Purpose of Disbursement Airfare</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: SB29.9554</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="987.80"/></p> <p>002 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address 1030 Delta Blvd</p> <p>City Atlanta State GA Zip Code 30320</p> <p>Purpose of Disbursement Airfare</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: SB29.9537</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p> <p>002 Category/ Type</p>
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SUBTOTAL of Disbursements This Page (optional)

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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 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)
Hermanator PAC; The

A. Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: SB29.9509 Date of Disbursement																				
Mailing Address 1030 Delta Blvd	<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>1</td><td>2</td><td></td><td>2</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	1	2		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	9		2	0	1	0												
City Atlanta State GA Zip Code 30320	Amount of Each Disbursement this Period																				
Purpose of Disbursement airfare	<table border="1"> <tr> <td>705.30</td> </tr> </table>	705.30																			
705.30																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
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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) Delta Airlines	Transaction ID: SB29.9504 Date of Disbursement																				
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M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	1	0												
City Atlanta State GA Zip Code 30320	Amount of Each Disbursement this Period																				
Purpose of Disbursement Airfare	<table border="1"> <tr> <td>774.80</td> </tr> </table>	774.80																			
774.80																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
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) Delta Airlines	Transaction ID: SB29.9507 Date of Disbursement																				
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M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	1	0												
City Atlanta State GA Zip Code 30320	Amount of Each Disbursement this Period																				
Purpose of Disbursement Airfare Baggage	<table border="1"> <tr> <td>10.00</td> </tr> </table>	10.00																			
10.00																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
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)

1490.10

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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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Hermanator PAC; The

A. Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: SB29.9564 Date of Disbursement
Mailing Address 1030 Delta Blvd	<div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>1 2 / 3 1 / 2 0 1 0</div> </div>
City Atlanta State GA Zip Code 30320	Amount of Each Disbursement this Period
Purpose of Disbursement Airfare Candidate Name	<div>400.00</div>
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) Eagle Printing	Transaction ID: SB29.9524 Date of Disbursement
Mailing Address 16660 West National Avenue	<div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>1 2 / 2 3 / 2 0 1 0</div> </div>
City New Berlin State WI Zip Code 53151	Amount of Each Disbursement this Period
Purpose of Disbursement Printing Candidate Name	<div>717.81</div>
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) Embassy Suites - Irving	Transaction ID: SB29.9533 Date of Disbursement
Mailing Address 4650 West Airport Freeway	<div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>1 2 / 2 1 / 2 0 1 0</div> </div>
City Irving State TX Zip Code 75062	Amount of Each Disbursement this Period
Purpose of Disbursement Lodging Candidate Name	<div>342.70</div>
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SUBTOTAL of Disbursements This Page (optional)

1460.51

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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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Hermanator PAC; The

A.	<p>Full Name (Last, First, Middle Initial) Embassy Suites - Irving</p> <p>Mailing Address 4650 West Airport Freeway</p> <p>City Irving State TX Zip Code 75062</p> <p>Purpose of Disbursement Lodging</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: SB29.9535</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="342.70"/></p>
B.	<p>Full Name (Last, First, Middle Initial) Encore Resort</p> <p>Mailing Address 3131 Las Vegas Boulevard South</p> <p>City Las Vegas State NV Zip Code 89109</p> <p>Purpose of Disbursement Lodging</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: SB29.9558</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="458.72"/></p>
C.	<p>Full Name (Last, First, Middle Initial) Facebook</p> <p>Mailing Address 156 University Ave</p> <p>City Palo Alto State CA Zip Code 94301</p> <p>Purpose of Disbursement Advertising</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: SB29.9472</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.70"/></p>

SUBTOTAL of Disbursements This Page (optional)

842.12

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 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)
Hermanator PAC; The

A. Full Name (Last, First, Middle Initial) Facebook	Transaction ID: SB29.9480 Date of Disbursement																				
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M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	3	0	/	2	0	1	0												
City Palo Alto State CA Zip Code 94301	Amount of Each Disbursement this Period																				
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60.00																					
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B. Full Name (Last, First, Middle Initial) Facebook	Transaction ID: SB29.9482 Date of Disbursement																				
Mailing Address 156 University Ave	<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>1</td><td>2</td><td>/</td><td>0</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	1	2	/	0	1	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	0	1	/	2	0	1	0												
City Palo Alto State CA Zip Code 94301	Amount of Each Disbursement this Period																				
Purpose of Disbursement Advertising Candidate Name	<table border="1"> <tr> <td colspan="10">30.00</td> </tr> </table>	30.00																			
30.00																					
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) Facebook	Transaction ID: SB29.9487 Date of Disbursement																				
Mailing Address 156 University Ave	<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>1</td><td>2</td><td>/</td><td>0</td><td>2</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	1	2	/	0	2	/	2	0	1	0
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City Palo Alto State CA Zip Code 94301	Amount of Each Disbursement this Period																				
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30.00																					
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SUBTOTAL of Disbursements This Page (optional)

120.00

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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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Hermanator PAC; The

A.	<p>Full Name (Last, First, Middle Initial) Facebook</p> <p>Mailing Address 156 University Ave</p> <p>City Palo Alto State CA Zip Code 94301</p> <p>Purpose of Disbursement Advertising</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: SB29.9576</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <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="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="41.39"/></p>
B.	<p>Full Name (Last, First, Middle Initial) Facebook</p> <p>Mailing Address 156 University Ave</p> <p>City Palo Alto State CA Zip Code 94301</p> <p>Purpose of Disbursement Advertising</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: SB29.9559</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="36.84"/></p>
C.	<p>Full Name (Last, First, Middle Initial) Facebook</p> <p>Mailing Address 156 University Ave</p> <p>City Palo Alto State CA Zip Code 94301</p> <p>Purpose of Disbursement Advertising</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: SB29.9553</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <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="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="53.32"/></p>

SUBTOTAL of Disbursements This Page (optional)

131.55

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)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Hermanator PAC; The

A. Full Name (Last, First, Middle Initial) Facebook	Transaction ID: SB29.9543 Date of Disbursement
Mailing Address 156 University Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 0 / 2 0 1 0</div> </div>
City Palo Alto State CA Zip Code 94301	Amount of Each Disbursement this Period
Purpose of Disbursement Advertising Candidate Name	<div> <div>52.27</div> <div>004 Category/ Type</div> </div>
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) Facebook	Transaction ID: SB29.9538 Date of Disbursement
Mailing Address 156 University Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 1 / 2 0 1 0</div> </div>
City Palo Alto State CA Zip Code 94301	Amount of Each Disbursement this Period
Purpose of Disbursement Advertising Candidate Name	<div> <div>45.64</div> <div>004 Category/ Type</div> </div>
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) Facebook	Transaction ID: SB29.9539 Date of Disbursement
Mailing Address 156 University Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 1 / 2 0 1 0</div> </div>
City Palo Alto State CA Zip Code 94301	Amount of Each Disbursement this Period
Purpose of Disbursement Advertising Candidate Name	<div> <div>25.41</div> <div>004 Category/ Type</div> </div>
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)

123.32

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 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)
Hermanator PAC; The

A. Full Name (Last, First, Middle Initial) Facebook	Transaction ID: SB29.9532 Date of Disbursement																				
Mailing Address 156 University Ave	<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>1</td><td>2</td><td></td><td>2</td><td>2</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	1	2		2	2		2	0	1	0
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36.97																					
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B. Full Name (Last, First, Middle Initial) Facebook	Transaction ID: SB29.9525 Date of Disbursement																				
Mailing Address 156 University Ave	<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>1</td><td>2</td><td></td><td>2</td><td>3</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	1	2		2	3		2	0	1	0
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1	2		2	3		2	0	1	0												
City Palo Alto State CA Zip Code 94301	Amount of Each Disbursement this Period																				
Purpose of Disbursement Advertising Candidate Name	<table border="1"> <tr> <td colspan="10">40.20</td> </tr> </table>	40.20																			
40.20																					
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) Facebook	Transaction ID: SB29.9523 Date of Disbursement																				
Mailing Address 156 University Ave	<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>1</td><td>2</td><td></td><td>2</td><td>4</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	1	2		2	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	4		2	0	1	0												
City Palo Alto State CA Zip Code 94301	Amount of Each Disbursement this Period																				
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32.43																					
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SUBTOTAL of Disbursements This Page (optional)

109.60

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Hermanator PAC; The

A.	<p>Full Name (Last, First, Middle Initial) Facebook</p> <p>Mailing Address 156 University Ave</p> <p>City Palo Alto State CA Zip Code 94301</p> <p>Purpose of Disbursement Advertising</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: SB29.9521</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.18"/></p>
B.	<p>Full Name (Last, First, Middle Initial) Facebook</p> <p>Mailing Address 156 University Ave</p> <p>City Palo Alto State CA Zip Code 94301</p> <p>Purpose of Disbursement Advertising</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: SB29.9513</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.43"/></p>
C.	<p>Full Name (Last, First, Middle Initial) Facebook</p> <p>Mailing Address 156 University Ave</p> <p>City Palo Alto State CA Zip Code 94301</p> <p>Purpose of Disbursement advertising</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: SB29.9514</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="37.18"/></p>

SUBTOTAL of Disbursements This Page (optional)

117.79

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 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

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)
Hermanator PAC; The

A. Full Name (Last, First, Middle Initial) Facebook	Transaction ID: SB29.9515 Date of Disbursement																				
Mailing Address 156 University Ave	<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>1</td><td>2</td><td></td><td>2</td><td>8</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	1	2		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	8		2	0	1	0												
City Palo Alto State CA Zip Code 94301	Amount of Each Disbursement this Period																				
Purpose of Disbursement Advertising Candidate Name	<table border="1"> <tr> <td colspan="10">34.14</td> </tr> </table>	34.14																			
34.14																					
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) Facebook	Transaction ID: SB29.9511 Date of Disbursement																				
Mailing Address 156 University Ave	<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>1</td><td>2</td><td></td><td>2</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	1	2		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	9		2	0	1	0												
City Palo Alto State CA Zip Code 94301	Amount of Each Disbursement this Period																				
Purpose of Disbursement Advertising Candidate Name	<table border="1"> <tr> <td colspan="10">42.20</td> </tr> </table>	42.20																			
42.20																					
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) Facebook	Transaction ID: SB29.9508 Date of Disbursement																				
Mailing Address 156 University Ave	<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>1</td><td>2</td><td></td><td>3</td><td>0</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	1	2		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	0		2	0	1	0												
City Palo Alto State CA Zip Code 94301	Amount of Each Disbursement this Period																				
Purpose of Disbursement Advertising Candidate Name	<table border="1"> <tr> <td colspan="10">40.28</td> </tr> </table>	40.28																			
40.28																					
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)

116.62

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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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Hermanator PAC; The

A. Full Name (Last, First, Middle Initial) Facebook Mailing Address 156 University Ave	Transaction ID: SB29.9506 Date of Disbursement <div> <div>12</div> <div>31</div> <div>2010</div> </div>
City Palo Alto State CA Zip Code 94301 Purpose of Disbursement Advertising Candidate Name 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) ▼	Amount of Each Disbursement this Period <div>36.11</div>
B. Full Name (Last, First, Middle Initial) Far Horizons Travel Mailing Address 5902 Highway 51	Transaction ID: SB29.9470 Date of Disbursement <div> <div>11</div> <div>23</div> <div>2010</div> </div>
City McFarland State WI Zip Code 53558 Purpose of Disbursement Airfare Candidate Name 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) ▼	Amount of Each Disbursement this Period <div>189.40</div>
C. Full Name (Last, First, Middle Initial) Far Horizons Travel Mailing Address 5902 Highway 51	Transaction ID: SB29.9481 Date of Disbursement <div> <div>11</div> <div>30</div> <div>2010</div> </div>
City McFarland State WI Zip Code 53558 Purpose of Disbursement Airfare Candidate Name 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) ▼	Amount of Each Disbursement this Period <div>443.40</div>

SUBTOTAL of Disbursements This Page (optional)

668.91

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 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

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)
Hermanator PAC; The

A. Full Name (Last, First, Middle Initial) Frontier Airlines	Transaction ID: SB29.9547 Date of Disbursement																				
Mailing Address 7001 Tower Road	<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>1</td><td>2</td><td></td><td>1</td><td>7</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	1	2		1	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	7		2	0	1	0												
City State Zip Code Denver CO 80249	Amount of Each Disbursement this Period																				
Purpose of Disbursement Airfare Candidate Name	<table border="1"> <tr> <td colspan="10">393.90</td> </tr> </table>	393.90																			
393.90																					
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) Hilton Garden Inn - NYC	Transaction ID: SB29.9526 Date of Disbursement																				
Mailing Address 63 West 35th 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>1</td><td>2</td><td></td><td>2</td><td>2</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	1	2		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	2		2	0	1	0												
City State Zip Code New York NY 10001	Amount of Each Disbursement this Period																				
Purpose of Disbursement Lodging Candidate Name	<table border="1"> <tr> <td colspan="10">374.86</td> </tr> </table>	374.86																			
374.86																					
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) Hilton Garden Inn - NYC	Transaction ID: SB29.9528 Date of Disbursement																				
Mailing Address 63 West 35th 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>1</td><td>2</td><td></td><td>2</td><td>2</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	1	2		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	2		2	0	1	0												
City State Zip Code New York NY 10001	Amount of Each Disbursement this Period																				
Purpose of Disbursement Lodging Candidate Name	<table border="1"> <tr> <td colspan="10">293.23</td> </tr> </table>	293.23																			
293.23																					
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)

1061.99

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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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Hermanator PAC; The

A. Full Name (Last, First, Middle Initial) Hilton Garden Inn - NYC	Transaction ID: SB29.9529 Date of Disbursement
Mailing Address 63 West 35th Street	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 2 / 2 0 1 0</div> </div>
City New York State NY Zip Code 10001	Amount of Each Disbursement this Period
Purpose of Disbursement Lodging	<div>289.23</div>
Candidate Name	<div>002</div> <div>Category/Type</div>
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) Holiday Inn Express - New Berlin	Transaction ID: SB29.9519 Date of Disbursement
Mailing Address 15451 West Beloit Road	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 7 / 2 0 1 0</div> </div>
City New Berlin State WI Zip Code 53151	Amount of Each Disbursement this Period
Purpose of Disbursement Lodging	<div>111.97</div>
Candidate Name	<div>002</div> <div>Category/Type</div>
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) Holiday Inn Express - NYC	Transaction ID: SB29.9561 Date of Disbursement
Mailing Address 343 West 39th Street	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 3 / 2 0 1 0</div> </div>
City New York State NY Zip Code 10018	Amount of Each Disbursement this Period
Purpose of Disbursement Lodging	<div>524.53</div>
Candidate Name	<div>002</div> <div>Category/Type</div>
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)

925.73

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 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)
Hermanator PAC; The

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Holiday Inn Express - NYC</p> <p>Mailing Address 343 West 39th Street</p> <p>City New York State NY Zip Code 10018</p> <p>Purpose of Disbursement Lodging</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: SB29.9563</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <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="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="524.53"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Krista Branch Music</p> <p>Mailing Address 509 Autumnwood Court</p> <p>City Nashville State TN Zip Code 37221</p> <p>Purpose of Disbursement Entertainment</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: SB29.9440</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Maelstrom Solutions</p> <p>Mailing Address 200 South Executive Drive Suite 100</p> <p>City Brookfield State WI Zip Code 53005</p> <p>Purpose of Disbursement Website 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: SB29.9581</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p>

SUBTOTAL of Disbursements This Page (optional)

5574.53

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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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Hermanator PAC; The

A. Full Name (Last, First, Middle Initial) Marriot Atlanta Airport	Transaction ID: SB29.9531 Date of Disbursement
Mailing Address 4711 Best Road	<div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>1 2 / 2 2 / 2 0 1 0</div> </div>
City Atlanta State GA Zip Code 30337	Amount of Each Disbursement this Period
Purpose of Disbursement Lodging	<div>89.57</div>
Candidate Name	<div>002</div> <div>Category/Type</div>
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) Microtel Inn & Suites	Transaction ID: SB29.9510 Date of Disbursement
Mailing Address 195 Country Club Drive	<div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>1 2 / 2 9 / 2 0 1 0</div> </div>
City Stockbridge State GA Zip Code 30281	Amount of Each Disbursement this Period
Purpose of Disbursement Lodging	<div>134.30</div>
Candidate Name	<div>002</div> <div>Category/Type</div>
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) Microtel Inn & Suites - Urbandale	Transaction ID: SB29.9517 Date of Disbursement
Mailing Address 8711 Plum Drive	<div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>1 2 / 2 7 / 2 0 1 0</div> </div>
City Urbandale State IA Zip Code 50322	Amount of Each Disbursement this Period
Purpose of Disbursement Lodging	<div>330.40</div>
Candidate Name	<div>002</div> <div>Category/Type</div>
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)

554.27

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)

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<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)
Hermanator PAC; The

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Nextiva Phone</p> <p>Mailing Address 8125 North 86th Place</p> <p>City Scottsdale State AZ Zip Code 85258</p> <p>Purpose of Disbursement Phone Service</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: SB29.9469</p> <p>Date of Disbursement <div> <div>11</div> <div>23</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>41.37</div> </p> <p>Category/Type <div>001</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Nextiva Phone</p> <p>Mailing Address 8125 North 86th Place</p> <p>City Scottsdale State AZ Zip Code 85258</p> <p>Purpose of Disbursement Phone Service</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: SB29.9550</p> <p>Date of Disbursement <div> <div>12</div> <div>17</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>41.37</div> </p> <p>Category/Type <div>001</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Orlando International Airport</p> <p>Mailing Address 9400 Airport Blvd</p> <p>City Orlando State FL Zip Code 32827</p> <p>Purpose of Disbursement Parking</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: SB29.9471</p> <p>Date of Disbursement <div> <div>11</div> <div>24</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>23.00</div> </p> <p>Category/Type <div>002</div> </p>

SUBTOTAL of Disbursements This Page (optional)

105.74

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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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Hermanator PAC; The

A. Full Name (Last, First, Middle Initial) Orlando International Airport	Transaction ID: SB29.9585 Date of Disbursement
Mailing Address 9400 Airport Blvd	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 8 / 2 0 1 0</div> </div>
City Orlando State FL Zip Code 32827	Amount of Each Disbursement this Period
Purpose of Disbursement Parking Candidate Name	<div> <div>102.00</div> <div>002</div> <div>Category/Type</div> </div>
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) Orlando International Airport	Transaction ID: SB29.9577 Date of Disbursement
Mailing Address 9400 Airport Blvd	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 0 / 2 0 1 0</div> </div>
City Orlando State FL Zip Code 32827	Amount of Each Disbursement this Period
Purpose of Disbursement Parking Candidate Name	<div> <div>34.00</div> <div>002</div> <div>Category/Type</div> </div>
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) Orlando International Airport	Transaction ID: SB29.9557 Date of Disbursement
Mailing Address 9400 Airport Blvd	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 5 / 2 0 1 0</div> </div>
City Orlando State FL Zip Code 32827	Amount of Each Disbursement this Period
Purpose of Disbursement Parking Candidate Name	<div> <div>68.00</div> <div>002</div> <div>Category/Type</div> </div>
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)

204.00

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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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Hermanator PAC; The

A.

Full Name (Last, First, Middle Initial)
Orlando International Airport

Mailing Address 9400 Airport Blvd

City Orlando State FL Zip Code 32827

Purpose of Disbursement
Parking

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.9530

Date of Disbursement

12 / 22 / 2010

Amount of Each Disbursement this Period

96.00

B.

Full Name (Last, First, Middle Initial)
Orlando International Airport

Mailing Address 9400 Airport Blvd

City Orlando State FL Zip Code 32827

Purpose of Disbursement
Parking

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.9505

Date of Disbursement

12 / 31 / 2010

Amount of Each Disbursement this Period

119.00

C.

Full Name (Last, First, Middle Initial)
Outback Steakhouse

Mailing Address 200 North Park Place

City Stockbridge State GA Zip Code 30281

Purpose of Disbursement
Meals

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.9502

Date of Disbursement

12 / 07 / 2010

Amount of Each Disbursement this Period

87.55

SUBTOTAL of Disbursements This Page (optional)

302.55

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)

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<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)
Hermanator PAC; The

A.

Full Name (Last, First, Middle Initial)
Lisa Shiflett

Mailing Address 157 Stokes Drive

City State Zip Code
Stockbridge GA 30281

Purpose of Disbursement
Reimbursement

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.9444

Date of Disbursement

12 / 18 / 2010

Amount of Each Disbursement this Period

890.52

B.

Full Name (Last, First, Middle Initial)
Staples

Mailing Address 2774 East Colonial Drive

City State Zip Code
Orlando FL 32803

Purpose of Disbursement
Office Supplies

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.9444.0

Date of Disbursement

11 / 22 / 2010

Amount of Each Disbursement this Period

192.59

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
USPS

Mailing Address 51 East Jefferson Street

City State Zip Code
Orlando FL 32801

Purpose of Disbursement
Postage

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.9444.1

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

52.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

890.52

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 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)
Hermanator PAC; The

A. Full Name (Last, First, Middle Initial) Career Training Concepts	Transaction ID: SB29.9444.3 Date of Disbursement																				
Mailing Address 3640 Hewatt Court	<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>1</td><td>2</td><td></td><td>1</td><td>3</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	1	2		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	3		2	0	1	0												
City Snellville State GA Zip Code 30039	Amount of Each Disbursement this Period																				
Purpose of Disbursement Office Supplies	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				
B. Full Name (Last, First, Middle Initial) Lisa Shiflett	Transaction ID: SB29.9455 Date of Disbursement																				
Mailing Address 157 Stokes Drive	<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>1</td><td>2</td><td></td><td>1</td><td>8</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	1	2		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	8		2	0	1	0												
City Stockbridge State GA Zip Code 30281	Amount of Each Disbursement this Period																				
Purpose of Disbursement Consulting	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:																					
C. Full Name (Last, First, Middle Initial) Sprint	Transaction ID: SB29.9542 Date of Disbursement																				
Mailing Address PO Box 4191	<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>1</td><td>2</td><td></td><td>2</td><td>0</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	1	2		2	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	0		2	0	1	0												
City Carol Stream State IL Zip Code 60197	Amount of Each Disbursement this Period																				
Purpose of Disbursement Cell Phone	<table border="1"> <tr> <td>319.27</td> </tr> </table>	319.27																			
319.27																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:																					

SUBTOTAL of Disbursements This Page (optional)

2319.27

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)

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<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)
Hermanator PAC; The

A. Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB29.9476 Date of Disbursement																				
Mailing Address 4751 New Broad 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>1</td><td>1</td><td></td><td>2</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	1	1		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	9		2	0	1	0												
City Orlando State FL Zip Code 32814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Fee Candidate Name	<table border="1"> <tr> <td colspan="10">15.00</td> </tr> </table>	15.00																			
15.00																					
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) Sun Trust Bank	Transaction ID: SB29.9477 Date of Disbursement																				
Mailing Address 4751 New Broad 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>1</td><td>1</td><td></td><td>3</td><td>0</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	1	1		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		3	0		2	0	1	0												
City Orlando State FL Zip Code 32814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Fee Candidate Name	<table border="1"> <tr> <td colspan="10">2.00</td> </tr> </table>	2.00																			
2.00																					
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) Sun Trust Bank	Transaction ID: SB29.9488 Date of Disbursement																				
Mailing Address 4751 New Broad 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>1</td><td>2</td><td></td><td>0</td><td>2</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	1	2		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	2		2	0	1	0												
City Orlando State FL Zip Code 32814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Candidate Name	<table border="1"> <tr> <td colspan="10">39.05</td> </tr> </table>	39.05																			
39.05																					
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)

56.05

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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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Hermanator PAC; The

A. Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB29.9574 Date of Disbursement
Mailing Address 4751 New Broad Street	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 0 / 2 0 1 0</div> </div>
City Orlando State FL Zip Code 32814	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Candidate Name	<div> <div>95.70</div> <div>003</div> <div>Category/Type</div> </div>
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) Sun Trust Bank	Transaction ID: SB29.9575 Date of Disbursement
Mailing Address 4751 New Broad Street	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 0 / 2 0 1 0</div> </div>
City Orlando State FL Zip Code 32814	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Candidate Name	<div> <div>43.58</div> <div>003</div> <div>Category/Type</div> </div>
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) Sun Trust Bank	Transaction ID: SB29.9578 Date of Disbursement
Mailing Address 4751 New Broad Street	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 0 / 2 0 1 0</div> </div>
City Orlando State FL Zip Code 32814	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Candidate Name	<div> <div>25.83</div> <div>003</div> <div>Category/Type</div> </div>
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)

165.11

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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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Hermanator PAC; The

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Taxi-Charge.com</p> <p>Mailing Address 419 Newark International Airport Building 180</p> <p>City Newark State NJ Zip Code</p> <p>Purpose of Disbursement Taxi</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: SB29.9549</p> <p>Date of Disbursement 12 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 64.00</p> <p>Category/Type 002</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Scott Toomey</p> <p>Mailing Address PO Box 1804</p> <p>City Orlando State FL Zip Code 32802</p> <p>Purpose of Disbursement Reimbursement</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: SB29.9714</p> <p>Date of Disbursement 12 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 2163.59</p> <p>Category/Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Hyatt Hotel - Washington DC</p> <p>Mailing Address 400 New Jersey Ave NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Lodging</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: SB29.9714.0</p> <p>Date of Disbursement 12 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 755.83</p> <p>Category/Type 002</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)

2227.59

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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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Hermanator PAC; The

A.

Full Name (Last, First, Middle Initial)

Hyatt Hotel - Washington DC

Mailing Address 400 New Jersey Ave NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Lodging

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.9714.1

Date of Disbursement

12 / 07 / 2010

Amount of Each Disbursement this Period

863.72

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Delta Airlines

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30320

Purpose of Disbursement
Airfare

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.9714.2

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

160.40

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

TriNet Employer Group, Inc.

Mailing Address 1100 San Leandro Blvd
Suite 300

City San Leandro State CA Zip Code 94577

Purpose of Disbursement
Payroll Service

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.9701

Date of Disbursement

11 / 30 / 2010

Amount of Each Disbursement this Period

3640.56

SUBTOTAL of Disbursements This Page (optional)

3640.56

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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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Hermanator PAC; The

A. Full Name (Last, First, Middle Initial) TriNet Employer Group, Inc.	Transaction ID: SB29.9702 Date of Disbursement
Mailing Address 1100 San Leandro Blvd Suite 300	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 1 / 2 0 1 0</div> </div>
City San Leandro State CA Zip Code 94577	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll Service Candidate Name	<div> <div>448.10</div> <div>Category/Type</div> </div>
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) TriNet Employer Group, Inc.	Transaction ID: SB29.9703 Date of Disbursement
Mailing Address 1100 San Leandro Blvd Suite 300	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 0 / 2 0 1 0</div> </div>
City San Leandro State CA Zip Code 94577	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll Candidate Name	<div> <div>3640.56</div> <div>001 Category/Type</div> </div>
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) TriNet Employer Group, Inc.	Transaction ID: SB29.9704 Date of Disbursement
Mailing Address 1100 San Leandro Blvd Suite 300	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 3 / 2 0 1 0</div> </div>
City San Leandro State CA Zip Code 94577	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll Candidate Name	<div> <div>12931.96</div> <div>001 Category/Type</div> </div>
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)

17020.62

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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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Hermanator PAC; The

<p>A. Full Name (Last, First, Middle Initial) TriNet Employer Group, Inc.</p> <p>Mailing Address 1100 San Leandro Blvd Suite 300</p> <p>City San Leandro State CA Zip Code 94577</p> <p>Purpose of Disbursement Payroll</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: SB29.9705</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="605.89"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p>B. Full Name (Last, First, Middle Initial) Daniel Tripp</p> <p>Mailing Address 300 Hickory Lane</p> <p>City Mauldin State SC Zip Code 29662</p> <p>Purpose of Disbursement Reimbursement</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: SB29.9456</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <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="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.64"/></p> <p>Category/Type: <input type="text"/></p>
<p>C. Full Name (Last, First, Middle Initial) Two Men & A Truck</p> <p>Mailing Address 7225 Daniel Drive</p> <p>City Stockbridge State GA Zip Code 30281</p> <p>Purpose of Disbursement Moving</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: SB29.9555</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="468.75"/></p> <p>Category/Type: <input type="text" value="001"/></p>

SUBTOTAL of Disbursements This Page (optional)

1325.28

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 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)
Hermanator PAC; The

A. Full Name (Last, First, Middle Initial) Two Mile Solutions, LLC	Transaction ID: SB29.9579 Date of Disbursement																				
Mailing Address PO Box 45542	<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>1</td><td>2</td><td></td><td>0</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	1	2		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	9		2	0	1	0												
City Madison State WI Zip Code 53744	Amount of Each Disbursement this Period																				
Purpose of Disbursement Website Candidate Name	<table border="1"> <tr> <td colspan="10">900.00</td> </tr> </table>	900.00																			
900.00																					
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) United Airlines	Transaction ID: SB29.9565 Date of Disbursement																				
Mailing Address 77 W. Wacker Drive	<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>1</td><td>2</td><td></td><td>1</td><td>3</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	1	2		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	3		2	0	1	0												
City Chicago State IL Zip Code 60601	Amount of Each Disbursement this Period																				
Purpose of Disbursement Airfare Candidate Name	<table border="1"> <tr> <td colspan="10">290.20</td> </tr> </table>	290.20																			
290.20																					
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) United Airlines	Transaction ID: SB29.9567 Date of Disbursement																				
Mailing Address 77 W. Wacker Drive	<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>1</td><td>2</td><td></td><td>1</td><td>3</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	1	2		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	3		2	0	1	0												
City Chicago State IL Zip Code 60601	Amount of Each Disbursement this Period																				
Purpose of Disbursement Airfare Candidate Name	<table border="1"> <tr> <td colspan="10">290.20</td> </tr> </table>	290.20																			
290.20																					
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)

1480.40

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 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)
Hermanator PAC; The

A. Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB29.9501 Date of Disbursement																				
Mailing Address 55 Glenlake Parkway, NE	<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>1</td><td>2</td><td></td><td>0</td><td>7</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	1	2		0	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	7		2	0	1	0												
City Atlanta State GA Zip Code 30328	Amount of Each Disbursement this Period																				
Purpose of Disbursement Postage & Shipping Candidate Name	<table border="1"> <tr> <td colspan="10">67.48</td> </tr> </table>	67.48																			
67.48																					
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) UPS	Transaction ID: SB29.9560 Date of Disbursement																				
Mailing Address 55 Glenlake Parkway, NE	<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>1</td><td>2</td><td></td><td>1</td><td>4</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	1	2		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	4		2	0	1	0												
City Atlanta State GA Zip Code 30328	Amount of Each Disbursement this Period																				
Purpose of Disbursement Postage & Shipping Candidate Name	<table border="1"> <tr> <td colspan="10">34.31</td> </tr> </table>	34.31																			
34.31																					
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) UPS	Transaction ID: SB29.9512 Date of Disbursement																				
Mailing Address 55 Glenlake Parkway, NE	<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>1</td><td>2</td><td></td><td>2</td><td>8</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	1	2		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	8		2	0	1	0												
City Atlanta State GA Zip Code 30328	Amount of Each Disbursement this Period																				
Purpose of Disbursement Postage & Shipping Candidate Name	<table border="1"> <tr> <td colspan="10">132.64</td> </tr> </table>	132.64																			
132.64																					
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)

234.43

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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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Hermanator PAC; The

A. Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB29.9489 Date of Disbursement
Mailing Address 4000 East Sky Harbor Blvd	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 2 / 2 0 1 0</div> </div>
City Phoenix State AZ Zip Code 85034	Amount of Each Disbursement this Period
Purpose of Disbursement Airfare	<div>243.90</div>
Candidate Name	<div>002</div> 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) US Airways	Transaction ID: SB29.9551 Date of Disbursement
Mailing Address 4000 East Sky Harbor Blvd	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 6 / 2 0 1 0</div> </div>
City Phoenix State AZ Zip Code 85034	Amount of Each Disbursement this Period
Purpose of Disbursement Airfare	<div>263.90</div>
Candidate Name	<div>002</div> 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) US Airways	Transaction ID: SB29.9552 Date of Disbursement
Mailing Address 4000 East Sky Harbor Blvd	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 6 / 2 0 1 0</div> </div>
City Phoenix State AZ Zip Code 85034	Amount of Each Disbursement this Period
Purpose of Disbursement Airfare	<div>263.90</div>
Candidate Name	<div>002</div> 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)

771.70

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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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Hermanator PAC; The

A. Full Name (Last, First, Middle Initial) Washington Political Group	Transaction ID: SB29.9468 Date of Disbursement
Mailing Address 1987 S. Lumpkin St.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 3 1 / 2 0 1 0</div> </div>
City Athens State GA Zip Code 30605	Amount of Each Disbursement this Period
Purpose of Disbursement Website/Mobile Media Candidate Name	<div> <div>5000.00</div> <div>006</div> <div>Category/Type</div> </div>
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) Westin Galleria	Transaction ID: SB29.9540 Date of Disbursement
Mailing Address 5060 West Alabama	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 0 / 2 0 1 0</div> </div>
City Houston State TX Zip Code 77056	Amount of Each Disbursement this Period
Purpose of Disbursement Lodging Candidate Name	<div> <div>374.62</div> <div>002</div> <div>Category/Type</div> </div>
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) Westin Galleria	Transaction ID: SB29.9546 Date of Disbursement
Mailing Address 5060 West Alabama	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 0 / 2 0 1 0</div> </div>
City Houston State TX Zip Code 77056	Amount of Each Disbursement this Period
Purpose of Disbursement Lodging Candidate Name	<div> <div>10.00</div> <div>002</div> <div>Category/Type</div> </div>
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)

5384.62

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 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)

Hermanator PAC; The

A.

Full Name (Last, First, Middle Initial)

Whoop Technologies

Mailing Address 3495 Piedmont Road
11 Piedmont Center #905

City Atlanta State GA Zip Code 30305

Purpose of Disbursement
Mobile Web Service

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.9499

Date of Disbursement

MM / DD / YYYY
12 / 06 / 2010

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

58398.67