

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 HPAC

ADDRESS (number and street) 1717 K Street, NW WASHINGTON DC 20036-5342

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 01 / 01 / 2014 through 03 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David Satterfield

Signature of Treasurer David Satterfield [Electronically Filed] Date 04 / 15 / 2014

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**HPAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="515.53"/>	<input type="text" value="515.53"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="515.53"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="515.53"/>	<input type="text" value="515.53"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="78.15"/>	<input type="text" value="78.15"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="437.38"/>	<input type="text" value="437.38"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="70845.33"/>	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

HPAC

Report Covering the Period: From: 01 / 01 / 2014 To: 03 / 31 / 2014

I. Receipts

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

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).....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	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 Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	0.00	0.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	0.00	0.00

**DETAILED SUMMARY PAGE**

of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	78.15	78.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	78.15	78.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	78.15	78.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	78.15	78.15

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	78.15	78.15
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	78.15	78.15

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 6 OF 10
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**HPAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ARENT FOX</b>	Nature of Debt (Purpose): LEGAL CONSULTING
Mailing Address PO BOX 758670	
City State Zip Code BALTIMORE MD 21275	

Outstanding Balance Beginning This Period 11477.28	Transaction ID : SD10.5593	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 11477.28

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>TOD BOWEN</b>	Nature of Debt (Purpose): FINANCE CONSULTANT
Mailing Address 2931 E. DUBLIN-GRANVILLE RD	
City State Zip Code COLUMBUS OH 43231	

Outstanding Balance Beginning This Period 375.00	Transaction ID : SD10.5577	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 375.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>C2 GROUP LLC</b>	Nature of Debt (Purpose): FACILITY RENTAL
Mailing Address 325 7TH STREET, NW SUITE 400	
City State Zip Code WASHINGTON DC 20004	

Outstanding Balance Beginning This Period 1000.00	Transaction ID : SD10.5571	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	12852.28
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 7 OF 10
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**HPAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>LINUS CATIGNANI</b>	Nature of Debt (Purpose): FINANCE CONSULTANT
Mailing Address 1914 19TH AVE, SOUTH	
City State Zip Code NASHVILLE TN 37212	

Outstanding Balance Beginning This Period 1544.05	Transaction ID : SD10.5566	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1544.05

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CMDI</b>	Nature of Debt (Purpose): DATABASE PROCESSING
Mailing Address 7704 LEESBURG PIKE	
City State Zip Code FALLS CHURCH VA 22043	

Outstanding Balance Beginning This Period 12250.00	Transaction ID : SD10.5570	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 12250.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>GRAND SLAM FINANCE</b>	Nature of Debt (Purpose): ACCOUNTING SERVICES
Mailing Address 5930 REPUBLIC OF TEXAS BLVD	
City State Zip Code AUSTIN TX 78735	

Outstanding Balance Beginning This Period 2910.79	Transaction ID : SD10.5611	
Amount Incurred This Period 750.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3660.79

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	17454.84
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 8 OF 10
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**HPAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>HIGHWOOD CAPITAL</b>	Nature of Debt (Purpose): FINANCE CONSULTING
Mailing Address 915 E STREET NW	
City State Zip Code WASHINGTON DC 20004	

Outstanding Balance Beginning This Period 6740.21	<b>Transaction ID : SD10.5565</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6740.21

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>MOBY DICK AIRWAYS LTD</b>	Nature of Debt (Purpose): TRAVEL EXPENSE
Mailing Address PO BOX 77518	
City State Zip Code WASHINGTON DC 20013	

Outstanding Balance Beginning This Period 5632.00	<b>Transaction ID : SD10.5581</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5632.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>PKL CONSULTING INC</b>	Nature of Debt (Purpose): FINANCE CONSULTANT
Mailing Address 621 THORNWOOD LN	
City State Zip Code NORTHFIELD IL 60093	

Outstanding Balance Beginning This Period 3166.00	<b>Transaction ID : SD10.5583</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3166.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	15538.21
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	0.00



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 9 OF 10
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**HPAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SMART INTERACTIVE</b>	Nature of Debt (Purpose): NEW MEDIA CONSULTING
Mailing Address 814 KING ST, SUITE 440	
City State Zip Code ALEXANDRIA VA 22314	

Outstanding Balance Beginning This Period 3500.00	Transaction ID : SD10.5585	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>KAREN SPENCE</b>	Nature of Debt (Purpose): FINANCE CONSULTANT
Mailing Address 6190 ROSE COURT	
City State Zip Code GRANITE BAY CA 95746	

Outstanding Balance Beginning This Period 10000.00	Transaction ID : SD10.5568	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>STRATEGIC INFORMATION CONSULTANTS</b>	Nature of Debt (Purpose): CONSULTING
Mailing Address PO BOX 13986	
City State Zip Code MAUMELLE AR 72113	

Outstanding Balance Beginning This Period 8000.00	Transaction ID : SD10.5573	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 8000.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	21500.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 10 OF 10
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**HPAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>THE WOODS HERBERGER GROUP</b>	Nature of Debt (Purpose): FINANCE CONSULTING
Mailing Address 1200 ANASTASIA AVE SUITE 310	
City State Zip Code CORAL GABLES FL 33134	

Outstanding Balance Beginning This Period <input type="text" value="3500.00"/>	<b>Transaction ID : SD10.5575</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3500.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="3500.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="70845.33"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="70845.33"/>