

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) 1050 CONNECTICUT AVENUE NW

Check if different than previously reported. (ACC) WASHINGTON DC 20036

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00495911

3. IS THIS REPORT NEW (N) OR AMENDED (A) 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 Year-End 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 [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 05 / 02 / 2011 through [MM] / [DD] / [YYYY] 06 / 30 / 2011

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 07 / 29 / 2011

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**

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="2011"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="211852.21"/>	<input type="text" value="211852.21"/>
(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="211852.21"/>	<input type="text" value="211852.21"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="200749.66"/>	<input type="text" value="200749.66"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="11102.55"/>	<input type="text" value="11102.55"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

Write or Type Committee Name

HPAC

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

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).....	194300.00	194300.00
(ii) Unitemized	12552.21	12552.21
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	206852.21	206852.21
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	211852.21	211852.21
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))..... ▶	211852.21	211852.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	211852.21	211852.21

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	198249.66	198249.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	198249.66	198249.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	2500.00
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)) ..	200749.66	200749.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	200749.66	200749.66

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	211852.21	211852.21
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	211852.21	211852.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	198249.66	198249.66
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	198249.66	198249.66

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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)
HPAC

Full Name (Last, First, Middle Initial)
A. NEIL S. ALPERT

Mailing Address 1080 WISCONSIN AVE, NW

City WASHINGTON State DC Zip Code 20007-3637

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

Name of Employer TKG Occupation PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2011
Transaction ID : SA11.148

Amount of Each Receipt this Period
 300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. TIMOTHY B. ANDERSON

Mailing Address 887 E. 970 S. CIRCLE

City SAINT GEORGE State UT Zip Code 84790-4037

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

Name of Employer JONES WALDO HOLBROOK & MCDONOUGH PC. Occupation LAWYER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2011
Transaction ID : SA11.49

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. MICHAEL L. ASHNER

Mailing Address 101 COVE NECK ROAD

City COVE NECK State NY Zip Code 11771-1822

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

Name of Employer WINTHROP REALTY TRUST Occupation C.E.O.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2011
Transaction ID : SA11.3

Amount of Each Receipt this Period
 10000.00

CONTRIBUTION

SEE REATTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	11300.00
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 OF 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)
A. MR. MICHAEL L. ASHNER

Mailing Address 101 COVE NECK ROAD

City State Zip Code
COVE NECK NY 11771-1822

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

Name of Employer Occupation
WINTHROP REALTY TRUST C.E.O.

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
05 / 19 / 2011

Transaction ID : SA11.3B

Amount of Each Receipt this Period
-5000.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION TO SPOUSE

Full Name (Last, First, Middle Initial)
B. MRS. SUSAN ASHNER

Mailing Address 101 COVE NECK ROAD

City State Zip Code
COVE NECK NY 11771-1822

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
05 / 19 / 2011

Transaction ID : SA11.4

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

Full Name (Last, First, Middle Initial)
C. KENDRICK F. ASHTON JR.

Mailing Address 60 RIVERSIDE BLVD.
SUITE 1004

City State Zip Code
NEW YORK NY 10069-0201

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

Name of Employer Occupation
PERELLA WEINBERG PARTNERS INVESTMENT BANKER

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
05 / 25 / 2011

Transaction ID : SA11.18

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 5000.00

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: (check only one)	PAGE 8 OF 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HPAC

A. CHARLES GEORGE BAKALY III
Full Name (Last, First, Middle Initial)

Mailing Address 400 MADISON ST.

City ALEXANDRIA State VA Zip Code 22314-1755

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

Name of Employer EDELMAN Occupation CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2011
Transaction ID : SA11.138

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. RHONDA BENTZ
Full Name (Last, First, Middle Initial)

Mailing Address 3532 S. STAFFORD ST.

City ARLINGTON State VA Zip Code 22206-1812

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

Name of Employer BENTZ STRATEGIES LLC Occupation CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2011
Transaction ID : SA11.124

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. MR. DAVID E. BLACK
Full Name (Last, First, Middle Initial)

Mailing Address 809 Q. STREET NW #2

City WASHINGTON State DC Zip Code 20001-3200

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

Name of Employer UNION PACIFIC CORPORATION Occupation DEPUTY DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2011
Transaction ID : SA11.9

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
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: (check only one)	PAGE 9 OF 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HPAC

A. ASHLEY K. BRATICH
Full Name (Last, First, Middle Initial)

Mailing Address 3418 MARTHA CUSTIS DRIVE

City ALEXANDRIA State VA Zip Code 22302-2118

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

Name of Employer EMERGENT BIOSOLUTIONS Occupation GOVERNMENT AFFAIRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 03 / 2011
Transaction ID : SA11.33

Amount of Each Receipt this Period 500.00

CONTRIBUTION

B. MR. SCOTT T. BREW
Full Name (Last, First, Middle Initial)

Mailing Address 2000 LAKE DRIVE SE

City EAST GRAND RAPIDS State MI Zip Code 49506-3023

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

Name of Employer ADTEGRITY Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 08 / 2011
Transaction ID : SA11.61

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

C. JAMES W.F BROOKS
Full Name (Last, First, Middle Initial)

Mailing Address 31 E. 8TH STREET SUITE 340

City HOLLAND State MI Zip Code 49423-3541

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

Name of Employer BROOKS MANAGEMENT Occupation BUSINESS EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 09 / 2011
Transaction ID : SA11.69

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 2500.00

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 OF 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)
A. C. DAVID BURKE

Mailing Address 1615 Q ST. NW #803

City State Zip Code
WASHINGTON DC 20009-6319

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

Name of Employer Occupation
ICF INTERNATIONAL HOMELAND SECURITY ANALYST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2011
Transaction ID : SA11.56

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. R. KEVIN CAIN

Mailing Address 2125 14TH STREET NW #714

City State Zip Code
WASHINGTON DC 20009-8014

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

Name of Employer Occupation
VANDERBILT UNIVERSITY DIRECTOR FEDERAL AFFAIRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2011
Transaction ID : SA11.287

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. ROBERT W. CHAMBERLIN

Mailing Address 3646 CUMBERLAND STREET NW

City State Zip Code
WASHINGTON DC 20008-2923

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

Name of Employer Occupation
MCBEE STRATEGIC CONSULTING INFORMATION REQUESTED PER BEST EFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2011
Transaction ID : SA11.182

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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 11 OF 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)
A. BRIAN COLAS
 Mailing Address 147 OLD FIFTH CIRCLE
 City State Zip Code
 CHARLOTTEVILLE VA 22903-4330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MCKINSEY & COMPANY CONSULTANT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2011
Transaction ID : SA11.52
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. ALEXANDER DAHL
 Mailing Address 1350 I. STREET NW
 SUITE 510
 City State Zip Code
 WASHINGTON DC 20005-3355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BROWNSTEIN HYATT FARBER SCHRECK LAWYER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2011
Transaction ID : SA11.323
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. PHILIP M. DARIVOFF
 Mailing Address ONE FARMSTEAD ROAD
 City State Zip Code
 SHORT HILLS NJ 07078-1291
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GOLDMAN, SACHS & COMPANY INVESTMENT BANKER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2011
Transaction ID : SA11.10
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00
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: (check only one)	PAGE 12 OF 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
HPAC

A. MS. CHRISTINE DAVIES
 Full Name (Last, First, Middle Initial)
 Mailing Address 1300 13TH STREET, NW
 City WASHINGTON State DC Zip Code 20005-4475
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MICROSOFT Occupation BUSINESS DEVELOPMENT MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2011
Transaction ID : SA11.65
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. MS. LYNN FORESTER DE ROTHSCHILD
 Full Name (Last, First, Middle Initial)
 Mailing Address 435 E. 52ND STREET
 City NEW YORK State NY Zip Code 10022-6445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer E.L. ROTHSCHILD Occupation CO DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2011
Transaction ID : SA11.174
 Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

C. MR. MARK T. DEWAAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1601 GALBRAITH AVENUE SE
 City GRAND RAPIDS State MI Zip Code 49546-6479
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHYLSTEK AND WHITE Occupation PREMIUM AUDIT SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2011
Transaction ID : SA11.27
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	6250.00
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 13 OF 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)
A. RACHEL DODSWORTH
 Mailing Address 300 WOODLAND TERRACE
 City State Zip Code
 ALEXANDRIA VA 22302-3313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CRAFT MEDIA DIGITAL COMMUNICATIONS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2011
Transaction ID : SA11.91
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. ANDREW DORAN
 Mailing Address 4318 9TH STREET SOUTH
 City State Zip Code
 ARLINGTON VA 22204-3012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ALLIED TECHNOLOGY GROUP MANAGER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2011
Transaction ID : SA11.101
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. KURT DYKSTRA
 Mailing Address 1118 ALDEN COURT
 City State Zip Code
 HOLLAND MI 49423-5281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 WARNER NORCROSS & JUDD ATTORNEY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2011
Transaction ID : SA11.22
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
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: (check only one)	PAGE 14 OF 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial) A. MISSY EDWARDS		Date of Receipt
Mailing Address 1156 15TH ST NW #321		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
City	State	Zip Code
WASHINGTON	DC	20005-1714
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11.275
Name of Employer	Occupation	Amount of Each Receipt this Period
MISSY EDWARDS STRATEGIES, LLC	CONSULTANT	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. ALAN EISENBERG		Date of Receipt
Mailing Address 6606 N. 29TH ST.		<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
City	State	Zip Code
ARLINGTON	VA	22213-1507
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11.122
Name of Employer	Occupation	Amount of Each Receipt this Period
BIOTECHNOLOGY INDUSTRY ORGANIZATION	EX. VICE PRESIDENT	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) C. MR. ROBERT ELLSWORTH		Date of Receipt
Mailing Address 1415 10TH ST., NW #1		<input type="text" value="06"/> / <input type="text" value="17"/> / <input type="text" value="2011"/>
City	State	Zip Code
WASHINGTON	DC	20001-3311
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11.177
Name of Employer	Occupation	Amount of Each Receipt this Period
MAJORITY GROUP	CONSULTANT	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 15 OF 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HPAC

A. MS. ELISA FARR
 Full Name (Last, First, Middle Initial)
 Mailing Address 2305 26TH STREET S.
 City ARLINGTON State VA Zip Code 22206-2870
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 06 / 21 / 2011
Transaction ID : SA11.290
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. MS. JULIE FINLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 3242 WOODLAND DRIVE NW
 City WASHINGTON State DC Zip Code 20008-3547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HOMEMAKER HOMEMAKER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 06 / 02 / 2011
Transaction ID : SA11.28
 Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

C. FENN FRENCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 CARONDELET STREET
 City NEW ORLEANS State LA Zip Code 70130-2901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 06 / 29 / 2011
Transaction ID : SA11.417
 Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 10250.00
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 16 OF 78
(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)
HPAC

Full Name (Last, First, Middle Initial)
A. DIANA GARDNER
 Mailing Address 5266 COLONEL JOHNSON LANE
 City State Zip Code
 ALEXANDRIA VA 22304-8671
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RESPONSE AMERICA CONSULTANT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 06 / 09 / 2011
Transaction ID : SA11.67
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. AMB. DAVID F. GIRARD-DICARLO
 Mailing Address 210 W. RITTENHOUSE SQUARE
 APARTMENT 1006
 City State Zip Code
 PHILADELPHIA PA 19103-6850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 COZEN O'CONNOR ATTORNEY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 06 / 28 / 2011
Transaction ID : SA11.371
 Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. CHRISTOPHER K. GLEASON
 Mailing Address 255 SILVER BIRCH LANE
 City State Zip Code
 JOHNSTOWN PA 15905-5624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GLEASON FINANCIAL, DIVISION OF GALLAG INSURANCE BROKER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 06 / 09 / 2011
Transaction ID : SA11.70
 Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 10250.00
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: (check only one)	PAGE 17 OF 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HPAC

A. JANET GLEASON
Full Name (Last, First, Middle Initial)
Mailing Address 255 SILVER BIRCH LANE
City JOHNSTOWN State PA Zip Code 15905-5624
FEC ID number of contributing federal political committee. **C**
Name of Employer GLEASON FINANCIAL, DIVISION OF GALLAG Occupation INSURANCE BROKER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 09 / 2011
Transaction ID : SA11.70A
Amount of Each Receipt this Period 5000.00
CONTRIBUTION

B. JEANNE GLEASON
Full Name (Last, First, Middle Initial)
Mailing Address 552 ELKNUD LANE
City JOHNSTOWN State PA Zip Code 15905-2064
FEC ID number of contributing federal political committee. **C**
Name of Employer GLEASON AGENCY, A DIVISION OF ARTHUR J Occupation INSURANCE BROKER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 09 / 2011
Transaction ID : SA11.71A
Amount of Each Receipt this Period 5000.00
CONTRIBUTION

C. ROBERT A. GLEASON
Full Name (Last, First, Middle Initial)
Mailing Address 552 ELKNUD LANE
City JOHNSTOWN State PA Zip Code 15905-2064
FEC ID number of contributing federal political committee. **C**
Name of Employer GLEASON AGENCY, A DIVISION OF ARTHUR J Occupation INSURANCE BROKER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 09 / 2011
Transaction ID : SA11.71
Amount of Each Receipt this Period 5000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 15000.00
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: (check only one)	PAGE 18 OF 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HPAC

A. MR. HAROLD P. GOLDFIELD
 Full Name (Last, First, Middle Initial)
 Mailing Address 555 13TH STREET N.W.
 SUITE 3-W
 City WASHINGTON State DC Zip Code 20004-1109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ALBRIGHT STONEBRIDGE Occupation VICE-CHAIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 15 / 2011
Transaction ID : SA11.172
 Amount of Each Receipt this Period 1000.00
 CONTRIBUTION

B. MR. STEVE GONZALEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 391 LORIMER ST.
 APT. 2B
 City BROOKLYN State NY Zip Code 11206-1865
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERICAN LEGION Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 17 / 2011
Transaction ID : SA11.176
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

C. MR. MICHAEL J.J. GOSCINSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 2313 MANOMET COURT
 City CROFTON State MD Zip Code 21114-3214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 21 / 2011
Transaction ID : SA11.289
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 19 OF 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)
A. CHARLIE GRIZZLE
 Mailing Address 2326 CALIFORNIA ST, NW
 City State Zip Code
 WASHINGTON DC 20008-1637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 THE GRIZZLE COMPANY LOBBYIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2011
Transaction ID : SA11.84
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. BENJAMIN R. GROVE
 Mailing Address 1441 RHODE ISLAND NW
 APARTMENT 211
 City State Zip Code
 WASHINGTON DC 20005-5444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED CONSULTANT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2011
Transaction ID : SA11.306
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. LOUIS S. GURVICH JR.
 Mailing Address 1532 ELEONORE STREET
 City State Zip Code
 NEW ORLEANS LA 70115-4243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GURVICH DETECTIVE AGENCY SELF-EMPLOYED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : SA11.893
 Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 6250.00
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: (check only one)	PAGE 20 OF 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial) A. MR. A. BLAKE HANLON		Date of Receipt 06 / 21 / 2011 Transaction ID : SA11.308
Mailing Address 5133 HALIFAX AVENUE S.		Amount of Each Receipt this Period 250.00
City EDINA	State MN	Zip Code 55424-1419
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. MRS. SARAH L. HANLON		Date of Receipt 06 / 21 / 2011 Transaction ID : SA11.307
Mailing Address 5133 HALIFAX AVENUE S.		Amount of Each Receipt this Period 250.00
City EDINA	State MN	Zip Code 55424-1419
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. NICHOLAS HENTSCHEL		Date of Receipt 06 / 09 / 2011 Transaction ID : SA11.74
Mailing Address 1515 15TH STREET NW		Amount of Each Receipt this Period 250.00
City WASHINGTON	State DC	Zip Code 20005-1858
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer US SENATE	Occupation LEGAL FELLOW	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 21 OF 78
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial) A. MR. STEPHEN J. HEYMAN		Date of Receipt MM / DD / YYYY 06 / 03 / 2011
Mailing Address 15 E. 5TH STREET 3200 1ST PLACE TOWER		Transaction ID : SA11.32
City TULSA State OK Zip Code 74103-4346	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5000.00
Name of Employer NADEL & GUSSMAN, LLC Occupation MANAGING PARTNER	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONTRIBUTION
Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. MR. JAMES HOLBROOK		Date of Receipt MM / DD / YYYY 06 / 06 / 2011
Mailing Address 775 NORTH HILLTOP ROAD		Transaction ID : SA11.37
City SALT LAKE CITY State UT Zip Code 84103-3311	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer UNIVERSITY OF UTAH Occupation LAW PROFESSOR	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONTRIBUTION
Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. MS. JILL I. HOMAN		Date of Receipt MM / DD / YYYY 06 / 21 / 2011
Mailing Address 601 PENNSYLVANIA AVENUE NW #1101		Transaction ID : SA11.285
City WASHINGTON State DC Zip Code 20004-2613	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer JAVELIN 19 INVESTMENTS Occupation PRINCIPAL	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONTRIBUTION
Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional).....▶	6250.00
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 22 OF 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HPAC

A. MR. JAMES HUNTSMAN
Full Name (Last, First, Middle Initial)
Mailing Address 66 PLAYER CREST CIRCLE
City THE WOODLANDS State TX Zip Code 77382-1809
FEC ID number of contributing federal political committee. **C**
Name of Employer HUNTSMAN CORPORATION Occupation MANAGER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 03 / 2011
Transaction ID : SA11.35
Amount of Each Receipt this Period 5000.00
CONTRIBUTION

B. MRS. MARIANNE HUNTSMAN
Full Name (Last, First, Middle Initial)
Mailing Address 66 PLAYER CREST CIRCLE
City THE WOODLANDS State TX Zip Code 77382-1809
FEC ID number of contributing federal political committee. **C**
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 03 / 2011
Transaction ID : SA11.34
Amount of Each Receipt this Period 5000.00
CONTRIBUTION

C. MRS. JUDITH HART IRVING
Full Name (Last, First, Middle Initial)
Mailing Address 1765 BROOKSIDE LANE
City VIENNA State VA Zip Code 22182-1922
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF-EMPLOYED Occupation HOME MANAGER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 23 / 2011
Transaction ID : SA11.14
Amount of Each Receipt this Period 5000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ► 15000.00
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 23 OF 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)
A. MR. THOMAS LEE IRVING

Mailing Address 1765 BROOKSIDE LANE

City State Zip Code
VIENNA VA 22182-1922

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

Name of Employer Occupation
FINNEGAN (PARTNER) ATTORNEY AT LAW

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 23 / 2011
Transaction ID : SA11.8

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. GORDON JOHNDROE

Mailing Address 1517 30TH STREET NW

City State Zip Code
WASHINGTON DC 20007-3082

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

Name of Employer Occupation
APCO WORLDWIDE VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 14 / 2011
Transaction ID : SA11.115

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. JOSEPH PHILIP KALMIN

Mailing Address 1220 FOREST AVENUE

City State Zip Code
HIGHLAND PARK IL 60035-3415

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

Name of Employer Occupation
N/A N/A (PAC)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 14 / 2011
Transaction ID : SA11.127

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 5500.00

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 24 OF 78
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial) A. CHRYSOVALANTIS P. KEFALAS		Date of Receipt
Mailing Address 3115 NORTHWIND ROAD		<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
City	State	Zip Code
BALTIMORE	MD	21234-1215
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11.123
U.S. DEPARTMENT OF JUSTICE	ATTORNEY	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
		CONTRIBUTION

Full Name (Last, First, Middle Initial) B. MR. FRED KELLER		Date of Receipt
Mailing Address 5505 BANCROFT AVENUE		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
ALTO	MI	49302-9251
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11.21
CASCADE ENGINEERING	C.E.O.	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>
		CONTRIBUTION

Full Name (Last, First, Middle Initial) C. GERALD R. KUNDE		Date of Receipt
Mailing Address 1322 KENYON ST, NW		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
City	State	Zip Code
WASHINGTON	DC	20010-2306
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11.76
DARDEN RESTAURANTS, INC.	VP, GOVERNMENT RELATIONS	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
		CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial) A. ANNE LEWIS		Date of Receipt MM / DD / YYYY 05 / 31 / 2011
Mailing Address 107 FAIRWAY LANE		Transaction ID : SA11.20
City PITTSBURGH	State PA	Zip Code 15238-2217
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00	
Name of Employer OXFORD DEVELOPMENT COMPANY	Occupation BOARD CHAIR	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. MRS. NANCY A. LIEBERMAN		Date of Receipt MM / DD / YYYY 05 / 25 / 2011
Mailing Address 435 E. 52ND STREET APARTMENT 10D		Transaction ID : SA11.17
City NEW YORK	State NY	Zip Code 10022-6445
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5000.00	
Name of Employer SKADDEN ARPS SLATE MEAGHER	Occupation LAWYER	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. MR. RICHARD LINDER		Date of Receipt MM / DD / YYYY 06 / 06 / 2011
Mailing Address 7810 CHATSWORTH CT.		Transaction ID : SA11.40
City SANDY	State UT	Zip Code 84093-6254
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10000.00	
Name of Employer COHEREX MEDICAL, INC	Occupation PRESIDENT/CEO	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	REATTRIBUTION REQUESTED

SUBTOTAL of Receipts This Page (optional).....▶	17500.00
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 26 OF 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)
A. MS. JULIE E. LINN

Mailing Address **2830 S. COLUMBUS STREET**

City State Zip Code
ARLINGTON VA 22206-1411

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

Name of Employer Occupation
K12 INC. INTERNATIONAL BUSINESS DEVELOPMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 / /
06 / 08 / 2011

Transaction ID : SA11.64

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. LISBETH ANNE LYONS

Mailing Address **1210 R ST NW**

City State Zip Code
WASHINGTON DC 20009-4359

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

Name of Employer Occupation
PRINTING INDUSTRIES OF AMERICA VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 / /
06 / 14 / 2011

Transaction ID : SA11.118

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. LISBETH ANNE LYONS

Mailing Address **1210 R ST NW**

City State Zip Code
WASHINGTON DC 20009-4359

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

Name of Employer Occupation
PRINTING INDUSTRIES OF AMERICA VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 / /
06 / 14 / 2011

Transaction ID : SA11.120

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

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

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: (check only one)	PAGE 27 OF 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)
A. MR. DAVID S. MACK

Mailing Address 2115 LINWOOD AVENUE

City State Zip Code
FORT LEE NJ 07024-5020

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

Name of Employer Occupation
MACK CONSTRUCTION CORPORATION REAL ESTATE DEVELOPER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2011

Transaction ID : SA11.31

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. JOHN MACK

Mailing Address 2 SUNSET LANE

City State Zip Code
RYE NY 10580-1624

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

Name of Employer Occupation
MORGAN STANLEY CHAIRMAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2011

Transaction ID : SA11.13

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MRS. PHYLLIS S. MACK

Mailing Address 60 COLUMBUS CIRCLE
20TH FLOOR

City State Zip Code
NEW YORK NY 10023-5802

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2011

Transaction ID : SA11.2

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 15000.00

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 28 OF 78
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HPAC

A. MR. RICHARD J. MACK
Full Name (Last, First, Middle Initial)
Mailing Address 60 COLUMBUS CIRCLE
20TH FLOOR
City NEW YORK State NY Zip Code 10023-5802
FEC ID number of contributing federal political committee. **C**
Name of Employer AREA PROPERTY PARTNERS Occupation CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2011
Transaction ID : SA11.29
Amount of Each Receipt this Period
5000.00
CONTRIBUTION

B. MR. STEPHEN MACK
Full Name (Last, First, Middle Initial)
Mailing Address 411 WEST PUTNAM AVENUE
SUITE 450
City GREENWICH State CT Zip Code 06830-6290
FEC ID number of contributing federal political committee. **C**
Name of Employer SOLON MACK CAPITAL LLC Occupation PRINCIPAL
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2011
Transaction ID : SA11.30
Amount of Each Receipt this Period
5000.00
CONTRIBUTION

C. MR. WILLIAM L. MACK
Full Name (Last, First, Middle Initial)
Mailing Address 60 COLUMBUS CIRCLE
20TH FLOOR
City NEW YORK State NY Zip Code 10023-5802
FEC ID number of contributing federal political committee. **C**
Name of Employer AREA PROPERTY PARTNERS Occupation FOUNDER & CHAIRMAN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2011
Transaction ID : SA11.1
Amount of Each Receipt this Period
5000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 15000.00
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: (check only one)	PAGE 29 OF 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)
A. MR. PETER MALONE

Mailing Address 149 RANDOLPH AVENUE

City Milton State MA Zip Code 02186-3524

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

Name of Employer CSP ASSOCIATES, INC. Occupation SENIOR MANAGING DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2011
Transaction ID : SA11.26

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. PATRICK MARA

Mailing Address 3221 11TH ST NW

City Washington State DC Zip Code 20010-2468

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

Name of Employer SELF EMPLOYED Occupation CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2011
Transaction ID : SA11.131

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. CAMPBELL B. MARSHALL

Mailing Address 2204 Q STREET, NW

City Washington State DC Zip Code 20008-2817

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

Name of Employer N/A Occupation STUDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2011
Transaction ID : SA11.158

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 5750.00

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: (check only one)	PAGE 30 OF 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial) A. HAROLD MARSHALL		Date of Receipt MM / DD / YYYY 06 / 15 / 2011 Transaction ID : SA11.157
Mailing Address 1416 LAKE ROAD		Amount of Each Receipt this Period 1000.00
City LAKE FOREST	State IL	Zip Code 60045-1426
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. MICHAEL MCHUGH		Date of Receipt MM / DD / YYYY 06 / 13 / 2011 Transaction ID : SA11.94
Mailing Address 1221 12TH STREET NW, #1		Amount of Each Receipt this Period 250.00
City WASHINGTON	State DC	Zip Code 20005-4360
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer URBAN SWIRSKI & ASSOCIATES	Occupation GOVERNMENT AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. MARK MCINTOSH		Date of Receipt MM / DD / YYYY 06 / 07 / 2011 Transaction ID : SA11.47
Mailing Address 1627 EYE STREET, SUITE 950		Amount of Each Receipt this Period 1000.00
City WASHINGTON	State DC	Zip Code 20006-4039
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer BOYDEN GRAY & ASSOCIATES	Occupation COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
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 31 OF 78
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)
A. CARL MEACHAM

Mailing Address 9314 MILROY PLACE

City State Zip Code
BETHESDA MD 20814-1609

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

Name of Employer Occupation
US SENATE SENIOR STAFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 15 / 2011

Transaction ID : SA11.173

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. JOHN P. MIDDLETON

Mailing Address 343 AVON ROAD

City State Zip Code
BRYN MAWR PA 19010-3655

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

Name of Employer Occupation
VERTIGO ENTERTAINMENT FILM PRODUCER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2011

Transaction ID : SA11.15

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MS. JENNIFER A. MINTON

Mailing Address 1311 N. ABINGDON STREET

City State Zip Code
ARLINGTON VA 22207-2112

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFF(GOVERNMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 21 / 2011

Transaction ID : SA11.327

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 5500.00

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: (check only one)	PAGE 32 OF 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HPAC

A. MR. TIMOTHY P. O'HARA
Full Name (Last, First, Middle Initial)
Mailing Address 15 E. 91ST STREET
APARTMENT 10B
City NEW YORK State NY Zip Code 10128-0648
FEC ID number of contributing federal political committee. **C**
Name of Employer CREDIT SUISSE Occupation BANKER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 23 / 2011
Transaction ID : SA11.7
Amount of Each Receipt this Period 2500.00
CONTRIBUTION

B. RICHARD WILLIAM OETTINGER
Full Name (Last, First, Middle Initial)
Mailing Address 1105 WILDWOOD AVE.
City BENSALEM State PA Zip Code 19020-3114
FEC ID number of contributing federal political committee. **C**
Name of Employer U.S. TREASURY Occupation ANALYST
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 06 / 2011
Transaction ID : SA11.42
Amount of Each Receipt this Period 250.00
CONTRIBUTION

C. JAY BRETT PERRON
Full Name (Last, First, Middle Initial)
Mailing Address 1441 CONSTITUTION AVE, NE
City WASHINGTON State DC Zip Code 20002-6421
FEC ID number of contributing federal political committee. **C**
Name of Employer IBM CORP Occupation GOVERNMENT PROGRAMS
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 15 / 2011
Transaction ID : SA11.169
Amount of Each Receipt this Period 250.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 3000.00
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: (check only one)	PAGE 33 OF 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HPAC

A. JEROME HAYDEN POWELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 37 WEST LENOX ST
 City CHEVY CHASE State MD Zip Code 20815-4208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BIPARTISAN POLICY CENTER Occupation POLICY PROFESSIONAL
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **06 / 13 / 2011**
Transaction ID : SA11.92
 Amount of Each Receipt this Period **1000.00**
 CONTRIBUTION

B. JASON PRAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 3535 S. BALL ST
 City ARLINGTON State VA Zip Code 22202-4426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BLUE CROSS BLUE SHIELD ASSOCIATION Occupation EXECUTIVE WASHINGTON REP.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 07 / 2011**
Transaction ID : SA11.44
 Amount of Each Receipt this Period **250.00**
 CONTRIBUTION

C. MS. JENNIFER HAYDEN PRUETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 2214 TUNLAW ROAD
 City WASHINGTON State DC Zip Code 20007-1828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFF(Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 21 / 2011**
Transaction ID : SA11.348
 Amount of Each Receipt this Period **250.00**
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **1500.00**
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 34 OF 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)
A. MR. JAMES K.V. RATLIFF III

Mailing Address 2412 OBSERVATORY PLACE NW

City State Zip Code
WASHINGTON DC 20007-1814

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2011
Transaction ID : SA11.353

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. MICHAEL RICHARD

Mailing Address 9701 POTOMAC DRIVE

City State Zip Code
FORT WASHINGTON MD 20744-6936

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

Name of Employer Occupation
WESTINGHOUSE GOVERNMENT AFFAIRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2011
Transaction ID : SA11.282

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. MICHAEL RICHARD

Mailing Address 9701 POTOMAC DRIVE

City State Zip Code
FORT WASHINGTON MD 20744-6936

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

Name of Employer Occupation
WESTINGHOUSE GOVERNMENT AFFAIRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2011
Transaction ID : SA11.6

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

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: (check only one)	PAGE 35 OF 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
HPAC

A. MR. TIM RIESTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 6724 E. MAVERICK ROAD
 City PARADISE VALLEY State AZ Zip Code 85253-2649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RIESTER CORPORATION Occupation C.E.O./MARKETING FIRM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 30 / 2011
Transaction ID : SA11.476
 Amount of Each Receipt this Period 5000.00
 CONTRIBUTION

B. MR. AUSTIN T. ROBERTS
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 MARYLAND AVENUE N.E. #201
 City WASHINGTON State DC Zip Code 20002-5800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 21 / 2011
Transaction ID : SA11.340
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

C. MR. JOE ROBSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 6565 S. TIMBERLANE
 City TULSA State OK Zip Code 74136-4520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THE ROBSON COMPANIES Occupation REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 06 / 2011
Transaction ID : SA11.41
 Amount of Each Receipt this Period 5000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	10250.00
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 36 OF 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)
A. REBECCA ANN ROSEN
 Mailing Address 8516 HAZELWOOD DRIVE
 City State Zip Code
 BETHESDA MD 20814-1408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 U.S. SENATE COMMITTEE ON ENERGY & NA PROFESSIONAL STAFF MEMBER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2011
Transaction ID : SA11.93
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. JOHN R. RUSSELL
 Mailing Address 2901 LEGATION ST. NW
 City State Zip Code
 WASHINGTON DC 20015-1213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SNR DENTON GOVERNMENT AFFAIRS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2011
Transaction ID : SA11.19
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. ALLEN M. SHOFÉ
 Mailing Address 4928 SENTINEL DRIVE
 City State Zip Code
 BETHESDA MD 20816-3591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 EMERGENT SENIOR VICE PRESIDENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2011
Transaction ID : SA11.121
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00
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 37 OF 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)
A. ROBERT C. SISSON
 Mailing Address 606 CHERRY
 City State Zip Code
 STURGIS MI 49091-2204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 REPUBLICANS FOR ENVIRONMENTAL PROT PRESIDENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2011
Transaction ID : SA11.114
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. MICHAEL E. E. SORRELL
 Mailing Address 2900 S. VALLEY VIEW BLVD., # 297
 City State Zip Code
 LAS VEGAS NV 89102-5951
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 THE SANTA MESA FOUNDATION CHAIRMAN OF THE BOARD/EXECUTIVE DIF
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2011
Transaction ID : SA11.288
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. DAVID SPOONER
 Mailing Address 1908 N. KENMORE STREET
 City State Zip Code
 ARLINGTON VA 22207-3709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SQUIRE, SANDERS & DEMPSEY (US), LLP ATTORNEY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2011
Transaction ID : SA11.166
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00
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 38 OF 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)
A. MR. JOSEPH STANTON

Mailing Address **9821 CARMELITA DRIVE**

City State Zip Code
POTOMAC MD 20854-4268

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

Name of Employer Occupation
NATIONAL ASSOCIATION OF HOME BUILDERS SENIOR VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 21 / 2011

Transaction ID : SA11.336

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. JAMIE TUCKER

Mailing Address **2237 46TH STREET, NW**

City State Zip Code
WASHINGTON DC 20007-1032

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

Name of Employer Occupation
AKIN GUMP ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 15 / 2011

Transaction ID : SA11.167

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MICHAEL WASCOM

Mailing Address **1010 22ND ST. NW**

City State Zip Code
WASHINGTON DC 20037-1806

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

Name of Employer Occupation
AMERICAN AIRLINES MANAGING DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
05 / 23 / 2011

Transaction ID : SA11.12

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ► **1500.00**

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: (check only one)	PAGE 39 OF 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial) A. ADAM WISE		Date of Receipt
Mailing Address 733 15TH ST NW		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
City	State	Zip Code
WASHINGTON	DC	20005-2112
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11.170
Name of Employer	Occupation	Amount of Each Receipt this Period
GWU	STUDENT	<input type="text" value="5000"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ADAM WISE		Date of Receipt
Mailing Address 733 15TH ST NW		<input type="text" value="06"/> / <input type="text" value="17"/> / <input type="text" value="2011"/>
City	State	Zip Code
WASHINGTON	DC	20005-2112
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11.184
Name of Employer	Occupation	Amount of Each Receipt this Period
GWU	STUDENT	<input type="text" value="9500"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MR. DANIEL YEOMANS		Date of Receipt
Mailing Address 3609 MASON LAKE N.E.		<input type="text" value="06"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
City	State	Zip Code
GRAND RAPIDS	MI	49525-9650
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11.62
Name of Employer	Occupation	Amount of Each Receipt this Period
AMICUS MANAGEMENT, INC.	BUSINESS OWNER/CONSULTING	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 40 OF 78
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)
HPAC

A. MR. ALAN ZUCCARI
Full Name (Last, First, Middle Initial)
Mailing Address 7712 CARLTON PLACE
City State Zip Code
MCLEAN VA 22102-2149
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
HAMILTON INSURANCE PRESIDENT
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 21 / 2011
Transaction ID : SA11.318
Amount of Each Receipt this Period
2500.00
CONTRIBUTION

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	194300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 41 OF 78	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)
A. KEYSTONE ALLIANCE PAC

Mailing Address P.O. BOX 3883

City State Zip Code
PHILADELPHIA PA 19146-0183

FEC ID number of contributing federal political committee. **C** C00432096

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 27 / 2011

Transaction ID : SA11.355

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

**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)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. JOEY AHEARN

Mailing Address 302 KEMEYS COVE

City State Zip Code
BRIAR CLIFF NY 10510

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2011

Transaction ID : SB.26

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. CHRIS ALLEN

Mailing Address PO BOX 597

City State Zip Code
SULLIVAN ISLAND SC 29482

Purpose of Disbursement
MANAGEMENT CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 24 / 2011

Transaction ID : SB.10

Amount of Each Disbursement this Period

6250.00

Full Name (Last, First, Middle Initial)

C. ALYSIA BARZEE

Mailing Address 2615 S JOYCE ST

City State Zip Code
ARLINGTON VA 22202

Purpose of Disbursement
MANAGEMENT CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2011

Transaction ID : SB.15

Amount of Each Disbursement this Period

3550.00

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

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

12300.00

**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)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. ALYSIA BARZEE

Mailing Address 2615 S JOYCE ST

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement
MANAGEMENT CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB.44**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. ALYSIA BARZEE

Mailing Address 2615 S JOYCE ST

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement
MANAGEMENT CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB.9**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. KEVIN CURRAN

Mailing Address 719 NORTH OAKLAND STREET

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB.23**

Amount of Each Disbursement this Period

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

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)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. KEVIN CURRAN

Mailing Address 719 NORTH OAKLAND STREET

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2011

Transaction ID : **SB.46**

Amount of Each Disbursement this Period

3333.33

Full Name (Last, First, Middle Initial)

B. DANIELLE DUNCAN

Mailing Address 12205 FROSTWOOD COURT

City JACKSONVILLE State FL Zip Code 32223

Purpose of Disbursement
MANAGEMENT CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2011

Transaction ID : **SB.16**

Amount of Each Disbursement this Period

1185.48

Full Name (Last, First, Middle Initial)

C. DANIELLE DUNCAN

Mailing Address 12205 FROSTWOOD COURT

City JACKSONVILLE State FL Zip Code 32223

Purpose of Disbursement
MANAGEMENT CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2011

Transaction ID : **SB.43**

Amount of Each Disbursement this Period

1166.67

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

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

5685.48

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. TARA ESFAHANIAN

Mailing Address 177 UPHAM STREET

City MELROSE State MA Zip Code 02176

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2011

Transaction ID : SB.28

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. TARA ESFAHANIAN

Mailing Address 177 UPHAM STREET

City MELROSE State MA Zip Code 02176

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2011

Transaction ID : SB.47

Amount of Each Disbursement this Period

1666.67

Full Name (Last, First, Middle Initial)

C. JASON L EVANS

Mailing Address 324 MAYO ST

City TALLAHASSEE State FL Zip Code 32304

Purpose of Disbursement
TRAVEL EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2011

Transaction ID : SB.17

Amount of Each Disbursement this Period

710.50

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

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

4877.17

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. JASON L EVANS

Mailing Address 324 MAYO ST

City TALLAHASSEE State FL Zip Code 32304

Purpose of Disbursement
TRAVEL EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 16 / 2011

Transaction ID : SB.3

Amount of Each Disbursement this Period

306.27

B. SPENCER GEISSINGER

Full Name (Last, First, Middle Initial)

Mailing Address 425 8TH ST NW #1145

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
MANAGEMENT CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 13 / 2011

Transaction ID : SB.32

Amount of Each Disbursement this Period

3750.00

C. SPENCER GEISSINGER

Full Name (Last, First, Middle Initial)

Mailing Address 425 8TH ST NW #1145

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
MANAGEMENT CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2011

Transaction ID : SB.7

Amount of Each Disbursement this Period

7500.00

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

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

11556.27

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)
A. SPENCER GEISSINGER

Date of Disbursement: MM / DD / YYYY
05 / 24 / 2011

Mailing Address 425 8TH ST NW #1145

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **SB.8**

Amount of Each Disbursement this Period
688.53

Full Name (Last, First, Middle Initial)
B. BRENNAN HART

Date of Disbursement: MM / DD / YYYY
05 / 16 / 2011

Mailing Address 2705 MOUNT VERNON AVE

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **SB.2**

Amount of Each Disbursement this Period
596.31

Full Name (Last, First, Middle Initial)
C. CARA MASON

Date of Disbursement: MM / DD / YYYY
06 / 28 / 2011

Mailing Address 98 N HILLVIEW DR

City ST PETERS State MO Zip Code 63376

Purpose of Disbursement FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **SB.48**

Amount of Each Disbursement this Period
2333.33

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3618.17

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)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. ANNIE MCENIRY

Mailing Address 4189 S FOUR MILE RUN DR. #404

City ARLINGTON State VA Zip Code 22204

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2011

Transaction ID : **SB.38**

Amount of Each Disbursement this Period

1209.67

Full Name (Last, First, Middle Initial)

B. ANNIE MCENIRY

Mailing Address 4189 S FOUR MILE RUN DR. #404

City ARLINGTON State VA Zip Code 22204

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2011

Transaction ID : **SB.42**

Amount of Each Disbursement this Period

1209.67

Full Name (Last, First, Middle Initial)

C. ANNIE MCENIRY

Mailing Address 4189 S FOUR MILE RUN DR. #404

City ARLINGTON State VA Zip Code 22204

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2011

Transaction ID : **SB.51**

Amount of Each Disbursement this Period

457.00

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

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

2876.34

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial) A. RACHEL MCGREGOR		Date of Disbursement MM / DD / YYYY 06 / 21 / 2011
Mailing Address 26 BAYLOR CIRCLE		Transaction ID : SB.37
City WHITE PLAINS	State NY	
Purpose of Disbursement FINANCE CONSULTING	Candidate Name	Amount of Each Disbursement this Period 2291.67
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. RACHEL MCGREGOR		Date of Disbursement MM / DD / YYYY 05 / 24 / 2011
Mailing Address 26 BAYLOR CIRCLE		Transaction ID : SB.6
City WHITE PLAINS	State NY	
Purpose of Disbursement FINANCE CONSULTING	Candidate Name	Amount of Each Disbursement this Period 5000.00
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. JAMES RICHARDSON		Date of Disbursement MM / DD / YYYY 06 / 21 / 2011
Mailing Address 400 W PEACHTREE NW UNIT 3616		Transaction ID : SB.39
City ATLANTA	State GA	
Purpose of Disbursement MANAGEMENT CONSULTING	Candidate Name	Amount of Each Disbursement this Period 4193.55
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional)..... ▶	11485.22
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)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. MATT SAVAGE

Mailing Address 5930 ROYAL LANE #328

City DALLAS State TX Zip Code 75230

Purpose of Disbursement
MANAGEMENT CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB.49**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. ALLY SCHMEISER

Mailing Address 733 15TH STREET NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB.24**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. ALLY SCHMEISER

Mailing Address 733 15TH STREET NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB.50**

Amount of Each Disbursement this Period

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

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)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. JONATHAN TALLMAN

Mailing Address 2070 BAY DRIVE, APT 316

City State Zip Code
MIAMI BEACH FL 33141

Purpose of Disbursement
TRAVEL EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2011

Transaction ID : **SB.14**

Amount of Each Disbursement this Period

242.48

Full Name (Last, First, Middle Initial)

B. CAROLINE WREN

Mailing Address 55 WEST CHURCH ST #2518

City State Zip Code
ORLANDO FL 32801

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2011

Transaction ID : **SB.41**

Amount of Each Disbursement this Period

1666.67

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address PO BOX 360001

City State Zip Code
FT LAUDERDALE FL 33336

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2011

Transaction ID : **SB.20**

Amount of Each Disbursement this Period

461.40

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

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

2370.55

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address PO BOX 360001

City State Zip Code
FT LAUDERDALE FL 33336

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2011

Transaction ID : SB.22

Amount of Each Disbursement this Period

22836.24

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES, INC.

Mailing Address 7645 E 63RD ST., SUITE 600

City State Zip Code
TULSA OK 74133

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 19 / 2011

Transaction ID : SB.101

Amount of Each Disbursement this Period

75.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. DELTA AIR LINES

Mailing Address 1030 DELTA BLVD

City State Zip Code
ATLANTA GA 30354

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2011

Transaction ID : SB.104

Amount of Each Disbursement this Period

23.00

[MEMO ITEM]

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

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

22836.24

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. DELTA AIR LINES

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2011

Transaction ID : SB.112

Amount of Each Disbursement this Period

205.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. DELTA AIR LINES

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2011

Transaction ID : SB.146

Amount of Each Disbursement this Period

1140.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. DELTA AIR LINES

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2011

Transaction ID : SB.147

Amount of Each Disbursement this Period

661.70

[MEMO ITEM]

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

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

0.00

**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)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. DELTA AIR LINES

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2011

Transaction ID : SB.148

Amount of Each Disbursement this Period

190.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. DELTA AIR LINES

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2011

Transaction ID : SB.149

Amount of Each Disbursement this Period

190.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. DELTA AIR LINES

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2011

Transaction ID : SB.150

Amount of Each Disbursement this Period

190.70

[MEMO ITEM]

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

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

0.00

**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)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. ENTERPRISE RENTACAR

Mailing Address 8 GABRIELLE ST.

City MANCHESTER State NH Zip Code 03103

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2011

Transaction ID : SB.124

Amount of Each Disbursement this Period

376.96

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. HILTON GARDEN INN

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2011

Transaction ID : SB.116

Amount of Each Disbursement this Period

151.51

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. HILTON GARDEN INN

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2011

Transaction ID : SB.120

Amount of Each Disbursement this Period

390.22

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. HILTON GARDEN INN

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2011

Transaction ID : SB.121

Amount of Each Disbursement this Period

327.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. HILTON GARDEN INN

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2011

Transaction ID : SB.122

Amount of Each Disbursement this Period

151.51

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. HILTON GARDEN INN

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2011

Transaction ID : SB.123

Amount of Each Disbursement this Period

13.94

[MEMO ITEM]

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

0.00

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)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. HILTON GARDEN INN

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		24		2011

Transaction ID : SB.135

Amount of Each Disbursement this Period

454.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. HILTON GARDEN INN

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		24		2011

Transaction ID : SB.136

Amount of Each Disbursement this Period

454.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. HILTON GARDEN INN

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		24		2011

Transaction ID : SB.137

Amount of Each Disbursement this Period

454.53

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. HILTON GARDEN INN

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 24 / 2011

Transaction ID : SB.138

Amount of Each Disbursement this Period

454.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. HILTON GARDEN INN

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 24 / 2011

Transaction ID : SB.139

Amount of Each Disbursement this Period

454.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. HILTON GARDEN INN

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 24 / 2011

Transaction ID : SB.140

Amount of Each Disbursement this Period

454.53

[MEMO ITEM]

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

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

0.00

**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)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. HILTON GARDEN INN

Mailing Address 7930 JONES BRANCH DRIVE

City State Zip Code
MCLEAN VA 22102

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2011

Transaction ID : SB.141

Amount of Each Disbursement this Period

399.92

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. HILTON GARDEN INN

Mailing Address 7930 JONES BRANCH DRIVE

City State Zip Code
MCLEAN VA 22102

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2011

Transaction ID : SB.142

Amount of Each Disbursement this Period

129.07

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. HILTON GARDEN INN

Mailing Address 7930 JONES BRANCH DRIVE

City State Zip Code
MCLEAN VA 22102

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2011

Transaction ID : SB.143

Amount of Each Disbursement this Period

82.71

[MEMO ITEM]

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

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

0.00

**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)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. HILTON GARDEN INN

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 24 / 2011

Transaction ID : SB.151

Amount of Each Disbursement this Period

606.04

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. HILTON GARDEN INN

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 24 / 2011

Transaction ID : SB.152

Amount of Each Disbursement this Period

606.04

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. HILTON GARDEN INN

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 24 / 2011

Transaction ID : SB.153

Amount of Each Disbursement this Period

482.40

[MEMO ITEM]

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

0.00

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)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. HILTON GARDEN INN

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		24		2011

Transaction ID : SB.154

Amount of Each Disbursement this Period

454.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. HILTON GARDEN INN

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		24		2011

Transaction ID : SB.155

Amount of Each Disbursement this Period

454.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. HILTON GARDEN INN

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		24		2011

Transaction ID : SB.156

Amount of Each Disbursement this Period

454.53

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. HILTON GARDEN INN

Mailing Address 7930 JONES BRANCH DRIVE

City State Zip Code
MCLEAN VA 22102

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	4			2	0	1	1		

Transaction ID : SB.157

Amount of Each Disbursement this Period

4	5	4	.	5	3
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. HOTEL MONACO ALEXANDRIA

Mailing Address 480 KING STREET

City State Zip Code
ALEXANDRIA VA 22314

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	4			2	0	1	1		

Transaction ID : SB.144

Amount of Each Disbursement this Period

3	9	6	.	2	3
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. LANGHAM HOTEL

Mailing Address 250 FRANKLIN STREET

City State Zip Code
BOSTON MA 02110

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB.111

Amount of Each Disbursement this Period

4	6	9	.	8	0
---	---	---	---	---	---

[MEMO ITEM]

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

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

0	0	0
---	---	---

0	0	0
---	---	---

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. LIVESTREAM LLC

Mailing Address 111 8TH AVE, SUITE 1509

City NEW YORK State NY Zip Code 10011

Purpose of Disbursement
WEB SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2011

Transaction ID : SB.110

Amount of Each Disbursement this Period

2000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. SOUTHWEST AIRLINES

Mailing Address PO BOX 36611

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 19 / 2011

Transaction ID : SB.100

Amount of Each Disbursement this Period

175.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. SOUTHWEST AIRLINES

Mailing Address PO BOX 36611

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2011

Transaction ID : SB.106

Amount of Each Disbursement this Period

499.10

[MEMO ITEM]

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

0.00

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)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)
A. SOUTHWEST AIRLINES

Mailing Address PO BOX 36611

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
05 / 20 / 2011

Transaction ID : **SB.107**

Amount of Each Disbursement this Period: 499.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. SOUTHWEST AIRLINES

Mailing Address PO BOX 36611

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
05 / 20 / 2011

Transaction ID : **SB.108**

Amount of Each Disbursement this Period: 380.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. SOUTHWEST AIRLINES

Mailing Address PO BOX 36611

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
05 / 20 / 2011

Transaction ID : **SB.109**

Amount of Each Disbursement this Period: 175.70

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. SOUTHWEST AIRLINES

Mailing Address PO BOX 36611

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2011

Transaction ID : SB.119

Amount of Each Disbursement this Period

157.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. SOUTHWEST AIRLINES

Mailing Address PO BOX 36611

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2011

Transaction ID : SB.125

Amount of Each Disbursement this Period

199.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. SOUTHWEST AIRLINES

Mailing Address PO BOX 36611

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2011

Transaction ID : SB.126

Amount of Each Disbursement this Period

199.70

[MEMO ITEM]

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

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

0.00

**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)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. SOUTHWEST AIRLINES

Mailing Address PO BOX 36611

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2011

Transaction ID : SB.127

Amount of Each Disbursement this Period

199.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. SOUTHWEST AIRLINES

Mailing Address PO BOX 36611

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2011

Transaction ID : SB.128

Amount of Each Disbursement this Period

185.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. SOUTHWEST AIRLINES

Mailing Address PO BOX 36611

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2011

Transaction ID : SB.129

Amount of Each Disbursement this Period

185.70

[MEMO ITEM]

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

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

0.00

**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)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)
A. SOUTHWEST AIRLINES

Mailing Address PO BOX 36611

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
05 / 23 / 2011

Transaction ID : **SB.130**

Amount of Each Disbursement this Period: 185.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. SOUTHWEST AIRLINES

Mailing Address PO BOX 36611

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
05 / 23 / 2011

Transaction ID : **SB.131**

Amount of Each Disbursement this Period: 185.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. SOUTHWEST AIRLINES

Mailing Address PO BOX 36611

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
05 / 23 / 2011

Transaction ID : **SB.132**

Amount of Each Disbursement this Period: 185.70

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. SOUTHWEST AIRLINES

Mailing Address PO BOX 36611

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 24 / 2011

Transaction ID : SB.134

Amount of Each Disbursement this Period

228.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. SOUTHWEST AIRLINES

Mailing Address PO BOX 36611

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 24 / 2011

Transaction ID : SB.145

Amount of Each Disbursement this Period

199.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINES E-TKTS

Mailing Address 1200 E ALGONQUIN RD

City ELK GROVE VILLAGE State IL Zip Code 60007

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2011

Transaction ID : SB.113

Amount of Each Disbursement this Period

664.70

[MEMO ITEM]

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

0.00

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)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)
A. UNITED AIRLINES E-TKTS

Mailing Address 1200 E ALGONQUIN RD

City ELK GROVE VILLAGE State IL Zip Code 60007

Purpose of Disbursement TRAVEL EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
05 / 21 / 2011

Transaction ID : **SB.114**

Amount of Each Disbursement this Period: 664.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. UNITED AIRLINES E-TKTS

Mailing Address 1200 E ALGONQUIN RD

City ELK GROVE VILLAGE State IL Zip Code 60007

Purpose of Disbursement TRAVEL EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
05 / 21 / 2011

Transaction ID : **SB.115**

Amount of Each Disbursement this Period: 664.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. US AIRWAYS WEB SALES

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AR Zip Code 85034

Purpose of Disbursement TRAVEL EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
05 / 20 / 2011

Transaction ID : **SB.102**

Amount of Each Disbursement this Period: 500.10

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. US AIRWAYS WEB SALES

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AR Zip Code 85034

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2011

Transaction ID : **SB.103**

Amount of Each Disbursement this Period

500.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. US AIRWAYS WEB SALES

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AR Zip Code 85034

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2011

Transaction ID : **SB.105**

Amount of Each Disbursement this Period

255.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. US AIRWAYS WEB SALES

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AR Zip Code 85034

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2011

Transaction ID : **SB.133**

Amount of Each Disbursement this Period

341.40

[MEMO ITEM]

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

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

0.00

**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)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. VIRGIN AMERICA

Mailing Address 555 AIRPORT BLVD FL 2ND

City BURLINGAME State CA Zip Code 94010

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2011

Transaction ID : SB.118

Amount of Each Disbursement this Period

619.69

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. WASHINGTON SEDANS

Mailing Address 1619 CLEARVIEW AVENUE

City OXON HILL State MD Zip Code 20745

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2011

Transaction ID : SB.117

Amount of Each Disbursement this Period

975.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. BELLWEATHER CONSULTING

Mailing Address 1737 H STREET NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 13 / 2011

Transaction ID : SB.25

Amount of Each Disbursement this Period

3500.00

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

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

3500.00

**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)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. BELLWEATHER CONSULTING

Mailing Address 1737 H STREET NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

06 / 28 / 2011

Transaction ID : SB.45

Amount of Each Disbursement this Period

2333.33

Full Name (Last, First, Middle Initial)

B. BUCKSHOT GROUP

Mailing Address PO BOX 30005

City BETHESDA State MD Zip Code 20824

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

06 / 13 / 2011

Transaction ID : SB.34

Amount of Each Disbursement this Period

4375.00

Full Name (Last, First, Middle Initial)

C. CAMPAIGN RESOURCE GROUP

Mailing Address PO BOX 230197

City GRAND RAPIDS State MI Zip Code 49523

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

06 / 13 / 2011

Transaction ID : SB.29

Amount of Each Disbursement this Period

3750.00

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

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

10458.33

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement DATABASE MANAGEMENT SOFTWARE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
06 / 23 / 2011

Transaction ID : **SB.40**

Amount of Each Disbursement this Period: 2033.33

Category/Type

Full Name (Last, First, Middle Initial)

B. DELUXE BUSINESS PRODUCTS

Mailing Address PO BOX 1186

City LANCASTER State CA Zip Code 93584

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
05 / 16 / 2011

Transaction ID : **SB.4**

Amount of Each Disbursement this Period: 210.29

Category/Type

Full Name (Last, First, Middle Initial)

C. DMM GROUP

Mailing Address 444 N MICHIGAN AVE #3600

City CHICAGO State IL Zip Code 60611

Purpose of Disbursement FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
06 / 13 / 2011

Transaction ID : **SB.30**

Amount of Each Disbursement this Period: 2500.00

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4743.62

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)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. ELAVON MERCHANTS

Mailing Address ONE CONCOURSE PARKWAY

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2011

Transaction ID : SB.12

Amount of Each Disbursement this Period

353.74

Full Name (Last, First, Middle Initial)

B. ELAVON MERCHANTS

Mailing Address ONE CONCOURSE PARKWAY

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2011

Transaction ID : SB.13

Amount of Each Disbursement this Period

4.00

Full Name (Last, First, Middle Initial)

C. ENENAT, CATHERINE FARISH

Mailing Address 3667 120TH AVE S

City WELLINGTON State FL Zip Code 33414

Purpose of Disbursement
TRAVEL EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 16 / 2011

Transaction ID : SB.1

Amount of Each Disbursement this Period

210.65

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

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

568.39

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. HOLLAND TAUCHER CONSULTING GROUP

Mailing Address PO BOX 684281

City State Zip Code
AUSTIN TX 78768

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 13 / 2011

Transaction ID : SB.33

Amount of Each Disbursement this Period

6166.67

Full Name (Last, First, Middle Initial)

B. INTEGRATED CAMPAIGN SOLUTIONS

Mailing Address 526 DAROCO AVENUE

City State Zip Code
CORAL GABLES FL 33146

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 13 / 2011

Transaction ID : SB.27

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. MAGELLAN GROUP

Mailing Address 10638 TIMBERIDGE RD

City State Zip Code
FAIRFAX STATION VA 22039

Purpose of Disbursement
MANAGEMENT CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2011

Transaction ID : SB.11

Amount of Each Disbursement this Period

10000.00

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

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

21166.67

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. PACIFIC FUNDRAISING GROUP

Mailing Address 2208 29TH STREET, SUITE 300

City State Zip Code
SACRAMENTO CA 95817

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2011

Transaction ID : SB.31

Amount of Each Disbursement this Period

7500.00

Full Name (Last, First, Middle Initial)

B. REPUBLICAN LEADERSHIP CONF INC

Mailing Address 12232 INDUSTRIPLEX BLVD

City State Zip Code
BATON ROUGE LA 70809

Purpose of Disbursement
REGISTRATION FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2011

Transaction ID : SB.21

Amount of Each Disbursement this Period

30000.00

Full Name (Last, First, Middle Initial)

C. SMART INTERACTIVE

Mailing Address 814 KING ST, SUITE 440

City State Zip Code
ALEXANDRIA VA 22314

Purpose of Disbursement
MEDIA

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2011

Transaction ID : SB.36

Amount of Each Disbursement this Period

3500.00

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

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

41000.00

**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)

<input checked="" 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 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)
HPAC

Full Name (Last, First, Middle Initial)

A. THE NETWORK COMPANIES

Mailing Address 101 COLORADO ST

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement
MANAGEMENT CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 03 / 2011

Transaction ID : SB.19

Amount of Each Disbursement this Period

20000.00

Full Name (Last, First, Middle Initial)

B. VERIZON WIRELESS

Mailing Address PO BOX 660108

City DALLAS State TX Zip Code 75266

Purpose of Disbursement
PHONE EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 03 / 2011

Transaction ID : SB.18

Amount of Each Disbursement this Period

206.87

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

20206.87

198249.66

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HPAC

Full Name (Last, First, Middle Initial)

A. NY REPUBLICAN STATE COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2011

Mailing Address 315 STATE ST

Transaction ID : SB.5

City ALBANY State NY Zip Code 12210

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
CONTRIBUTION

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

2500.00

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

2500.00
