

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For 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
HOYT HILSMAN FOR CONGRESS

ADDRESS (number and street) 555 South Flower Street Suite 4210
 Check if different than previously reported. (ACC)
Los Angeles CA 90071

2. **FEC IDENTIFICATION NUMBER** C00435966
CITY **STATE** **ZIP CODE**
STATE **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
CA 26

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 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [] [] [] in the State of []
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [] [] [] in the State of []

5. Covering Period 07 01 2007 through 09 30 2007

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 L. GOULD

Signature of Treasurer Electronically Filed by DAVID L. GOULD Date 10 05 2007

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									
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

HOYT HILSMAN FOR CONGRESS

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	17150.00	23200.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	17150.00	23200.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	3904.14	5043.06
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	3904.14	5043.06
8. Cash on Hand at Close of Reporting Period (from Line 27).....	118156.94	
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).....	100131.52	

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
HOYT HILSMAN FOR CONGRESS

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

13000.00

18400.00

(ii) Unitemized.....

4150.00

4800.00

(iii) TOTAL of contributions

17150.00

23200.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACS).....

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

17150.00

23200.00

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

100000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

100000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

17150.00

123200.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3904.14	5043.06
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. 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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	3904.14	5043.06

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	104911.08
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	17150.00
25. SUBTOTAL (add Line 23 and Line 24).....	122061.08
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3904.14
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	118156.94

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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)
HOYT HILSMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. William F. Ayer		Date of Receipt M M / D D / Y Y Y Y Y 07 / 27 / 2007
Mailing Address 17135 Reimer Street		Transaction ID: 11ai18
City State Zip Code Fountain Valley CA 92708	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Employed Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Investor Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Charles R. Hauck		Date of Receipt M M / D D / Y Y Y Y Y 09 / 26 / 2007
Mailing Address P.O. Box 3365		Transaction ID: 11ai51
City State Zip Code Beverly Hills CA 90212	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Employed Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Writer Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Ashby G. Hilsman		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2007
Mailing Address 309 Maple Street		Transaction ID: 11ai65
City State Zip Code Haworth NJ 07641	Amount of Each Receipt this Period 2300.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Advanta Bank Corporation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Management Officer Election Cycle-to-Date ▼ 2300.00	

SUBTOTAL of Receipts This Page (optional) ▶	3300.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HOYT HILSMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Nelly M. Hillsman		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 309 Maple Street		Transaction ID: 11 ai64	
City State Zip Code Haworth NJ 07641	Amount of Each Receipt this Period 2300.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer None Occupation Homemaker	Election Cycle-to-Date ▼ 2300.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Edward S. Labowitz		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2007	
Mailing Address 19767 Anadale Dr.		Transaction ID: 11 ai69	
City State Zip Code Tarzana CA 91356	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer None Occupation Retired	Election Cycle-to-Date ▼ 250.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Alan Platt		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2007	
Mailing Address 3022 44th Pl. N.W.		Transaction ID: 11 ai41	
City State Zip Code Washington DC 20016	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Gibson Aurr & Crutcher Occupation Consultant	Election Cycle-to-Date ▼ 500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	3050.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
HOYT HILSMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ronald W. Takvorian

Mailing Address 207 Musketaquid Rd.

City State Zip Code
Concord MA 01742

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

Name of Employer Occupation
Massachusetts General Hospital Medical Doctor

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 26 / 2007

Transaction ID: 11ai58

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Michael Braun

Mailing Address 320 Central Park West

City State Zip Code
New York NY 10025

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

Name of Employer Occupation
Morrison & Foerster LLP Lawyer

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2007

Transaction ID: 11aiM75

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Actblue

Mailing Address P.O. Box 382110

City State Zip Code
Cambridge MA 02238

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

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2007

Transaction ID: 11aiCDT32M75

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]
Total amount of earmarked contributions received from conduit: 7,435.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
HOYT HILSMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Diana Jacobs

Mailing Address 28943 Wight Road

City Malibu State CA Zip Code 90265

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

Name of Employer Self Employed Occupation Artist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 16 / 2007

Transaction ID: 11 aiM46

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Actblue

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ .00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 16 / 2007

Transaction ID: 11 aiCDT32M46

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]
Total amount of earmarked contributions received from conduit: 7,435.00

C. Full Name (Last, First, Middle Initial)
Amy Kastely

Mailing Address 233 Lotus

City San Antonio State TX Zip Code 78210

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

Name of Employer St. Mary's University Occupation Professor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 19 / 2007

Transaction ID: 11 aiM31

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
HOYT HILSMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Actblue

Mailing Address P.O. Box 382110

City State Zip Code
Cambridge MA 02238

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 19 / 2007

Transaction ID: 11 aiCDT32M31

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]
Total amount of earmarked contributions received from conduit: 7,435.00

B. Full Name (Last, First, Middle Initial)
Richard Landers

Mailing Address 948 Chautauqua Blvd.

City State Zip Code
Pacific Palisades CA 90272

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

Name of Employer Occupation
GFI Energy Ventures LLC Investor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 22 / 2007

Transaction ID: 11 aiM22

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Actblue

Mailing Address P.O. Box 382110

City State Zip Code
Cambridge MA 02238

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 16 / 2007

Transaction ID: 11 aiCDT32M22

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]
Total amount of earmarked contributions received from conduit: 7,435.00

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
HOYT HILSMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Richard Landers

Mailing Address 948 Chautauqua Blvd.

City Pacific Palisades State CA Zip Code 90272

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

Name of Employer GFI Energy Ventures LLC Occupation Investor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 16 / 2007

Transaction ID: 11 aiM48

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Actblue

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ .00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 16 / 2007

Transaction ID: 11 aiCDT32M48

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]
Total amount of earmarked contributions received from conduit: 7,435.00

C. Full Name (Last, First, Middle Initial)
Eric Redman

Mailing Address 701 5th Avenue #6100

City Seattle State WA Zip Code 98104

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

Name of Employer Heller Ehrman LLP Occupation Lawyer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 03 / 2007

Transaction ID: 11 aiM34

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
HOYT HILSMAN FOR CONGRESS

A. Actblue

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 382110

City State Zip Code
Cambridge MA 02238

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 03 / 2007

Transaction ID: 11 aiCDT32M34

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]
Total amount of earmarked contributions received from conduit: 7,435.00

B. S Dana Seccombe

Full Name (Last, First, Middle Initial)
Mailing Address 645 Greenwich Ln.

City State Zip Code
Foster City CA 94404

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

Name of Employer Occupation
Self Employed Consultant Engineer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2007

Transaction ID: 11 aiM81

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Actblue

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 382110

City State Zip Code
Cambridge MA 02238

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2007

Transaction ID: 11 aiCDT32M81

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]
Total amount of earmarked contributions received from conduit: 7,435.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
HOYT HILSMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jane Soloway

Mailing Address 3170 Linda Vista Rd.

City State Zip Code
Glendale CA 91206

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

Name of Employer Polytechnic School Occupation Teacher

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2007

Transaction ID: 11 aiM28

Amount of Each Receipt this Period
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Actblue

Mailing Address P.O. Box 382110

City State Zip Code
Cambridge MA 02238

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ .00

Date of Receipt
MM / DD / YYYY
09 / 09 / 2007

Transaction ID: 11 aiCDT32M28

Amount of Each Receipt this Period
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]
Total amount of earmarked contributions received from conduit: 7,435.00

C. Full Name (Last, First, Middle Initial)
Jane Soloway

Mailing Address 3170 Linda Vista Rd.

City State Zip Code
Glendale CA 91206

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

Name of Employer Polytechnic School Occupation Teacher

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
09 / 09 / 2007

Transaction ID: 11 aiM38

Amount of Each Receipt this Period
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	400.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
HOYT HILSMAN FOR CONGRESS

A. Actblue

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 382110

City State Zip Code
Cambridge MA 02238

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 09 / 2007

Transaction ID: 11 aiCDT32M38

Amount of Each Receipt this Period
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]
Total amount of earmarked contributions received from conduit: 7,435.00

B. Killefer Flammang Architects

Full Name (Last, First, Middle Initial)
Mailing Address 1625 Olympic Blvd.

City State Zip Code
Santa Monica CA 90404

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2007

Transaction ID: 11 ai68

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Attribution below

C. Wade Killefer

Full Name (Last, First, Middle Initial)
Mailing Address 1625 Olympic Blvd.

City State Zip Code
Santa Monica CA 90404

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

Name of Employer Occupation
Killefer, Flammang Architects Architect

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2007

Transaction ID: 11 ai68

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]
Partnership attribution

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 23
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
HOYT HILSMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Orren & Orren Attorneys At Law

Mailing Address 1100 East Green Street

City Pasadena State CA Zip Code 91106

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2007

Transaction ID: 11ai40

Amount of Each Receipt this Period
 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Attribution below

B. Full Name (Last, First, Middle Initial)
Lowell Orren

Mailing Address 1100 East Green Street

City Pasadena State CA Zip Code 91106

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

Name of Employer Occupation
Orren & Orren Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2007

Transaction ID: 11ai40

Amount of Each Receipt this Period
 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]
Partnership attribution

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	13000.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 15 / 23

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
HOYT HILSMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Auburn Quad Inc.		Transaction ID: B1710 Date of Disbursement 07 / 22 / 2007
Mailing Address P.O. Box 390728		Amount of Each Disbursement this Period 23.72
City Cambridge State MA Zip Code 02319	Purpose of Disbursement Credit Card Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Auburn Quad Inc.		Transaction ID: B1713 Date of Disbursement 07 / 15 / 2007
Mailing Address P.O. Box 390728		Amount of Each Disbursement this Period 28.64
City Cambridge State MA Zip Code 02319	Purpose of Disbursement Credit Card Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Auburn Quad Inc.		Transaction ID: B1719 Date of Disbursement 08 / 19 / 2007
Mailing Address P.O. Box 390728		Amount of Each Disbursement this Period 41.48
City Cambridge State MA Zip Code 02319	Purpose of Disbursement Credit Card Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	93.84
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
HOYT HILSMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Auburn Quad Inc.		Transaction ID: B1723 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 7
Mailing Address P.O. Box 390728		Amount of Each Disbursement this Period 3.95
City Cambridge State MA Zip Code 02319	Purpose of Disbursement Credit Card Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Auburn Quad Inc.		Transaction ID: B1724 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 7
Mailing Address P.O. Box 390728		Amount of Each Disbursement this Period 39.50
City Cambridge State MA Zip Code 02319	Purpose of Disbursement Credit Card Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Auburn Quad Inc.		Transaction ID: B1727 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 7
Mailing Address P.O. Box 390728		Amount of Each Disbursement this Period 11.85
City Cambridge State MA Zip Code 02319	Purpose of Disbursement Credit Card Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	55.30
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 17 / 23

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
HOYT HILSMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Auburn Quad Inc.		Transaction ID: B1728 Date of Disbursement 09 / 16 / 2007
Mailing Address P.O. Box 390728		Amount of Each Disbursement this Period 40.90
City Cambridge State MA Zip Code 02319	Purpose of Disbursement Credit Card Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Auburn Quad Inc.		Transaction ID: B1729 Date of Disbursement 09 / 23 / 2007
Mailing Address P.O. Box 390728		Amount of Each Disbursement this Period 20.75
City Cambridge State MA Zip Code 02319	Purpose of Disbursement Credit Card Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Auburn Quad Inc.		Transaction ID: B1731 Date of Disbursement 09 / 30 / 2007
Mailing Address P.O. Box 390728		Amount of Each Disbursement this Period 82.96
City Cambridge State MA Zip Code 02319	Purpose of Disbursement Credit Card Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	144.61
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 23

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
HOYT HILSMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CHASE CARD SERVICES		Transaction ID: B1722 Date of Disbursement 09 / 05 / 2007
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 320.48
City Palatine	State IL	
Zip Code 60094-4014	Purpose of Disbursement Credit Card Payment	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. CHASE CARD SERVICES		Transaction ID: B179 Date of Disbursement 07 / 21 / 2007
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 186.34
City Palatine	State IL	
Zip Code 60094-4014	Purpose of Disbursement Credit Card Payment	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. David L. Gould Company		Transaction ID: B1726 Date of Disbursement 09 / 10 / 2007
Mailing Address 555 South Flower Street Suite 4210		Amount of Each Disbursement this Period 98.96
City Los Angeles	State CA	
Zip Code 90071	Purpose of Disbursement Office Expenses	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	605.78
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 23

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
HOYT HILSMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. David L. Gould Company		Transaction ID: B1725 Date of Disbursement 08 / 07 / 2007
Mailing Address 555 South Flower Street Suite 4210		Amount of Each Disbursement this Period 208.72
City Los Angeles State CA Zip Code 90071	Purpose of Disbursement Office Expenses Candidate Name Category/Type 001	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. David L. Gould Company		Transaction ID: B1715 Date of Disbursement 09 / 10 / 2007
Mailing Address 555 South Flower Street Suite 4210		Amount of Each Disbursement this Period 545.25
City Los Angeles State CA Zip Code 90071	Purpose of Disbursement Political Reporting Services Candidate Name Category/Type 001	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. David L. Gould Company		Transaction ID: B1714 Date of Disbursement 08 / 07 / 2007
Mailing Address 555 South Flower Street Suite 4210		Amount of Each Disbursement this Period 1375.50
City Los Angeles State CA Zip Code 90071	Purpose of Disbursement Political Reporting Services Candidate Name Category/Type 001	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	2129.47
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
HOYT HILSMAN FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) John Massey</p>		<p>Transaction ID: B1718 Date of Disbursement 08 / 21 / 2007</p>
<p>Mailing Address 3900 Ingraham Street #110</p>		<p>Amount of Each Disbursement this Period 115.00</p>
<p>City Los Angeles State CA Zip Code 90005</p>	<p>Purpose of Disbursement Campaign Management Fee Candidate Name</p> <p>Category/Type: 001</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><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p>B. Full Name (Last, First, Middle Initial) John Massey</p>		<p>Transaction ID: B1711 Date of Disbursement 07 / 27 / 2007</p>
<p>Mailing Address 3900 Ingraham Street #110</p>		<p>Amount of Each Disbursement this Period 115.00</p>
<p>City Los Angeles State CA Zip Code 90005</p>	<p>Purpose of Disbursement Campaign Management Fee Candidate Name</p> <p>Category/Type: 001</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><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p>C. Full Name (Last, First, Middle Initial) Eric Trowbridge</p>		<p>Transaction ID: B1717 Date of Disbursement 08 / 21 / 2007</p>
<p>Mailing Address 314 S. Catalina Street Apt 17</p>		<p>Amount of Each Disbursement this Period 200.00</p>
<p>City Los Angeles State CA Zip Code 90020</p>	<p>Purpose of Disbursement Website Hosting Candidate Name</p> <p>Category/Type: 004</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><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>430.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
HOYT HILSMAN FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Eric Trowbridge</p> <p>Mailing Address 314 S. Catalina Street Apt 17</p> <p>City Los Angeles State CA Zip Code 90020</p> <p>Purpose of Disbursement Website Hosting</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>Transaction ID: B174</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="07"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="300.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>B. Full Name (Last, First, Middle Initial) Unitemized disbursements</p> <p>Mailing Address 555 South Flower Street Suite 4210</p> <p>City Los Angeles State CA Zip Code 90071</p> <p>Purpose of Disbursement Unitemized expenses</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>Transaction ID: B1709/30/2007</p> <p>Date of Disbursement</p> <p><input type="text" value="30"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="07"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="145.14"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	

SUBTOTAL of Disbursements This Page (optional) ▶

445.14

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

3904.14

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 22 / 23 FOR LINE NUMBER: (check only one) <table style="float: right; margin-left: 10px;"> <tr> <td><input checked="" type="checkbox"/></td> <td>13a</td> </tr> <tr> <td><input type="checkbox"/></td> <td>13b</td> </tr> </table>	<input checked="" type="checkbox"/>	13a	<input type="checkbox"/>	13b
<input checked="" type="checkbox"/>	13a				
<input type="checkbox"/>	13b				

NAME OF COMMITTEE (In Full)
HOYT HILSMAN FOR CONGRESS

Transaction ID: C103

LOAN SOURCE Full Name (Last, First, Middle Initial) HOYT HILSMAN	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1613 CHELSEA ROAD Personal Funds	
City SAN MARINO State CA ZIP Code 91108	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:																
<table style="font-size: small;"> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>2</td><td>7</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	D	D	Y	Y	Y	Y	0	6	2	7	2	0	0	7	20080626	0.00000% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M	M	D	D	Y	Y	Y	Y												
0	6	2	7	2	0	0	7												

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	100000.00
TOTALS This Period (last page in this line only) ▶	100000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 23 / 23
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 HOYT HILSMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor HOYT HILSMAN	Nature of Debt (Purpose): Office Expenses, Meetings
Mailing Address 1613 CHELSEA ROAD	
City State ZIP Code SAN MARINO CA 91108	

Outstanding Balance Beginning This Period	Transaction ID: D100	
131.52		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
36.00	36.00	131.52

1) SUBTOTALS This Period This Page (optional).....	131.52
2) TOTALS This Period (last page this line number only).....	131.52
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	