

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

HUCK PAC

ADDRESS (number and street)

PO BOX 2008

☐Check if different
than previously
reported. (ACC)

LITTLE ROCK

AR

72203

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00448373

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☒July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2009

through

06

30

2009

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

Bryan Jeffrey

Signature of Treasurer

Electronically Filed by Bryan Jeffrey

Date

07

31

2009

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

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name
HUCK PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		80089.03
(b) Cash on Hand at Beginning of Reporting Period	80089.03	
(c) Total Receipts (from Line 19)	304673.76	304673.76
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	384762.79	384762.79
7. Total Disbursements (from Line 31)	336589.56	336589.56
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	48173.23	48173.23
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	63168.28	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name
HUCK PAC

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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)	84083.45	84083.45
(ii) Unitemized	214888.99	214888.99
(iii) TOTAL (add Lines 11(a)(i) and (ii)	298972.44	298972.44
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5250.00	5250.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	304222.44	304222.44
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)	451.32	451.32
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	304673.76	304673.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	304673.76	304673.76

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	317832.06	317832.06	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	317832.06	317832.06	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	10000.00	
24. Independent Expenditure (use Schedule E)	1155.00	1155.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	102.50	102.50	
(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))	102.50	102.50	
29. Other Disbursements.....	7500.00	7500.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	336589.56	336589.56	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	336589.56	336589.56	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	304222.44	304222.44
34. Total Contribution Refunds (from Line 28(d))	102.50	102.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	304119.94	304119.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	317832.06	317832.06
37. Offsets to Operating Expenditures (from Line 15, page 3)	451.32	451.32
38. Net Operating Expenditures (subtract Line 37 from Line 36)	317380.74	317380.74

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

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

FOR LINE NUMBER: PAGE 6 / 221

(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)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Ronald Adams

Mailing Address 506 West Main Street

City

Oblong

State

IL

Zip Code

62449

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.30335

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Shelley Ahlersmeyer

Mailing Address 1690 S. Walnut Drive

City

Warsaw

State

IN

Zip Code

46580

FEC ID number of contributing
federal political committee.

C

Name of Employer
Refior Law Office

Occupation
Paralegal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.33482

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Shelley Ahlersmeyer

Mailing Address 1690 S. Walnut Drive

City

Warsaw

State

IN

Zip Code

46580

FEC ID number of contributing
federal political committee.

C

Name of Employer
Refior Law Office

Occupation
Paralegal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.33993

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

350.00

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 / 221

(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Shelley Ahlersmeyer

Mailing Address 1690 S. Walnut Drive

City

Warsaw

State

IN

Zip Code

46580

FEC ID number of contributing
federal political committee.

C

Name of Employer
Refior Law Office

Occupation
Paralegal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.34619

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Shelley Ahlersmeyer

Mailing Address 1690 S. Walnut Drive

City

Warsaw

State

IN

Zip Code

46580

FEC ID number of contributing
federal political committee.

C

Name of Employer
Refior Law Office

Occupation
Paralegal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.36053

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Shelley Ahlersmeyer

Mailing Address 1690 S. Walnut Drive

City

Warsaw

State

IN

Zip Code

46580

FEC ID number of contributing
federal political committee.

C

Name of Employer
Refior Law Office

Occupation
Paralegal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.38283

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 221

(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Shelley Ahlersmeyer

Mailing Address 1690 S. Walnut Drive

City

Warsaw

State

IN

Zip Code

46580

FEC ID number of contributing
federal political committee.

C

Name of Employer
Refior Law Office

Occupation
Paralegal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.38902

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Shelley Ahlersmeyer

Mailing Address 1690 S. Walnut Drive

City

Warsaw

State

IN

Zip Code

46580

FEC ID number of contributing
federal political committee.

C

Name of Employer
Refior Law Office

Occupation
Paralegal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.41553

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

David E. Anderson

Mailing Address 9026 Manordale Lane

City

Ellicott City

State

MD

Zip Code

21042

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Institutes of Health

Occupation
Research Physiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.30270

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1080.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 221

(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Joseph S. Asciutto

Mailing Address 1718 E. Madison Avenue

City

El Cajon

State

CA

Zip Code

92019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.33287

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

William Atkinson

Mailing Address 5022 Gorham Dr.

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.41926

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Bill Barnes

Mailing Address P.O. Box 1268

City

Mount Ida

State

AR

Zip Code

71957

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mountain Harbor Resort

Occupation
Resort Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.40477

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1050.00

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 / 221

(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Frances Beene

Mailing Address 1820 Weston Hills Dr NW

City

Cleveland

State

TN

Zip Code

37312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.38138

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Frances Beene

Mailing Address 1820 Weston Hills Dr NW

City

Cleveland

State

TN

Zip Code

37312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.41714

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

G.A. Penn Birkhofer

Mailing Address 448 South Ft. Valley Rd.

City

Madison

State

VA

Zip Code

22727

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.39543

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

600.00

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 / 221

(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)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Wallace Blume

Mailing Address 4666 Leighton Lake Dr.

City

Wayland

State

MI

Zip Code

49348

FEC ID number of contributing
federal political committee.

C

Name of Employer
Denali FlavorsOccupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	2	/	2	0	0	9

Transaction ID: SA11AI.40472

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert Botkin

Mailing Address 12775 Guilford Circle

City

Wellington

State

FL

Zip Code

33414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Consulting Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	0	/	2	0	0	9

Transaction ID: SA11AI.37801

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Susan Bourgeois

Mailing Address 9730 Tucker Cypress Drive

City

Houston

State

TX

Zip Code

77095

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	7	/	2	0	0	9

Transaction ID: SA11AI.34036

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1350.00

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 12 / 221

(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Susan Bourgeois

Mailing Address 9730 Tucker Cypress Drive

City

Houston

State

TX

Zip Code

77095

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.34784

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Susan Bourgeois

Mailing Address 9730 Tucker Cypress Drive

City

Houston

State

TX

Zip Code

77095

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.35309

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Gerrit Boyle

Mailing Address 430 H Street Road

City

Lynden

State

WA

Zip Code

98264

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alaska Structures

Occupation

Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.38851

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 13 / 221

(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Randall Brengle

Mailing Address 4008 Versailles Boulevard

City

Oklahoma City

State

OK

Zip Code

73116

FEC ID number of contributing
federal political committee.

C

Name of Employer
WR Hess/Factor, Inc.

Occupation

VP Professional Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.41133

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Karen Bryan

Mailing Address 4754 Wyndfield Ln.

City

Charlotte

State

NC

Zip Code

28270

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.40773

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Tyrone Bryant

Mailing Address 3020 Hinsel Drive

City

Columbus

State

OH

Zip Code

43232

FEC ID number of contributing
federal political committee.

C

Name of Employer
Future Path Medical

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.34471

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 14 / 221

(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Ronald Cameron

Mailing Address P.O. Box 5726

City

North Little Rock

State

AR

Zip Code

72119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Moultre Corp.

Occupation
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.42017

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Steve Capp

Mailing Address 9811 W. Charleston Boulevard
#2-2

City

Las Vegas

State

NV

Zip Code

89117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pinnacle Entertainment,
Inc.

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.36240

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Edward Cattau

Mailing Address 2232 Lake Page Drive

City

Collierville

State

TN

Zip Code

38017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memphis Gastroenterology
Group

Occupation
Gastroenterologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.31859

Amount of Each Receipt this Period

1000.00

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 15 / 221

(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Edward Cattau

Mailing Address 2232 Lake Page Drive

City

Collierville

State

TN

Zip Code

38017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memphis Gastroenterology
Group

Occupation

Gastroenterologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.40881

Amount of Each Receipt this Period

4000.00

B.

Full Name (Last, First, Middle Initial)

Susanne Cattau

Mailing Address 2232 Lake Page Drive

City

Collierville

State

TN

Zip Code

38017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation

Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.42451

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Gene Cauley

Mailing Address 8201 Cantrell Road
Ste. 315

City

Little Rock

State

AR

Zip Code

72227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.37938

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

6000.00

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 / 221

(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Jeannie Chambers

Mailing Address 1215 NE 43rd Terrace

City

Kansas City

State

MO

Zip Code

64116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.39694

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Jeannie Chambers

Mailing Address 1215 NE 43rd Terrace

City

Kansas City

State

MO

Zip Code

64116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.40857

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Jeannie Chambers

Mailing Address 1215 NE 43rd Terrace

City

Kansas City

State

MO

Zip Code

64116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.42490

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

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 17 / 221

(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Jeannie Chambers

Mailing Address 1215 NE 43rd Terrace

City

Kansas City

State

MO

Zip Code

64116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.41204

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

Janis Cherry

Mailing Address 5 Peninsula Road

City

Belvedere

State

CA

Zip Code

94920

FEC ID number of contributing
federal political committee.

C

Name of Employer
R/E Source Realty

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.31443

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

William W. Cobey, Jr.

Mailing Address 203 Oval Park Place

City

Chapel Hill

State

NC

Zip Code

27517

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.40417

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1535.00

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Kenneth Cooper

Mailing Address 6564 Valleybrook Dr

City

Dallas

State

TX

Zip Code

75254

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cooper Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.29662

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Benjamin Copeland

Mailing Address 1216 E. Farnham Court

City

Irving

State

TX

Zip Code

75062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dallas Baptist University

Occupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.30376

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Paula Corsaro

Mailing Address 28 Rowan Avenue

City

Staten Island

State

NY

Zip Code

10306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Proskauer Rosé, LLP

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.34576

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

1275.00

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

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(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)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Paula Corsaro

Mailing Address 28 Rowan Avenue

City

Staten Island

State

NY

Zip Code

10306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Proskauer Rose, LLPOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	1	/	2	0	0	9

Transaction ID: SA11AI.35108

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Paula Corsaro

Mailing Address 28 Rowan Avenue

City

Staten Island

State

NY

Zip Code

10306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Proskauer Rose, LLPOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	9

Transaction ID: SA11AI.36264

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Paula Corsaro

Mailing Address 28 Rowan Avenue

City

Staten Island

State

NY

Zip Code

10306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Proskauer Rose, LLPOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	3	/	2	0	0	9

Transaction ID: SA11AI.38021

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Paula Corsaro

Mailing Address 28 Rowan Avenue

City

Staten Island

State

NY

Zip Code

10306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Proskauer Rose, LLP

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.39013

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Paula Corsaro

Mailing Address 28 Rowan Avenue

City

Staten Island

State

NY

Zip Code

10306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Proskauer Rose, LLP

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.40217

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Paula Corsaro

Mailing Address 28 Rowan Avenue

City

Staten Island

State

NY

Zip Code

10306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Proskauer Rose, LLP

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.40608

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Eugene M. Cummings

Mailing Address 1290 Kathryn Lane

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.33436

Amount of Each Receipt this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Lawrence Danna

Mailing Address 108 Contempo Ave

City

West Monroe

State

LA

Zip Code

71291

FEC ID number of contributing
federal political committee.

C

Name of Employer
Contempo Hearing Services

Occupation
Otolaryngologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.33313

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Gina DeMarco

Mailing Address 224 Heritage Lane

City

Exton

State

PA

Zip Code

19341

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pepper Hamilton LLP

Occupation
Legal Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.35264

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

2575.00

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 / 221

(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Elizabeth Dole

Mailing Address 700 New Hampshire Ave.
Ste. 112City State Zip Code
Washington DC 20037FEC ID number of contributing
federal political committee.

C

Name of Employer
U.S. SenateOccupation
Senator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.41928

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Robert Dole

Mailing Address 700 New Hampshire Ave. NW

City State Zip Code
Washington DC 20037FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.41946

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Wanda Dufrene

Mailing Address P.O.Box 1154

City State Zip Code
Kotzebue AK 99752FEC ID number of contributing
federal political committee.

C

Name of Employer
Maniilaq Health CenterOccupation
Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.39625

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

2200.00

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 / 221

(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Ramona Elkins

Mailing Address 77810 Calle Temecula

City

La Quinta

State

CA

Zip Code

92253

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vintage Associates, Inc.

Occupation

Payroll Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.41122

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ramona Elkins

Mailing Address 77810 Calle Temecula

City

La Quinta

State

CA

Zip Code

92253

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vintage Associates, Inc.

Occupation

Payroll Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.41711

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Gregg Esakoff

Mailing Address 710 Northwoods Drive

City

Whitefish

State

MT

Zip Code

59937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Engineer Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.30397

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

625.00

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 / 221

(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Grady Fincher

Mailing Address P.O. Box 10768

City

Fayetteville

State

AR

Zip Code

72703

FEC ID number of contributing
federal political committee.

C

Name of Employer
ENT - Head & Neck Surgery

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.40370

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

John C. Floyd

Mailing Address 29 Grace Park Habersham

City

Beaufort

State

SC

Zip Code

29906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.29444

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Sheila Forrester

Mailing Address 4320 Clack Road

City

Auburn

State

GA

Zip Code

30011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fiber & Cable Accessories,
Inc.

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.33070

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

6000.00

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 25 / 221

(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Donald Frueh

Mailing Address 311 Twin Oaks Drive

City

Havertown

State

PA

Zip Code

19083

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ardmore Banking Advisors,
Inc.

Occupation

Banking Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.41591

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

John Fry

Mailing Address 7765 Dogwood

City

Germantown

State

TN

Zip Code

38138

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ardent Music LLC

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.33546

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

John Fry

Mailing Address 7765 Dogwood

City

Germantown

State

TN

Zip Code

38138

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ardent Music LLC

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.35607

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

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 / 221

(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

John Fry

Mailing Address 7765 Dogwood

City

Germantown

State

TN

Zip Code

38138

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ardent Music LLC

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.35983

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

John Fry

Mailing Address 7765 Dogwood

City

Germantown

State

TN

Zip Code

38138

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ardent Music LLC

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.37750

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

John Fry

Mailing Address 7765 Dogwood

City

Germantown

State

TN

Zip Code

38138

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ardent Music LLC

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.40271

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

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 27 / 221

(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)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Edward Gerczak

Mailing Address P.O. Box 253

City

Pine Island

State

NY

Zip Code

10969

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	0	/	2	0	0	9

Transaction ID: SA11AI.36093

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)

Brad Giedd

Mailing Address 3626 Supreme Court

City

Apopka

State

FL

Zip Code

32703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eye Associates of Winter
ParkOccupation
Optometrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	2	/	2	0	0	9

Transaction ID: SA11AI.40879

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Austin Gilbert

Mailing Address P.O. Box 3009

City

Florence

State

SC

Zip Code

29502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gilbert ConstructionOccupation
Building Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	2	/	2	0	0	9

Transaction ID: SA11AI.39619

Amount of Each Receipt this Period

100.00

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 28 / 221

(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Austin Gilbert

Mailing Address P.O. Box 3009

City

Florence

State

SC

Zip Code

29502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gilbert Construction

Occupation

Building Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.40863

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Austin Gilbert

Mailing Address P.O. Box 3009

City

Florence

State

SC

Zip Code

29502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gilbert Construction

Occupation

Building Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.40659

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Robert C. Glover

Mailing Address 27 Sweet Olive Drive

City

Beaufort

State

SC

Zip Code

29907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Real Estate Broker/Developer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.29454

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

700.00

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 29 / 221

(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Deborah Goss

Mailing Address 11064 Sheffield St

City

Midwest City

State

OK

Zip Code

73130

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Air Force

Occupation

Financial Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.40359

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Deborah Goss

Mailing Address 11064 Sheffield St

City

Midwest City

State

OK

Zip Code

73130

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Air Force

Occupation

Financial Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.41193

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Al Hamilton

Mailing Address 301 Eagle Drive

City

Boerne

State

TX

Zip Code

78006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.38002

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

375.00

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 30 / 221

(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Sandra Hamilton

Mailing Address 301 Eagle Drive

City

Boerne

State

TX

Zip Code

78006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.38003

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Carol Hansford

Mailing Address 6542 Arborcrest Lane

City

Loveland

State

OH

Zip Code

45140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.37617

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Carol Hansford

Mailing Address 6542 Arborcrest Lane

City

Loveland

State

OH

Zip Code

45140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.38913

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

365.00

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 / 221

(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Carol Hansford

Mailing Address 6542 Arborcrest Lane

City

Loveland

State

OH

Zip Code

45140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.40880

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Ralph Harvey

Mailing Address P.O. Box 14630

City

Oklahoma City

State

OK

Zip Code

73113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marlin Oil Corp.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.40463

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Lisa Hill

Mailing Address 3618 Ridge Line Dr

City

San Bernardino

State

CA

Zip Code

92407

FEC ID number of contributing
federal political committee.

C

Name of Employer
Land Span

Occupation

Truck Driver

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.31459

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

620.00

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 32 / 221

(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)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Jerry H. Hodge

Mailing Address 320 S. Polk
Ste. 100City State Zip Code
Amarillo TX 79101FEC ID number of contributing
federal political committee.

C

Name of Employer
Maxor National PharmacyOccupation
President/Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	0	9

Transaction ID: SA11AI.33442

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Brett Holloway

Mailing Address Requested

City State Zip Code
Requested ZZ 00000FEC ID number of contributing
federal political committee.

C

Name of Employer
RequestedOccupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	6	/	2	0	0	9

Transaction ID: SA11AI.41354

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Bertha T. Hoskins

Mailing Address 2202 Spinnaker Court

City State Zip Code
Reston VA 20191FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	5	/	2	0	0	9

Transaction ID: SA11AI.33350

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

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 33 / 221

(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Janet Huckabee

Mailing Address 1134 Silverwood Trail

City

North Little Rock

State

AR

Zip Code

72118

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Red Cross

Occupation

Services to Armed Forces Families

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.36859

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Janet Huckabee

Mailing Address 1134 Silverwood Trail

City

North Little Rock

State

AR

Zip Code

72118

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Red Cross

Occupation

Services to Armed Forces Families

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.38879

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Janet Huckabee

Mailing Address 1134 Silverwood Trail

City

North Little Rock

State

AR

Zip Code

72118

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Red Cross

Occupation

Services to Armed Forces Families

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1530.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.41586

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1530.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

John Indest

Mailing Address 312 Marie Street

City

New Iberia

State

LA

Zip Code

70563

FEC ID number of contributing
federal political committee.

C

Name of Employer
LHC Group, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.38231

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Aaron James

Mailing Address 11423 King Street

City

Westminster

State

CO

Zip Code

80031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Suncor Energy USA

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.30439

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Barry L. Johnson

Mailing Address 29 Pritchard Farm LN

City

Bluffton

State

SC

Zip Code

29910

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.29462

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1050.00

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 35 / 221

(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Ruth Anne Kade

Mailing Address 1071 Hollywood Avenue

City

Grosse Pointe Wood

State

MI

Zip Code

48236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.39687

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Kyungae Kim

Mailing Address 19486 E. 58th Circle

City

Aurora

State

CO

Zip Code

80019

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Colorado Ho-
spital

Occupation

Medical Technologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.40958

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Michael Kinstler

Mailing Address 1924 Acuba Lane Northeast

City

Atlanta

State

GA

Zip Code

30345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michael J. Kinstler, MD

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.34487

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

230.00

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 / 221

(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Michael Kinstler

Mailing Address 1924 Acuba Lane Northeast

City State Zip Code
 Atlanta GA 30345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michael J. Kinstler, MD

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.39649

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Carole Leandra

Mailing Address 9007 O'Connor Drive

City State Zip Code
 Austin TX 78717

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.39672

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Carole Leandra

Mailing Address 9007 O'Connor Drive

City State Zip Code
 Austin TX 78717

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.41590

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Carol Lindsey

Mailing Address P.O. Box 389

City

Seward

State

AK

Zip Code

99664

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.40499

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Christopher Longing

Mailing Address 4 Jon Lief Court

City

New City

State

NY

Zip Code

10956

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.35699

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

James Luntzel

Mailing Address 645 Trillium Ridge

City

Boone

State

NC

Zip Code

28607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Samaritan's Purse

Occupation
International Relief

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.40775

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Jack Maloney

Mailing Address 12 Prestwick Court

City

Hilton Head Island

State

SC

Zip Code

29926

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.29469

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Cindy Malphrus

Mailing Address 73 Lowcountry Drive

City

Ridgeland

State

SC

Zip Code

29936

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.39902

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Gregg Malphrus

Mailing Address 73 Low Country Drive

City

Ridgeland

State

SC

Zip Code

29936

FEC ID number of contributing
federal political committee.

C

Name of Employer
Malphrus Construction Co.,
Inc.

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.39901

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Michael Martin

Mailing Address 1710 Grouse Court

City

Abilene

State

TX

Zip Code

79605

FEC ID number of contributing
federal political committee.

C

Name of Employer
USAF

Occupation

Jet Maintainer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.40354

Amount of Each Receipt this Period

32.00

B.

Full Name (Last, First, Middle Initial)

Minda Martine

Mailing Address 4502 S. Hardy Drive

City

Tempe

State

AZ

Zip Code

85282

FEC ID number of contributing
federal political committee.

C

Name of Employer
Premisys Support Group

Occupation

Telecom Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.36510

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Minda Martine

Mailing Address 4502 S. Hardy Drive

City

Tempe

State

AZ

Zip Code

85282

FEC ID number of contributing
federal political committee.

C

Name of Employer
Premisys Support Group

Occupation

Telecom Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.95

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.42515

Amount of Each Receipt this Period

688.95

In-kind - Bumper Stickers

SUBTOTAL of Receipts This Page (optional)

745.95

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Minda Martine

Mailing Address 4502 S. Hardy Drive

City

State

Zip Code

Tempe

AZ

85282

FEC ID number of contributing
federal political committee.

C

Name of Employer
Premisys Support Group

Occupation
Telecom Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

938.95

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.40942

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Minda Martine

Mailing Address 4502 S. Hardy Drive

City

State

Zip Code

Tempe

AZ

85282

FEC ID number of contributing
federal political committee.

C

Name of Employer
Premisys Support Group

Occupation
Telecom Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

963.95

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.41197

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Minda Martine

Mailing Address 4502 S. Hardy Drive

City

State

Zip Code

Tempe

AZ

85282

FEC ID number of contributing
federal political committee.

C

Name of Employer
Premisys Support Group

Occupation
Telecom Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.95

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.41789

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Jackson R. Massey

Mailing Address 190 Huntington Drive

City

Thomson

State

GA

Zip Code

30824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackson R. Massey & Assoc.

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.31756

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Sherry Massey

Mailing Address Oasis Farms

City

Thomson

State

GA

Zip Code

30824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackson R. Massey & Assoc-
iates

Occupation
Office Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.35211

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Sherry Massey

Mailing Address Oasis Farms

City

Thomson

State

GA

Zip Code

30824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackson R. Massey & Assoc-
iates

Occupation
Office Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.37151

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1100.00

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Sherry Massey

Mailing Address Oasis Farms

City

Thomson

State

GA

Zip Code

30824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackson R. Massey & Associates

Occupation

Office Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.39035

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Gilbert A. Mathews

Mailing Address P.O. Box 911

City

Burnsville

State

MN

Zip Code

55306

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.38024

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Maya Maughmer

Mailing Address 305 Deacon Drive

City

Euless

State

TX

Zip Code

76039

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.41522

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

225.00

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
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(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Ken McAlear

Mailing Address 328 McOwenben Pass

City

Lake Lure

State

NC

Zip Code

28746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.41930

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ken McAlear

Mailing Address 328 McOwenben Pass

City

Lake Lure

State

NC

Zip Code

28746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.41331

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Jay P. McDonald

Mailing Address 219 Lorraine Drive

City

Weirton

State

WV

Zip Code

26062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.41916

Amount of Each Receipt this Period

51.00

SUBTOTAL of Receipts This Page (optional)

326.00

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 44 / 221

(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Joseph McKean, Jr.

Mailing Address 2601 Meadowview Rd.

City

Edmond

State

OK

Zip Code

73034

FEC ID number of contributing
federal political committee.

C

Name of Employer
JDM Investments, Inc.

Occupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.40497

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dana McKenzie

Mailing Address 36208 NE Holling Ave.

City

La Center

State

WA

Zip Code

98629

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.41754

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Lanette McMullen

Mailing Address 2015 Avondale

City

Wichita Falls

State

TX

Zip Code

76308

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.39429

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

3600.00

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 45 / 221

(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Elliott Middleton

Mailing Address 1520 Dobbins

City

Corsicana

State

TX

Zip Code

75110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.33283

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Elliott Middleton

Mailing Address 1520 Dobbins

City

Corsicana

State

TX

Zip Code

75110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.33877

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

John Milhoan

Mailing Address 185 Linnwood Road

City

Eighty Four

State

PA

Zip Code

15330

FEC ID number of contributing
federal political committee.

C

Name of Employer
PES

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.41888

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1050.00

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 46 / 221

(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Charles Mitchell

Mailing Address 16290 North Shore Drive

City

Pensacola

State

FL

Zip Code

32507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Data Processing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.40305

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Charles Mitchell

Mailing Address 16290 North Shore Drive

City

Pensacola

State

FL

Zip Code

32507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Data Processing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.41572

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Janet Neal

Mailing Address P.O. Box 287

City

Rocky Gap

State

VA

Zip Code

24366

FEC ID number of contributing
federal political committee.

C

Name of Employer
Winston Salem State Unive-
rsity

Occupation

Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.38822

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

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 47 / 221

(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Janet Neal

Mailing Address P.O. Box 287

City

Rocky Gap

State

VA

Zip Code

24366

FEC ID number of contributing
federal political committee.

C

Name of Employer
Winston Salem State Unive-
rsity

Occupation

Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.39706

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Loretta Neal

Mailing Address 1301 Avenue I

City

Anson

State

TX

Zip Code

79501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.38305

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Loretta Neal

Mailing Address 1301 Avenue I

City

Anson

State

TX

Zip Code

79501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.38936

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

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

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(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)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Loretta Neal

Mailing Address 1301 Avenue I

City

Anson

State

TX

Zip Code

79501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	9	

Transaction ID: SA11AI.41138

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Ralph Norman

Mailing Address P.O. Box 36518

City

Rock Hill

State

SC

Zip Code

29732

FEC ID number of contributing
federal political committee.

C

Name of Employer
Warren Norman Co.

Occupation

Real Estate Developer

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	9	

Transaction ID: SA11AI.40769

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Eileen Orednick

Mailing Address 19W450 Deerpath

City

Lemont

State

IL

Zip Code

60439

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	9	

Transaction ID: SA11AI.41334

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

350.00

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 49 / 221

(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Eileen Orednick

Mailing Address 19W450 Deerpath

City

Lemont

State

IL

Zip Code

60439

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.41538

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Richard Parkinson

Mailing Address 223 Riverfield Court

City

Simi Valley

State

CA

Zip Code

93065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Premier Interior Develop-
ment, Inc.

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.41610

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Robert E. Paul

Mailing Address 6717 S. Yale
Suite 107

City

Tulsa

State

OK

Zip Code

74136

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.42195

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1550.00

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 50 / 221

(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Connie L. Payton

Mailing Address 27307 Hemet St.

City

Hemet

State

CA

Zip Code

92544

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.34744

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Connie L. Payton

Mailing Address 27307 Hemet St.

City

Hemet

State

CA

Zip Code

92544

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.37969

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Connie L. Payton

Mailing Address 27307 Hemet St.

City

Hemet

State

CA

Zip Code

92544

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.40317

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

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 51 / 221

(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Robert Pittenger, Jr.

Mailing Address 4521 Sharon Road
Suite 115

City State Zip Code
Charlotte NC 28211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pittenger Company

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.41924

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Kay Pitts

Mailing Address 990 Forest View

City State Zip Code
Austin TX 78746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Rancher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.33389

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Clayton Port

Mailing Address 102 Birch Street

City State Zip Code
Prophetstown IL 61277

FEC ID number of contributing
federal political committee.

C

Name of Employer
John Deere

Occupation
Assembler

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.38989

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

1200.00

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 52 / 221

(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Clayton Port

Mailing Address 102 Birch Street

City

Prophetstown

State

IL

Zip Code

61277

FEC ID number of contributing
federal political committee.

C

Name of Employer
John Deere

Occupation
Assembler

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.40509

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Faith Pressler

Mailing Address 65 Redneck Avenue

City

Little Ferry

State

NJ

Zip Code

07643

FEC ID number of contributing
federal political committee.

C

Name of Employer
Little Ferry BOE

Occupation
Educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.34592

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Faith Pressler

Mailing Address 65 Redneck Avenue

City

Little Ferry

State

NJ

Zip Code

07643

FEC ID number of contributing
federal political committee.

C

Name of Employer
Little Ferry BOE

Occupation
Educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.36584

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

725.00

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 53 / 221

(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Faith Pressler

Mailing Address 65 Redneck Avenue

City

Little Ferry

State

NJ

Zip Code

07643

FEC ID number of contributing
federal political committee.

C

Name of Employer
Little Ferry BOE

Occupation
Educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.38073

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Faith Pressler

Mailing Address 65 Redneck Avenue

City

Little Ferry

State

NJ

Zip Code

07643

FEC ID number of contributing
federal political committee.

C

Name of Employer
Little Ferry BOE

Occupation
Educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.39662

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Faith Pressler

Mailing Address 65 Redneck Avenue

City

Little Ferry

State

NJ

Zip Code

07643

FEC ID number of contributing
federal political committee.

C

Name of Employer
Little Ferry BOE

Occupation
Educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.40239

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

350.00

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 54 / 221

(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Faith Pressler

Mailing Address 65 Redneck Avenue

City

Little Ferry

State

NJ

Zip Code

07643

FEC ID number of contributing
federal political committee.

C

Name of Employer
Little Ferry BOE

Occupation
Educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.41172

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Charles H. Reece

Mailing Address 16012 Napa Ridge

City

Edmond

State

OK

Zip Code

73013

FEC ID number of contributing
federal political committee.

C

Name of Employer
CBMC/USA

Occupation
Christian Ministry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.41369

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Don Reed

Mailing Address 2201 E. Hickory Hill Road

City

Argyle

State

TX

Zip Code

76266

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.42304

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1025.00

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 55 / 221

(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Susan Renton

Mailing Address 10206 Aspen Willow Drive

City State Zip Code
 Fairfax VA 22032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.35759

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

William Richmond

Mailing Address 1320 Golfview Street

City State Zip Code
 Aurora IL 60506

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Bilmar Group, Inc.

Occupation
Construction

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.38150

Amount of Each Receipt this Period

12.50

C.

Full Name (Last, First, Middle Initial)

Jeffrey Roach

Mailing Address 3908 Shadow Vista Court

City State Zip Code
 Charlotte NC 28227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Horizon Investments

Occupation
Chief Economist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.40840

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

362.50

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 56 / 221

(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Daniel Rosendahl

Mailing Address Requested

City

State

Zip Code

Requested

ZZ

00000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.40886

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Kimera J. Saunders

Mailing Address 3150 Avenue E

City

State

Zip Code

Billings

MT

59102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western Builders Supply

Occupation
Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.33460

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Charles Sawicki

Mailing Address 300 W. 5th St.
Unit 418

City

State

Zip Code

Charlotte

NC

28202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.41921

Amount of Each Receipt this Period

250.00

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: PAGE 57 / 221

(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Carl Schneider

Mailing Address 2002 303rd Avenue

City

Fort Madison

State

IA

Zip Code

52627

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Dairy Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.41495

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Carl Schneider

Mailing Address 2002 303rd Avenue

City

Fort Madison

State

IA

Zip Code

52627

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Dairy Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.41678

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Steven Schumpert

Mailing Address 1900 Harborview Drive

City

Sumter

State

SC

Zip Code

29153

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Writer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.40410

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

300.00

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 58 / 221

(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Tim Schwab

Mailing Address 7335W 1400S

City

Remington

State

IN

Zip Code

47977

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.35931

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Rich Schwartz

Mailing Address 15822 Annico Drive

City

Homer Glen

State

IL

Zip Code

60491

FEC ID number of contributing
federal political committee.

C

Name of Employer
Danrich Collision Center

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.31158

Amount of Each Receipt this Period

281.00

C.

Full Name (Last, First, Middle Initial)

Larry Scott

Mailing Address 7211 69th Avenue SE

City

Snohomish

State

WA

Zip Code

98290

FEC ID number of contributing
federal political committee.

C

Name of Employer
911 ETC Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.41229

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

681.00

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 59 / 221

(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Larry Scott

Mailing Address 7211 69th Avenue SE

City

Snohomish

State

WA

Zip Code

98290

FEC ID number of contributing
federal political committee.

C

Name of Employer
911 ETC Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.41682

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Richard See

Mailing Address P.O. Box 924298

City

Princeton

State

FL

Zip Code

33092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seedway, LLC

Occupation
Vegetable Seed Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.38346

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Richard See

Mailing Address P.O. Box 924298

City

Princeton

State

FL

Zip Code

33092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seedway, LLC

Occupation
Vegetable Seed Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.40420

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

160.00

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 60 / 221

(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)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Richard See

Mailing Address P.O. Box 924298

City

Princeton

State

FL

Zip Code

33092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seedway, LLC

Occupation

Vegetable Seed Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

Transaction ID: SA11AI.41703

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Irene Shimp

Mailing Address 707 S. Cactus Wren Street

City

Gilbert

State

AZ

Zip Code

85296

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Unemployed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	0	9

Transaction ID: SA11AI.37114

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Sally Sidman

Mailing Address 21 Coachlight Drive

City

Danville

State

IL

Zip Code

61832

FEC ID number of contributing
federal political committee.

C

Name of Employer
ECI

Occupation

Health Care Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	0	9

Transaction ID: SA11AI.30551

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional)

525.00

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 61 / 221

(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Scott Simpson

Mailing Address 102 SW 1st

City

Morton

State

TX

Zip Code

79346

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frontier Valley

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.32215

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Peyton B. Slagle

Mailing Address 7491 S.W. 18th Street

City

Plantation

State

FL

Zip Code

33317

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.41885

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Don J. Smith

Mailing Address P.O. Box 126

City

Hawley

State

TX

Zip Code

79525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Joe T. Smith, Inc.

Occupation
Oilfield Tank Trucks

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.40348

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

1650.00

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 62 / 221

(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)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Oran P. Smith

Mailing Address 466 E. Columbia Avenue

City

Leesville

State

SC

Zip Code

29070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palmetto Family Council

Occupation

Association Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	0	9

Transaction ID: SA11AI.29483

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Hal W. Stevenson

Mailing Address 1511 Hagood Avenue

City

Columbia

State

SC

Zip Code

29205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stevenson Communication

Occupation

Advertising

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	0	9

Transaction ID: SA11AI.29485

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Rebecca Sugden

Mailing Address 2150 Kurt Court

City

Apopka

State

FL

Zip Code

32703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	0	9

Transaction ID: SA11AI.30572

Amount of Each Receipt this Period

5000.00

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 63 / 221

(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Michael Swaim

Mailing Address 1907 Baker Road

City

High Point

State

NC

Zip Code

27263

FEC ID number of contributing
federal political committee.

C

Name of Employer
Management Resource Systems Inc.

Occupation

Nationwide General Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.32946

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Michael Swaim

Mailing Address 1907 Baker Road

City

High Point

State

NC

Zip Code

27263

FEC ID number of contributing
federal political committee.

C

Name of Employer
Management Resource Systems Inc.

Occupation

Nationwide General Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.34593

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Michael Swaim

Mailing Address 1907 Baker Road

City

High Point

State

NC

Zip Code

27263

FEC ID number of contributing
federal political committee.

C

Name of Employer
Management Resource Systems Inc.

Occupation

Nationwide General Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.36689

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

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 64 / 221

(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Michael Swaim

Mailing Address 1907 Baker Road

City

High Point

State

NC

Zip Code

27263

FEC ID number of contributing
federal political committee.

C

Name of Employer
Management Resource Systems Inc.

Occupation

Nationwide General Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.40196

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Michael Swaim

Mailing Address 1907 Baker Road

City

High Point

State

NC

Zip Code

27263

FEC ID number of contributing
federal political committee.

C

Name of Employer
Management Resource Systems Inc.

Occupation

Nationwide General Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.41090

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Michael Swaim

Mailing Address 1907 Baker Road

City

High Point

State

NC

Zip Code

27263

FEC ID number of contributing
federal political committee.

C

Name of Employer
Management Resource Systems Inc.

Occupation

Nationwide General Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.41182

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Michael Swaim

Mailing Address 1907 Baker Road

City

High Point

State

NC

Zip Code

27263

FEC ID number of contributing
federal political committee.

C

Name of Employer
Management Resource Systems Inc.

Occupation

Nationwide General Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.41713

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Chelsea Taylor

Mailing Address 300 River Oaks Blvd.

City

Searcy

State

AR

Zip Code

72143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation

Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.31739

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Greg Taylor

Mailing Address 18 Pleasant Place

City

Kearny

State

NJ

Zip Code

70321

FEC ID number of contributing
federal political committee.

C

Name of Employer
AIG

Occupation

Data Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.29419

Amount of Each Receipt this Period

205.00

SUBTOTAL of Receipts This Page (optional)

955.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Emily Testrake

Mailing Address 640 Applewood Drive

City

Kirkwood

State

MO

Zip Code

63122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sisters Flowers

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.34705

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

R. P. Thomas

Mailing Address 763 Main St

City

Gibbsland

State

LA

Zip Code

71028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.40875

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Gary Thomason

Mailing Address 501 W. Kamm Ave.

City

Kingsburg

State

CA

Zip Code

93631

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.35094

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Susan Thornberry

Mailing Address 3049 Nattinger Ct

City

San Jose

State

CA

Zip Code

95125

FEC ID number of contributing
federal political committee.

C

Name of Employer
eBay

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.32246

Amount of Each Receipt this Period

213.00

B.

Full Name (Last, First, Middle Initial)

John Tomascheski

Mailing Address P.O. Box 1521

City

Tahlequah

State

OK

Zip Code

74465

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation
Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.41883

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Tom Van Wingerden

Mailing Address 16400 Huntersville Concord Rd.

City

Huntersville

State

NC

Zip Code

28708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Metrolina Greenhouses

Occupation
Owner/Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.41914

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

813.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Brant Vincent

Mailing Address 1305 Glen Cedars Dr.

City

Mableton

State

GA

Zip Code

30126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quantum Radiology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.42278

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Sally Walker

Mailing Address 4701 Shorewood Drive

City

Arlington

State

TX

Zip Code

76016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Star Electric, LLC

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.37630

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

David J. Walter

Mailing Address 1080 Creek Crossing

City

Coppell

State

TX

Zip Code

75019

FEC ID number of contributing
federal political committee.

C

Name of Employer
PH G.P., LLC

Occupation
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.40777

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

3300.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

David Ward

Mailing Address 357 Blackburn Road

City

Quarryville

State

PA

Zip Code

17566

FEC ID number of contributing
federal political committee.

C

Name of Employer
XO Communications

Occupation

Telecommunications Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.41212

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Carlynn Warren

Mailing Address 136 Longmeadow Road

City

Greenville

State

NC

Zip Code

27858

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.41922

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Gary Warren

Mailing Address 3733 Dover Drive

City

Odessa

State

TX

Zip Code

79762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Town and Country Drug

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.41188

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Gary Warren

Mailing Address 3733 Dover Drive

City

Odessa

State

TX

Zip Code

79762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Town and Country Drug

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.41189

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

William Warwick

Mailing Address P.O. Box 554

City

Vaughn

State

WA

Zip Code

98394

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Air Force Reserves

Occupation
Explosive Ordnance Disposal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.37285

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

William Warwick

Mailing Address P.O. Box 554

City

Vaughn

State

WA

Zip Code

98394

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Air Force Reserves

Occupation
Explosive Ordnance Disposal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.38291

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

William Warwick

Mailing Address P.O. Box 554

City

Vaughn

State

WA

Zip Code

98394

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Air Force Reserves

Occupation

Explosive Ordnance Disposal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.39048

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

A. Elizabeth Wenn

Mailing Address 512 Harrogate Rd.

City

Matthews

State

NC

Zip Code

28105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Presbyterian Hospital

Occupation

Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.41887

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Johnny White

Mailing Address P.O. Box 1615

City

Alexandria

State

LA

Zip Code

71301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.31233

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Susan Williams

Mailing Address 867 Main Street

City

Gibbsland

State

LA

Zip Code

71028

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.33976

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Carol Wilson

Mailing Address 2197 Sutter View Lane

City

Lincoln

State

CA

Zip Code

95648

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.41330

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Maxine Wilson

Mailing Address 251 Hardwood Court

City

Adairsville

State

GA

Zip Code

30103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.08

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.38854

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

580.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Maxine Wilson

Mailing Address 251 Hardwood Court

City

Adairsville

State

GA

Zip Code

30103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.08

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.39731

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Maxine Wilson

Mailing Address 251 Hardwood Court

City

Adairsville

State

GA

Zip Code

30103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.08

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.40358

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Maxine Wilson

Mailing Address 251 Hardwood Court

City

Adairsville

State

GA

Zip Code

30103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.08

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.40888

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Maxine Wilson

Mailing Address 251 Hardwood Court

City

Adairsville

State

GA

Zip Code

30103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.08

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.41364

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Matt Wisenbaker

Mailing Address 724 Mountainview

City

Montgomery

State

TX

Zip Code

77356

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wisenbaker Builder Services

Occupation

Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.29332

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Julie Workman

Mailing Address 11224 Windmill Road

City

Oklahoma City

State

OK

Zip Code

73162

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gunn & Associates

Occupation

Office Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.41822

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

760.00

TOTAL This Period (last page this line number only)

84083.45

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

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Government is Not God PAC

Mailing Address P.O. Box 77237

City

Washington

State

DC

Zip Code

20013

FEC ID number of contributing
federal political committee.

C

C00297531

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 9

Transaction ID: SA11C.42498

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

The Leadership Circle PAC

Mailing Address P.O. Box 2888

City

Raleigh

State

NC

Zip Code

27602

FEC ID number of contributing
federal political committee.

C

C00394916

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
0 6 / 1 8 / 2 0 0 9

Transaction ID: SA11C.42501

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5250.00

TOTAL This Period (last page this line number only)

5250.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 221

(check only one)

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

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NAME OF COMMITTEE (In Full)

HUCK PAC

A.

Full Name (Last, First, Middle Initial)

REDhouse Merch

Mailing Address P.O. Box 3547

City

Brentwood

State

TN

Zip Code

37024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	0	9

Transaction ID: SA15.42450

Amount of Each Receipt this Period

405.00

Refund of Overpayment

SUBTOTAL of Receipts This Page (optional)

405.00

TOTAL This Period (last page this line number only)

405.00

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)

PAGE 77 / 221

<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)
HUCK PAC

A. Full Name (Last, First, Middle Initial)
2009 National Young Republicans Convention

Mailing Address 4562 N. Delaware Street

City Indianapolis State IN Zip Code 46205

Purpose of Disbursement
Booth Rental at Convention

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.40151

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

B. Full Name (Last, First, Middle Initial)
America Direct, Inc.

Mailing Address 1272 Corporate Park Drive
Second Floor

City Forest State VA Zip Code 24551

Purpose of Disbursement
Direct Mail - PAC Fundraising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.40131

Date of Disbursement

/ /

Amount of Each Disbursement this Period

8354.13

C. Full Name (Last, First, Middle Initial)
Apptix DBA MailStreet

Mailing Address Dept. CH19172

City Palatine State IL Zip Code 60055

Purpose of Disbursement
Blackberry Service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.39907

Date of Disbursement

/ /

Amount of Each Disbursement this Period

201.35

SUBTOTAL of Disbursements This Page (optional)

9055.48

TOTAL This Period (last page this line number only)

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

NAME OF COMMITTEE (In Full)
HUCK PAC

FEC Schedule B (Form 3X) (Revised 02/2003)

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

NAME OF COMMITTEE (In Full)
HUCK PAC

FEC Schedule B (Form 3X) (Revised 02/2003)

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)

PAGE 80 / 221

<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)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)
Arkansas Flag and Banner, Inc.

Mailing Address P.O. Box 164868

City Little Rock State AR Zip Code 72216

Purpose of Disbursement
PAC Banner

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.39982

Date of Disbursement

/ /

Amount of Each Disbursement this Period

450.37

B.

Full Name (Last, First, Middle Initial)
AT&T

Mailing Address P.O. Box 650661

City Dallas State TX Zip Code 75265

Purpose of Disbursement
Telephone Service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.39911

Date of Disbursement

/ /

Amount of Each Disbursement this Period

732.41

C.

Full Name (Last, First, Middle Initial)
AT&T

Mailing Address P.O. Box 650661

City Dallas State TX Zip Code 75265

Purpose of Disbursement
Telephone Service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.39929

Date of Disbursement

/ /

Amount of Each Disbursement this Period

728.61

SUBTOTAL of Disbursements This Page (optional)

1911.39

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)

PAGE 81 / 221

<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)
HUCK PAC

A. Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB21B.39942 Date of Disbursement																				
Mailing Address P.O. Box 650661	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	2		2	0	0	9												
City Dallas State TX Zip Code 75265	Amount of Each Disbursement this Period																				
Purpose of Disbursement Telephone Service	<table border="1"> <tr> <td colspan="10">729.78</td> </tr> </table>	729.78																			
729.78																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB21B.39962 Date of Disbursement																				
Mailing Address P.O. Box 650661	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	1		2	0	0	9												
City Dallas State TX Zip Code 75265	Amount of Each Disbursement this Period																				
Purpose of Disbursement Telephone Service	<table border="1"> <tr> <td colspan="10">197.84</td> </tr> </table>	197.84																			
197.84																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB21B.40188 Date of Disbursement																				
Mailing Address P.O. Box 650661	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	4		2	0	0	9												
City Dallas State TX Zip Code 75265	Amount of Each Disbursement this Period																				
Purpose of Disbursement Telephone Service	<table border="1"> <tr> <td colspan="10">201.19</td> </tr> </table>	201.19																			
201.19																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1128.81

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)
AT&T Mobility

Mailing Address P.O. Box 6463

City State Zip Code
Carol Stream IL 60197

Purpose of Disbursement
Telephone Service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.39910

Date of Disbursement

/ /

Amount of Each Disbursement this Period

681.34

B.

Full Name (Last, First, Middle Initial)
AT&T Mobility

Mailing Address P.O. Box 6463

City State Zip Code
Carol Stream IL 60197

Purpose of Disbursement
Telephone Service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.39927

Date of Disbursement

/ /

Amount of Each Disbursement this Period

560.44

C.

Full Name (Last, First, Middle Initial)
AT&T Mobility

Mailing Address P.O. Box 6463

City State Zip Code
Carol Stream IL 60197

Purpose of Disbursement
Telephone Service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.39940

Date of Disbursement

/ /

Amount of Each Disbursement this Period

244.04

SUBTOTAL of Disbursements This Page (optional)

1485.82

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

A. Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: SB21B.39945 Date of Disbursement																				
Mailing Address P.O. Box 6463	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	0	9												
City Carol Stream State IL Zip Code 60197	Amount of Each Disbursement this Period																				
Purpose of Disbursement Telephone Service	<table border="1"> <tr> <td>477.20</td> </tr> </table>	477.20																			
477.20																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: SB21B.39953 Date of Disbursement																				
Mailing Address P.O. Box 6463	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	5		2	0	0	9												
City Carol Stream State IL Zip Code 60197	Amount of Each Disbursement this Period																				
Purpose of Disbursement Telephone Service	<table border="1"> <tr> <td>517.50</td> </tr> </table>	517.50																			
517.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: SB21B.39963 Date of Disbursement																				
Mailing Address P.O. Box 6463	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	8		2	0	0	9												
City Carol Stream State IL Zip Code 60197	Amount of Each Disbursement this Period																				
Purpose of Disbursement Telephone Service	<table border="1"> <tr> <td>519.75</td> </tr> </table>	519.75																			
519.75																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1514.45

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)

PAGE 84 / 221

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A. Full Name (Last, First, Middle Initial) AT&T Mobility Mailing Address P.O. Box 6463	Transaction ID: SB21B.40547 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 8 / 2 0 0 9</div> </div>
City State Zip Code Carol Stream IL 60197 Purpose of Disbursement Telephone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>517.56</div>
B. Full Name (Last, First, Middle Initial) Blakemore & Associates Mailing Address 1 East Greenway Plaza Suite 225 City State Zip Code Houston TX 77046 Purpose of Disbursement Fundraising Invitations - PAC Fundraising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.40561 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 6 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1476.16</div>
C. Full Name (Last, First, Middle Initial) Blue Marlin Mailing Address 1200 Lincoln Street City State Zip Code Columbia SC 29201 Purpose of Disbursement Fundraiser Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.39978 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 1 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>439.50</div>

SUBTOTAL of Disbursements This Page (optional)

2433.22

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)

PAGE 85 / 221

<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)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)
Demian Boergadine

Mailing Address 11138 Aqua Vista Street
Apt. 37

City State Zip Code
Studio City CA 91602

Purpose of Disbursement
Media Production

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.40563

Date of Disbursement

/ /

Amount of Each Disbursement this Period

400.00

B.

Full Name (Last, First, Middle Initial)
Bonnie Blue Public Relations

Mailing Address P.O. Box 725587

City State Zip Code
Atlanta GA 31139

Purpose of Disbursement
Printing Expense - PAC Fundraising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.40175

Date of Disbursement

/ /

Amount of Each Disbursement this Period

860.35

C.

Full Name (Last, First, Middle Initial)
Campaign Services

Mailing Address P.O. Box 725587

City State Zip Code
Atlanta GA 31139

Purpose of Disbursement
Event Rally Sign Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.40002

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1690.00

SUBTOTAL of Disbursements This Page (optional)

2950.35

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)

PAGE 86 / 221

<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)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)
Campaign Services

Mailing Address P.O. Box 725587

City Atlanta State GA Zip Code 31139

Purpose of Disbursement
Shipping for Rally Signs
Candidate Name

Category/
Type

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

Transaction ID: SB21B.40020
Date of Disbursement

/ /

Amount of Each Disbursement this Period

106.97

B.

Full Name (Last, First, Middle Initial)
Capitol Resources, Inc.

Mailing Address 3213 Duke Street
#672

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Telemarketing - PAC Fundraising
Candidate Name

Category/
Type

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

Transaction ID: SB21B.40136
Date of Disbursement

/ /

Amount of Each Disbursement this Period

2005.35

C.

Full Name (Last, First, Middle Initial)
Capitol Resources, Inc.

Mailing Address 3213 Duke Street
#672

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Telemarketing - PAC Fundraising
Candidate Name

Category/
Type

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

Transaction ID: SB21B.40147
Date of Disbursement

/ /

Amount of Each Disbursement this Period

751.50

SUBTOTAL of Disbursements This Page (optional)

2863.82

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Capitol Resources, Inc.</p> <p>Mailing Address 3213 Duke Street #672</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Telemarketing - PAC Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40172</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1955.10</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Capitol Resources, Inc.</p> <p>Mailing Address 3213 Duke Street #672</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Telemarketing - PAC Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40179</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 247.50</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Capitol Resources, Inc.</p> <p>Mailing Address 3213 Duke Street #672</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Direct Mail - PAC Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40186</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 343.42</p>

SUBTOTAL of Disbursements This Page (optional)

2546.02

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)

PAGE 88 / 221

<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)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Capitol Resources, Inc.</p> <p>Mailing Address 3213 Duke Street #672</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Telemarketing - PAC Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40550 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 8 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>162.47</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) ccAdvertising</p> <p>Mailing Address 13800 Coppermine Road</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Fundraising Survey</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40133 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 2 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>5000.00</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) ccAdvertising</p> <p>Mailing Address 13800 Coppermine Road</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Fundraising Survey</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40138 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 3 0 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>5000.00</div> </p>

SUBTOTAL of Disbursements This Page (optional)

10162.47

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)

PAGE 89 / 221

<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)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)
Charlotte City Club

Mailing Address 121 West Trade Street
Suite 3100

City Charlotte State NC Zip Code 28202

Purpose of Disbursement
Event Expenses - PAC Fundraising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.40579

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
Clockwork Systems

Mailing Address 442 Government Street
First Floor

City Baton Rouge State LA Zip Code 70802

Purpose of Disbursement
Direct Mail - PAC Fundraising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.40129

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
Communication Strategies, Inc.

Mailing Address 21 North Meramec
2nd Floor

City Clayton State MO Zip Code 63105

Purpose of Disbursement
Telemarketing - PAC Fundraising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.40565

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

2294.36

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)

PAGE 90 / 221

<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)
HUCK PAC

A. Full Name (Last, First, Middle Initial) Judith A. Crouch	Transaction ID: SB21B.39973 Date of Disbursement																				
Mailing Address 59 Belmont Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	2		2	0	0	9												
City Little Rock State AR Zip Code 72204	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Judith A. Crouch	Transaction ID: SB21B.39966 Date of Disbursement																				
Mailing Address 59 Belmont Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City Little Rock State AR Zip Code 72204	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Judith A. Crouch	Transaction ID: SB21B.39984 Date of Disbursement																				
Mailing Address 59 Belmont Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City Little Rock State AR Zip Code 72204	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

6000.00

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)

PAGE 91 / 221

<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)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)
Judith A. Crouch

Mailing Address 59 Belmont Drive

City Little Rock State AR Zip Code 72204

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.39990

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
Judith A. Crouch

Mailing Address 59 Belmont Drive

City Little Rock State AR Zip Code 72204

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.39996

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
Judith A. Crouch

Mailing Address 59 Belmont Drive

City Little Rock State AR Zip Code 72204

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.40022

Date of Disbursement

/ /

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)

PAGE 92 / 221

<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)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)
Judith A. Crouch

Mailing Address 59 Belmont Drive

City Little Rock State AR Zip Code 72204

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.40060

Date of Disbursement

04 / 01 / 2009

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)
Judith A. Crouch

Mailing Address 59 Belmont Drive

City Little Rock State AR Zip Code 72204

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.40067

Date of Disbursement

04 / 15 / 2009

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)
Judith A. Crouch

Mailing Address 59 Belmont Drive

City Little Rock State AR Zip Code 72204

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.40092

Date of Disbursement

05 / 01 / 2009

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

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)

PAGE 93 / 221

<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)
HUCK PAC

A. Full Name (Last, First, Middle Initial) Judith A. Crouch	Transaction ID: SB21B.40100 Date of Disbursement																				
Mailing Address 59 Belmont Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	5		2	0	0	9												
City Little Rock State AR Zip Code 72204	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Judith A. Crouch	Transaction ID: SB21B.40106 Date of Disbursement																				
Mailing Address 59 Belmont Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	1		2	0	0	9												
City Little Rock State AR Zip Code 72204	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Judith A. Crouch	Transaction ID: SB21B.40535 Date of Disbursement																				
Mailing Address 59 Belmont Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	0	9												
City Little Rock State AR Zip Code 72204	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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

NAME OF COMMITTEE (In Full)
HUCK PAC

FEC Schedule B (Form 3X) (Revised 02/2003)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A. Full Name (Last, First, Middle Initial) Delta Trust & Bank	Transaction ID: SB21B.42495 Date of Disbursement
Mailing Address 11700 Cantrell Road	<div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>04 / 27 / 2009</div> </div>
City Little Rock State AR Zip Code 72222	Amount of Each Disbursement this Period
Purpose of Disbursement Bank Charges Candidate Name <div>Category/Type</div>	<div>5.00</div>
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:	
B. Full Name (Last, First, Middle Initial) Delta Trust & Bank	Transaction ID: SB21B.40099 Date of Disbursement
Mailing Address 11700 Cantrell Road	<div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>04 / 29 / 2009</div> </div>
City Little Rock State AR Zip Code 72222	Amount of Each Disbursement this Period
Purpose of Disbursement Employer Contributions to Employee HSAs Candidate Name <div>Category/Type</div>	<div>1000.00</div>
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:	
C. Full Name (Last, First, Middle Initial) Wendy Dooley	Transaction ID: SB21B.39974 Date of Disbursement
Mailing Address 19 Deerwood Drive	<div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>01 / 02 / 2009</div> </div>
City Conway State AR Zip Code 72034	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll Candidate Name <div>Category/Type</div>	<div>1450.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

SUBTOTAL of Disbursements This Page (optional)

2455.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<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)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Wendy Dooley

Mailing Address 19 Deerwood Drive

City Conway State AR Zip Code 72034

Purpose of Disbursement

Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.39967

Date of Disbursement

01 / 15 / 2009

Amount of Each Disbursement this Period

1450.00

B.

Full Name (Last, First, Middle Initial)

Wendy Dooley

Mailing Address 19 Deerwood Drive

City Conway State AR Zip Code 72034

Purpose of Disbursement

Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.39985

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

1450.00

C.

Full Name (Last, First, Middle Initial)

Wendy Dooley

Mailing Address 19 Deerwood Drive

City Conway State AR Zip Code 72034

Purpose of Disbursement

Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.39991

Date of Disbursement

02 / 13 / 2009

Amount of Each Disbursement this Period

1450.00

SUBTOTAL of Disbursements This Page (optional)

4350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<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)
HUCK PAC

A. Full Name (Last, First, Middle Initial) Wendy Dooley	Transaction ID: SB21B.39997 Date of Disbursement
Mailing Address 19 Deerwood Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 7 / 2 0 0 9</div> </div>
City Conway State AR Zip Code 72034	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	<div>1450.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Wendy Dooley	Transaction ID: SB21B.40023 Date of Disbursement
Mailing Address 19 Deerwood Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 3 / 2 0 0 9</div> </div>
City Conway State AR Zip Code 72034	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	<div>1450.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Wendy Dooley	Transaction ID: SB21B.40061 Date of Disbursement
Mailing Address 19 Deerwood Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 1 / 2 0 0 9</div> </div>
City Conway State AR Zip Code 72034	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	<div>1450.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<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)
HUCK PAC

A. Full Name (Last, First, Middle Initial) Wendy Dooley	Transaction ID: SB21B.40068 Date of Disbursement
Mailing Address 19 Deerwood Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 5 / 2 0 0 9</div> </div>
City Conway State AR Zip Code 72034	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	<div>1450.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Wendy Dooley	Transaction ID: SB21B.40093 Date of Disbursement
Mailing Address 19 Deerwood Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 1 / 2 0 0 9</div> </div>
City Conway State AR Zip Code 72034	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	<div>1450.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Wendy Dooley	Transaction ID: SB21B.40101 Date of Disbursement
Mailing Address 19 Deerwood Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 5 / 2 0 0 9</div> </div>
City Conway State AR Zip Code 72034	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	<div>1450.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<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)
HUCK PAC

A. Full Name (Last, First, Middle Initial) Wendy Dooley	Transaction ID: SB21B.40107 Date of Disbursement
Mailing Address 19 Deerwood Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 1 / 2 0 0 9</div> </div>
City Conway State AR Zip Code 72034	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	<div>1450.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Wendy Dooley	Transaction ID: SB21B.40536 Date of Disbursement
Mailing Address 19 Deerwood Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 5 / 2 0 0 9</div> </div>
City Conway State AR Zip Code 72034	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	<div>1450.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Wendy Dooley	Transaction ID: SB21B.40797 Date of Disbursement
Mailing Address 19 Deerwood Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 0 9</div> </div>
City Conway State AR Zip Code 72034	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	<div>1450.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<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)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)
Kristin Dulin

Mailing Address 629 St. James Place

City State Zip Code
Coppell TX 75019

Purpose of Disbursement
Consulting - Fundraising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.40143

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2922.50

B.

Full Name (Last, First, Middle Initial)
J. Hogan Gidley

Mailing Address 2507 Rigby Drive

City State Zip Code
Columbia SC 29204

Purpose of Disbursement
Consulting - Fundraising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.40149

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)
J. Hogan Gidley

Mailing Address 2507 Rigby Drive

City State Zip Code
Columbia SC 29204

Purpose of Disbursement
Consulting - Fundraising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.40793

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1145.25

SUBTOTAL of Disbursements This Page (optional)

4567.75

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)
GSL Solutions, Inc.

Transaction ID: SB21B.42480

Date of Disbursement

/ /

Mailing Address 1411 N. Westshore Boulevard
Suite 204

City Tampa State FL Zip Code 33607

Purpose of Disbursement
Web Development/Hosting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
GSL Solutions, Inc.

Transaction ID: SB21B.42481

Date of Disbursement

/ /

Mailing Address 1411 N. Westshore Boulevard
Suite 204

City Tampa State FL Zip Code 33607

Purpose of Disbursement
Web Development/Hosting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
GSL Solutions, Inc.

Transaction ID: SB21B.42482

Date of Disbursement

/ /

Mailing Address 1411 N. Westshore Boulevard
Suite 204

City Tampa State FL Zip Code 33607

Purpose of Disbursement
Web Development/Hosting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

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)

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<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)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) GSL Solutions, Inc.</p> <p>Mailing Address 1411 N. Westshore Boulevard Suite 204</p> <p>City Tampa State FL Zip Code 33607</p> <p>Purpose of Disbursement Web Development/Hosting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.42483</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 2946.49</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) GSL Solutions, Inc.</p> <p>Mailing Address 1411 N. Westshore Boulevard Suite 204</p> <p>City Tampa State FL Zip Code 33607</p> <p>Purpose of Disbursement Web Development/Hosting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.42484</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) GSL Solutions, Inc.</p> <p>Mailing Address 1411 N. Westshore Boulevard Suite 204</p> <p>City Tampa State FL Zip Code 33607</p> <p>Purpose of Disbursement Web Development/Hosting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.42485</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1500.00</p>

SUBTOTAL of Disbursements This Page (optional)

6946.49

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) GSL Solutions, Inc.</p> <p>Mailing Address 1411 N. Westshore Boulevard Suite 204</p> <p>City Tampa State FL Zip Code 33607</p> <p>Purpose of Disbursement Web Development/Hosting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.42486</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 4 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>1000.00</div> </div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) GSL Solutions, Inc.</p> <p>Mailing Address 1411 N. Westshore Boulevard Suite 204</p> <p>City Tampa State FL Zip Code 33607</p> <p>Purpose of Disbursement Web Development/Hosting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.42487</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 8 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>1000.00</div> </div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Katherine E. Harris</p> <p>Mailing Address 3226 Stonepine</p> <p>City Bryant State AR Zip Code 72022</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39968</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>954.55</div> </div> </p>

SUBTOTAL of Disbursements This Page (optional)

2954.55

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

A. Full Name (Last, First, Middle Initial) Katherine E. Harris	Transaction ID: SB21B.40554 Date of Disbursement																				
Mailing Address 3226 Stonepine	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City State Zip Code Bryant AR 72022	Amount of Each Disbursement this Period																				
Purpose of Disbursement Health & Dental Insurance Reimbursement Candidate Name	<table border="1"> <tr> <td colspan="10">92.93</td> </tr> </table>	92.93																			
92.93																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
B. Full Name (Last, First, Middle Initial) Katherine E. Harris	Transaction ID: SB21B.39986 Date of Disbursement																				
Mailing Address 3226 Stonepine	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City State Zip Code Bryant AR 72022	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Candidate Name	<table border="1"> <tr> <td colspan="10">1166.67</td> </tr> </table>	1166.67																			
1166.67																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
C. Full Name (Last, First, Middle Initial) Katherine E. Harris	Transaction ID: SB21B.39992 Date of Disbursement																				
Mailing Address 3226 Stonepine	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	3		2	0	0	9												
City State Zip Code Bryant AR 72022	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Candidate Name	<table border="1"> <tr> <td colspan="10">1166.67</td> </tr> </table>	1166.67																			
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Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				

SUBTOTAL of Disbursements This Page (optional)

2426.27

TOTAL This Period (last page this line number only)

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

NAME OF COMMITTEE (In Full)
HUCK PAC

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

NAME OF COMMITTEE (In Full)
HUCK PAC

FEC Schedule B (Form 3X) (Revised 02/2003)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

A. Full Name (Last, First, Middle Initial) Katherine E. Harris	Transaction ID: SB21B.40135 Date of Disbursement																				
Mailing Address 3226 Stonepine	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	3		2	0	0	9												
City State Zip Code Bryant AR 72022	Amount of Each Disbursement this Period																				
Purpose of Disbursement Health & Dental Insurance Reimbursement Candidate Name	<table border="1"> <tr> <td colspan="10">120.53</td> </tr> </table>	120.53																			
120.53																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
B. Full Name (Last, First, Middle Initial) Katherine E. Harris	Transaction ID: SB21B.40094 Date of Disbursement																				
Mailing Address 3226 Stonepine	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	1		2	0	0	9												
City State Zip Code Bryant AR 72022	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Candidate Name	<table border="1"> <tr> <td colspan="10">1166.67</td> </tr> </table>	1166.67																			
1166.67																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
C. Full Name (Last, First, Middle Initial) Katherine E. Harris	Transaction ID: SB21B.40148 Date of Disbursement																				
Mailing Address 3226 Stonepine	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	1		2	0	0	9												
City State Zip Code Bryant AR 72022	Amount of Each Disbursement this Period																				
Purpose of Disbursement Health & Dental Insurance Reimbursement Candidate Name	<table border="1"> <tr> <td colspan="10">120.53</td> </tr> </table>	120.53																			
120.53																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				

SUBTOTAL of Disbursements This Page (optional)

1407.73

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 108 / 221

<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)
HUCK PAC

A. Full Name (Last, First, Middle Initial) Katherine E. Harris	Transaction ID: SB21B.40102 Date of Disbursement																				
Mailing Address 3226 Stonepine	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	5		2	0	0	9												
City State Zip Code Bryant AR 72022	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">1166.67</td> </tr> </table>	1166.67																			
1166.67																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Katherine E. Harris	Transaction ID: SB21B.40108 Date of Disbursement																				
Mailing Address 3226 Stonepine	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	1		2	0	0	9												
City State Zip Code Bryant AR 72022	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">1166.67</td> </tr> </table>	1166.67																			
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Katherine E. Harris	Transaction ID: SB21B.40189 Date of Disbursement																				
Mailing Address 3226 Stonepine	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	4		2	0	0	9												
City State Zip Code Bryant AR 72022	Amount of Each Disbursement this Period																				
Purpose of Disbursement Health & Dental Insurance Reimbursement	<table border="1"> <tr> <td colspan="10">120.53</td> </tr> </table>	120.53																			
120.53																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2453.87

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)

PAGE 109 / 221

<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)
HUCK PAC

A. Full Name (Last, First, Middle Initial) Katherine E. Harris	Transaction ID: SB21B.40537 Date of Disbursement																				
Mailing Address 3226 Stonepine	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	0	9												
City State Zip Code Bryant AR 72022	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">1166.67</td> </tr> </table>	1166.67																			
1166.67																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Katherine E. Harris	Transaction ID: SB21B.40798 Date of Disbursement																				
Mailing Address 3226 Stonepine	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	0	9												
City State Zip Code Bryant AR 72022	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">1166.67</td> </tr> </table>	1166.67																			
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Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Holtzman Vogel, PLLC	Transaction ID: SB21B.39924 Date of Disbursement																				
Mailing Address 98 Alexandria Pike Suite 53	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City State Zip Code Warrenton VA 20186	Amount of Each Disbursement this Period																				
Purpose of Disbursement Consulting - Legal	<table border="1"> <tr> <td colspan="10">2197.10</td> </tr> </table>	2197.10																			
2197.10																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4530.44

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Holtzman Vogel, PLLC</p> <hr/> <p>Mailing Address 98 Alexandria Pike Suite 53</p> <hr/> <p>City Warrenton State VA Zip Code 20186</p> <hr/> <p>Purpose of Disbursement Consulting - Legal</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39933</p> <p>Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; text-align: center;">M M</div> / <div style="display: inline-block; text-align: center;">D D</div> / <div style="display: inline-block; text-align: center;">Y Y Y Y</div> </div> <div style="border: 1px solid black; padding: 2px; width: 100px; text-align: center;">02 / 26 / 2009</div> </p> <hr/> <p>Amount of Each Disbursement this Period</p> <div style="border: 1px solid black; padding: 5px; text-align: center; width: 100px;">1421.25</div>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Holtzman Vogel, PLLC</p> <hr/> <p>Mailing Address 98 Alexandria Pike Suite 53</p> <hr/> <p>City Warrenton State VA Zip Code 20186</p> <hr/> <p>Purpose of Disbursement Consulting - Legal</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39947</p> <p>Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; text-align: center;">M M</div> / <div style="display: inline-block; text-align: center;">D D</div> / <div style="display: inline-block; text-align: center;">Y Y Y Y</div> </div> <div style="border: 1px solid black; padding: 2px; width: 100px; text-align: center;">03 / 26 / 2009</div> </p> <hr/> <p>Amount of Each Disbursement this Period</p> <div style="border: 1px solid black; padding: 5px; text-align: center; width: 100px;">616.25</div>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Holtzman Vogel, PLLC</p> <hr/> <p>Mailing Address 98 Alexandria Pike Suite 53</p> <hr/> <p>City Warrenton State VA Zip Code 20186</p> <hr/> <p>Purpose of Disbursement Consulting - Legal</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40173</p> <p>Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; text-align: center;">M M</div> / <div style="display: inline-block; text-align: center;">D D</div> / <div style="display: inline-block; text-align: center;">Y Y Y Y</div> </div> <div style="border: 1px solid black; padding: 2px; width: 100px; text-align: center;">05 / 18 / 2009</div> </p> <hr/> <p>Amount of Each Disbursement this Period</p> <div style="border: 1px solid black; padding: 5px; text-align: center; width: 100px;">3142.50</div>

SUBTOTAL of Disbursements This Page (optional) ►

5180.00

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)

PAGE 111 / 221

<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)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Holtzman Vogel, PLLC</p> <p>Mailing Address 98 Alexandria Pike Suite 53</p> <p>City Warrenton State VA Zip Code 20186</p> <p>Purpose of Disbursement Consulting - Legal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40184</p> <p>Date of Disbursement 05 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 663.75</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Sarah Huckabee</p> <p>Mailing Address 703 Cedar Ridge Drive</p> <p>City Little Rock State AR Zip Code 72211</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39975</p> <p>Date of Disbursement 01 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 2250.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Sarah Huckabee</p> <p>Mailing Address 703 Cedar Ridge Drive</p> <p>City Little Rock State AR Zip Code 72211</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39970</p> <p>Date of Disbursement 01 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 2250.00</p>

SUBTOTAL of Disbursements This Page (optional)

5163.75

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

A. Full Name (Last, First, Middle Initial) Sarah Huckabee	Transaction ID: SB21B.39987 Date of Disbursement
Mailing Address 703 Cedar Ridge Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 9</div> </div>
City Little Rock State AR Zip Code 72211	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	<div>2250.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Sarah Huckabee	Transaction ID: SB21B.39993 Date of Disbursement
Mailing Address 703 Cedar Ridge Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 9</div> </div>
City Little Rock State AR Zip Code 72211	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	<div>2250.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Sarah Huckabee	Transaction ID: SB21B.39999 Date of Disbursement
Mailing Address 703 Cedar Ridge Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 7 / 2 0 0 9</div> </div>
City Little Rock State AR Zip Code 72211	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	<div>2250.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

6750.00

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 PageFOR LINE NUMBER:
(check only one)

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<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)
HUCK PAC

A. Full Name (Last, First, Middle Initial) Sarah Huckabee	Transaction ID: SB21B.40025 Date of Disbursement																				
Mailing Address 703 Cedar Ridge Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City Little Rock State AR Zip Code 72211	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">2250.00</td> </tr> </table>	2250.00																			
2250.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Sarah Huckabee	Transaction ID: SB21B.40063 Date of Disbursement																				
Mailing Address 703 Cedar Ridge Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	0	9												
City Little Rock State AR Zip Code 72211	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">2250.00</td> </tr> </table>	2250.00																			
2250.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Sarah Huckabee	Transaction ID: SB21B.40070 Date of Disbursement																				
Mailing Address 703 Cedar Ridge Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	5		2	0	0	9												
City Little Rock State AR Zip Code 72211	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">2250.00</td> </tr> </table>	2250.00																			
2250.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

6750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A. Full Name (Last, First, Middle Initial) Sarah Huckabee	Transaction ID: SB21B.40095 Date of Disbursement
Mailing Address 703 Cedar Ridge Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 1 / 2 0 0 9</div> </div>
City Little Rock State AR Zip Code 72211	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	<div>2250.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Sarah Huckabee	Transaction ID: SB21B.40103 Date of Disbursement
Mailing Address 703 Cedar Ridge Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 5 / 2 0 0 9</div> </div>
City Little Rock State AR Zip Code 72211	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	<div>2250.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Sarah Huckabee	Transaction ID: SB21B.40109 Date of Disbursement
Mailing Address 703 Cedar Ridge Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 1 / 2 0 0 9</div> </div>
City Little Rock State AR Zip Code 72211	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	<div>2250.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

6750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<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)
HUCK PAC

A. Full Name (Last, First, Middle Initial) Sarah Huckabee	Transaction ID: SB21B.40538 Date of Disbursement
Mailing Address 703 Cedar Ridge Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 5 / 2 0 0 9</div> </div>
City Little Rock State AR Zip Code 72211	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	<div>2250.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Sarah Huckabee	Transaction ID: SB21B.40799 Date of Disbursement
Mailing Address 703 Cedar Ridge Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 0 9</div> </div>
City Little Rock State AR Zip Code 72211	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	<div>2250.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) David M. John	Transaction ID: SB21B.39976 Date of Disbursement
Mailing Address 800 Wyndhurst Drive Apt. 22	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 2 / 2 0 0 9</div> </div>
City Lynchburg State VA Zip Code 24502	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	<div>1700.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

6200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<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)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) David M. John</p> <p>Mailing Address 800 Wyndhurst Drive Apt. 22</p> <p>City Lynchburg State VA Zip Code 24502</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39971</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1700.00</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) David M. John</p> <p>Mailing Address 800 Wyndhurst Drive Apt. 22</p> <p>City Lynchburg State VA Zip Code 24502</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39988</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1700.00</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) David M. John</p> <p>Mailing Address 800 Wyndhurst Drive Apt. 22</p> <p>City Lynchburg State VA Zip Code 24502</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39994</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1700.00</div> </p>

SUBTOTAL of Disbursements This Page (optional)

5100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<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)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)

David M. John

Transaction ID: SB21B.40000

Date of Disbursement

/ /

Mailing Address 800 Wyndhurst Drive
Apt. 22

City Lynchburg State VA Zip Code 24502

Amount of Each Disbursement this Period

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

David M. John

Transaction ID: SB21B.40026

Date of Disbursement

/ /

Mailing Address 800 Wyndhurst Drive
Apt. 22

City Lynchburg State VA Zip Code 24502

Amount of Each Disbursement this Period

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

David M. John

Transaction ID: SB21B.40064

Date of Disbursement

/ /

Mailing Address 800 Wyndhurst Drive
Apt. 22

City Lynchburg State VA Zip Code 24502

Amount of Each Disbursement this Period

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

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)

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<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)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)

David M. John

Mailing Address 800 Wyndhurst Drive
Apt. 22

City Lynchburg State VA Zip Code 24502

Purpose of Disbursement

Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.40071

Date of Disbursement

04 / 15 / 2009

Amount of Each Disbursement this Period

1700.00

B.

Full Name (Last, First, Middle Initial)

David M. John

Mailing Address 800 Wyndhurst Drive
Apt. 22

City Lynchburg State VA Zip Code 24502

Purpose of Disbursement

Travel and Telephone Service Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.40193

Date of Disbursement

04 / 23 / 2009

Amount of Each Disbursement this Period

3421.11

C.

Full Name (Last, First, Middle Initial)

David M. John

Mailing Address 800 Wyndhurst Drive
Apt. 22

City Lynchburg State VA Zip Code 24502

Purpose of Disbursement

Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.40096

Date of Disbursement

05 / 01 / 2009

Amount of Each Disbursement this Period

1700.00

SUBTOTAL of Disbursements This Page (optional)

6821.11

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<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)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)

David M. John

Mailing Address 800 Wyndhurst Drive
Apt. 22

City Lynchburg State VA Zip Code 24502

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.40104

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

David M. John

Mailing Address 800 Wyndhurst Drive
Apt. 22

City Lynchburg State VA Zip Code 24502

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.40110

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

David M. John

Mailing Address 800 Wyndhurst Drive
Apt. 22

City Lynchburg State VA Zip Code 24502

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.40539

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

5100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<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)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)

David M. John

Mailing Address 800 Wyndhurst Drive
Apt. 22

City Lynchburg State VA Zip Code 24502

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.40800

Date of Disbursement

06 / 30 / 2009

Amount of Each Disbursement this Period

1700.00

B.

Full Name (Last, First, Middle Initial)

JPMS Cox

Mailing Address 11300 Cantrell Road
Suite 301

City Little Rock State AR Zip Code 72212

Purpose of Disbursement
Accounting & Compliance Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.39928

Date of Disbursement

02 / 11 / 2009

Amount of Each Disbursement this Period

30047.68

C.

Full Name (Last, First, Middle Initial)

JPMS Cox

Mailing Address 11300 Cantrell Road
Suite 301

City Little Rock State AR Zip Code 72212

Purpose of Disbursement
Accounting & Compliance Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.39954

Date of Disbursement

04 / 23 / 2009

Amount of Each Disbursement this Period

1754.50

SUBTOTAL of Disbursements This Page (optional)

33502.18

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) JPMS Cox</p> <p>Mailing Address 11300 Cantrell Road Suite 301</p> <p>City Little Rock State AR Zip Code 72212</p> <p>Purpose of Disbursement Accounting & Compliance Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39961</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 2865.56</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) JPMS Cox</p> <p>Mailing Address 11300 Cantrell Road Suite 301</p> <p>City Little Rock State AR Zip Code 72212</p> <p>Purpose of Disbursement Accounting & Compliance Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40553</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 2993.10</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) LCM Strategies</p> <p>Mailing Address 3409 Hopkins Street</p> <p>City Nashville State TN Zip Code 37215</p> <p>Purpose of Disbursement Direct Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.42461</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional)

10858.66

TOTAL This Period (last page this line number only)

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

NAME OF COMMITTEE (In Full)
HUCK PAC

FEC Schedule B (Form 3X) (Revised 02/2003)

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

NAME OF COMMITTEE (In Full)
HUCK PAC

5000.00

1500.00

688.95

FEC Schedule B (Form 3X) (Revised 02/2003)

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

NAME OF COMMITTEE (In Full)
HUCK PAC

FEC Schedule B (Form 3X) (Revised 02/2003)

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

NAME OF COMMITTEE (In Full)
HUCK PAC

FEC Schedule B (Form 3X) (Revised 02/2003)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 12921 Cantrell Road Suite 100</p> <p>City Little Rock State AR Zip Code 72223</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39972</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1012.66</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 12921 Cantrell Road Suite 100</p> <p>City Little Rock State AR Zip Code 72223</p> <p>Purpose of Disbursement Payroll and Year-End Report Processing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39925</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>343.70</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 12921 Cantrell Road Suite 100</p> <p>City Little Rock State AR Zip Code 72223</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39989</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 9 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1038.43</div> </p>

SUBTOTAL of Disbursements This Page (optional)

2394.79

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)
Paychex, Inc.

Mailing Address 12921 Cantrell Road
Suite 100

City Little Rock State AR Zip Code 72223

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.39995

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
Paychex, Inc.

Mailing Address 12921 Cantrell Road
Suite 100

City Little Rock State AR Zip Code 72223

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.40001

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
Paychex, Inc.

Mailing Address 12921 Cantrell Road
Suite 100

City Little Rock State AR Zip Code 72223

Purpose of Disbursement

Payroll Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.39938

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

2126.93

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 PageFOR LINE NUMBER:
(check only one)

PAGE 128 / 221

<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)
HUCK PAC

A. Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: SB21B.40027 Date of Disbursement																				
Mailing Address 12921 Cantrell Road Suite 100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City Little Rock State AR Zip Code 72223	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Taxes Candidate Name	<table border="1"> <tr> <td colspan="10">817.26</td> </tr> </table>	817.26																			
817.26																					
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																				
B. Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: SB21B.40065 Date of Disbursement																				
Mailing Address 12921 Cantrell Road Suite 100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	9												
City Little Rock State AR Zip Code 72223	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Taxes Candidate Name	<table border="1"> <tr> <td colspan="10">752.51</td> </tr> </table>	752.51																			
752.51																					
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																				
C. Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: SB21B.39952 Date of Disbursement																				
Mailing Address 12921 Cantrell Road Suite 100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	9		2	0	0	9												
City Little Rock State AR Zip Code 72223	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Processing Fee Candidate Name	<table border="1"> <tr> <td colspan="10">163.51</td> </tr> </table>	163.51																			
163.51																					
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)

1733.28

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 12921 Cantrell Road Suite 100</p> <p>City Little Rock State AR Zip Code 72223</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40072</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 9 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>696.78</div> </div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 12921 Cantrell Road Suite 100</p> <p>City Little Rock State AR Zip Code 72223</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40097</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 9 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>702.45</div> </div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 12921 Cantrell Road Suite 100</p> <p>City Little Rock State AR Zip Code 72223</p> <p>Purpose of Disbursement Payroll Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39960</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 1 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>170.00</div> </div> </p>

SUBTOTAL of Disbursements This Page (optional)

1569.23

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)
Paychex, Inc.

Mailing Address 12921 Cantrell Road
Suite 100

City Little Rock State AR Zip Code 72223

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.40105

Date of Disbursement

/ /

Amount of Each Disbursement this Period

684.42

B.

Full Name (Last, First, Middle Initial)
Paychex, Inc.

Mailing Address 12921 Cantrell Road
Suite 100

City Little Rock State AR Zip Code 72223

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.40111

Date of Disbursement

/ /

Amount of Each Disbursement this Period

651.91

C.

Full Name (Last, First, Middle Initial)
Paychex, Inc.

Mailing Address 12921 Cantrell Road
Suite 100

City Little Rock State AR Zip Code 72223

Purpose of Disbursement

Payroll Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.40126

Date of Disbursement

/ /

Amount of Each Disbursement this Period

163.40

SUBTOTAL of Disbursements This Page (optional)

1499.73

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 12921 Cantrell Road Suite 100</p> <p>City Little Rock State AR Zip Code 72223</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40540 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 1 / 2 0 0 9</div> </p> <p>Amount of Each Disbursement this Period <div>651.91</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 12921 Cantrell Road Suite 100</p> <p>City Little Rock State AR Zip Code 72223</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40795 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 8 / 2 0 0 9</div> </p> <p>Amount of Each Disbursement this Period <div>651.91</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.42453 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 1 / 2 0 0 9</div> </p> <p>Amount of Each Disbursement this Period <div>6176.08</div> </p>

SUBTOTAL of Disbursements This Page (optional) ►

7479.90

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

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.39764

Date of Disbursement

01 / 02 / 2009

Amount of Each Disbursement this Period

0.57

B.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.39765

Date of Disbursement

01 / 04 / 2009

Amount of Each Disbursement this Period

25.41

C.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.39766

Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

4.85

SUBTOTAL of Disbursements This Page (optional)

30.83

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.39767

Date of Disbursement

/ /

Amount of Each Disbursement this Period

11.04

B.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.39768

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2.69

C.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.39769

Date of Disbursement

/ /

Amount of Each Disbursement this Period

29.93

SUBTOTAL of Disbursements This Page (optional)

43.66

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39770</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 11.69</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39771</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 39.60</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39772</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 9.94</p>

SUBTOTAL of Disbursements This Page (optional) ►

61.23

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<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)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39773</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 2 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>6.34</div> </div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39774</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>25.07</div> </div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39775</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 4 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>18.92</div> </div> </p>

SUBTOTAL of Disbursements This Page (optional) ►

50.33

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

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39776</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>9.74</div> </div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39777</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>1.58</div> </div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39778</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 7 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>5.35</div> </div> </p>

SUBTOTAL of Disbursements This Page (optional)

16.67

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39779</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 8 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>1.15</div> </div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39780</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 9 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>50.16</div> </div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39781</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 0 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>121.45</div> </div> </p>

SUBTOTAL of Disbursements This Page (optional) ►

172.76

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

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.39782

Date of Disbursement

/ /

Amount of Each Disbursement this Period

36.07

B.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.39783

Date of Disbursement

/ /

Amount of Each Disbursement this Period

62.44

C.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.39784

Date of Disbursement

/ /

Amount of Each Disbursement this Period

62.59

SUBTOTAL of Disbursements This Page (optional)

161.10

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
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<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39785</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 1</div> <div>2 4</div> <div>2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>15.62</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39786</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 1</div> <div>2 5</div> <div>2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>26.96</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39787</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 1</div> <div>2 6</div> <div>2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>17.79</div> </p>

SUBTOTAL of Disbursements This Page (optional) ►

60.37

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

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.39788

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4.03

B.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.39789

Date of Disbursement

/ /

Amount of Each Disbursement this Period

324.29

C.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.39790

Date of Disbursement

/ /

Amount of Each Disbursement this Period

356.57

SUBTOTAL of Disbursements This Page (optional)

684.89

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.39791

Date of Disbursement

/ /

Amount of Each Disbursement this Period

44.27

B.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.39792

Date of Disbursement

/ /

Amount of Each Disbursement this Period

19.78

C.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.39793

Date of Disbursement

/ /

Amount of Each Disbursement this Period

11.52

SUBTOTAL of Disbursements This Page (optional)

75.57

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 PageFOR LINE NUMBER:
(check only one)

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<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)
HUCK PAC

A. Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.39794 Date of Disbursement																				
Mailing Address 4100 Solutions Center #774100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	2		2	0	0	9												
City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<table border="1"> <tr> <td colspan="10">4.58</td> </tr> </table>	4.58																			
4.58																					
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																				
B. Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.39795 Date of Disbursement																				
Mailing Address 4100 Solutions Center #774100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	3		2	0	0	9												
City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<table border="1"> <tr> <td colspan="10">4.72</td> </tr> </table>	4.72																			
4.72																					
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																				
C. Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.39796 Date of Disbursement																				
Mailing Address 4100 Solutions Center #774100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	4		2	0	0	9												
City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<table border="1"> <tr> <td colspan="10">4.39</td> </tr> </table>	4.39																			
4.39																					
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)

13.69

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.39797

Date of Disbursement

/ /

Amount of Each Disbursement this Period

38.67

B.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.39798

Date of Disbursement

/ /

Amount of Each Disbursement this Period

11.10

C.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.39799

Date of Disbursement

/ /

Amount of Each Disbursement this Period

19.39

SUBTOTAL of Disbursements This Page (optional)

69.16

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.39800

Date of Disbursement

/ /

Amount of Each Disbursement this Period

11.01

B.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.39801

Date of Disbursement

/ /

Amount of Each Disbursement this Period

12.73

C.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.39802

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5.13

SUBTOTAL of Disbursements This Page (optional)

28.87

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39803</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 1 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>6.42</div> </div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39804</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 2 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>3.84</div> </div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39805</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>4.75</div> </div> </p>

SUBTOTAL of Disbursements This Page (optional) ►

15.01

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)

PAGE 146 / 221

<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)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39806</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 17.61</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39807</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 6.09</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39808</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 5.68</p>

SUBTOTAL of Disbursements This Page (optional) ►

29.38

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)

PAGE 147 / 221

<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)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39809</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 324.64</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39810</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 389.81</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39811</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 74.15</p>

SUBTOTAL of Disbursements This Page (optional)

788.60

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A. Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.39812 Date of Disbursement
Mailing Address 4100 Solutions Center #774100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 0 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<div> <div>16.67</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.39813 Date of Disbursement
Mailing Address 4100 Solutions Center #774100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 1 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<div> <div>22.26</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.39814 Date of Disbursement
Mailing Address 4100 Solutions Center #774100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 2 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<div> <div>7.28</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

46.21

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39815</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 2</div> <div>2 3</div> <div>2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>6.71</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39816</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 2</div> <div>2 4</div> <div>2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>13.59</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39817</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 2</div> <div>2 5</div> <div>2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>5.79</div> </p>

SUBTOTAL of Disbursements This Page (optional) ►

26.09

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

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.39818

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3.10

B.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.39819

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3.87

C.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.39820

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4.76

SUBTOTAL of Disbursements This Page (optional)

11.73

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.39821

Date of Disbursement

/ /

Amount of Each Disbursement this Period

133.60

B.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.39822

Date of Disbursement

/ /

Amount of Each Disbursement this Period

152.85

C.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.39823

Date of Disbursement

/ /

Amount of Each Disbursement this Period

179.27

SUBTOTAL of Disbursements This Page (optional)

465.72

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39824</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 8 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>26.44</div> </div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39825</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 9 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>23.13</div> </div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39826</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 0 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>26.12</div> </div> </p>

SUBTOTAL of Disbursements This Page (optional)

75.69

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.39827

Date of Disbursement

03 / 11 / 2009

Amount of Each Disbursement this Period

17.21

B.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.39828

Date of Disbursement

03 / 12 / 2009

Amount of Each Disbursement this Period

29.16

C.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.39829

Date of Disbursement

03 / 13 / 2009

Amount of Each Disbursement this Period

12.05

SUBTOTAL of Disbursements This Page (optional)

58.42

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39830</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 4 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>11.30</div> </div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39831</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 5 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>17.59</div> </div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39832</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 6 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>6.65</div> </div> </p>

SUBTOTAL of Disbursements This Page (optional) ►

35.54

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

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39833</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 7 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>4.47</div> </div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39835</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 8 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>30.76</div> </div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39836</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>108.84</div> </div> </p>

SUBTOTAL of Disbursements This Page (optional) ►

144.07

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39837</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 3</div> <div>2 0</div> <div>2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>76.89</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39838</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 3</div> <div>2 1</div> <div>2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>15.24</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39839</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 3</div> <div>2 2</div> <div>2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>25.84</div> </p>

SUBTOTAL of Disbursements This Page (optional)

117.97

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39840</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 3 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>17.79</div> </div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39841</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 4 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>9.65</div> </div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39842</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 5 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>18.91</div> </div> </p>

SUBTOTAL of Disbursements This Page (optional) ►

46.35

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

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

A. Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.39843 Date of Disbursement																				
Mailing Address 4100 Solutions Center #774100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	9												
City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<table border="1"> <tr> <td colspan="10">134.52</td> </tr> </table>	134.52																			
134.52																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.39844 Date of Disbursement																				
Mailing Address 4100 Solutions Center #774100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	7		2	0	0	9												
City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<table border="1"> <tr> <td colspan="10">193.01</td> </tr> </table>	193.01																			
193.01																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.39845 Date of Disbursement																				
Mailing Address 4100 Solutions Center #774100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	8		2	0	0	9												
City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<table border="1"> <tr> <td colspan="10">56.30</td> </tr> </table>	56.30																			
56.30																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

383.83

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A. Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.39847 Date of Disbursement
Mailing Address 4100 Solutions Center #774100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 9 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<div> <div>63.27</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.39848 Date of Disbursement
Mailing Address 4100 Solutions Center #774100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<div> <div>41.40</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.39849 Date of Disbursement
Mailing Address 4100 Solutions Center #774100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<div> <div>364.15</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

468.82

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)

PAGE 160 / 221

<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)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.39850

Date of Disbursement

04 / 01 / 2009

Amount of Each Disbursement this Period

133.06

B.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.39851

Date of Disbursement

04 / 02 / 2009

Amount of Each Disbursement this Period

18.59

C.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.39852

Date of Disbursement

04 / 03 / 2009

Amount of Each Disbursement this Period

9.47

SUBTOTAL of Disbursements This Page (optional)

161.12

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 161 / 221

<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)
HUCK PAC**A.**

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Transaction ID: SB21B.39853

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	0	9

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Amount of Each Disbursement this Period

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

0.52

B.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Transaction ID: SB21B.39854

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	0	9

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Amount of Each Disbursement this Period

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

8.62

C.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Transaction ID: SB21B.39855

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	0	9

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Amount of Each Disbursement this Period

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

0.82

SUBTOTAL of Disbursements This Page (optional) ►

9.96

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 PageFOR LINE NUMBER:
(check only one)

PAGE 162 / 221

<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)
HUCK PAC

A. Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.39856 Date of Disbursement																				
Mailing Address 4100 Solutions Center #774100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	7		2	0	0	9												
City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<table border="1"> <tr> <td colspan="10">13.87</td> </tr> </table>	13.87																			
13.87																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.39857 Date of Disbursement																				
Mailing Address 4100 Solutions Center #774100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	9		2	0	0	9												
City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<table border="1"> <tr> <td colspan="10">14.27</td> </tr> </table>	14.27																			
14.27																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.39858 Date of Disbursement																				
Mailing Address 4100 Solutions Center #774100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	0		2	0	0	9												
City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<table border="1"> <tr> <td colspan="10">3.18</td> </tr> </table>	3.18																			
3.18																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)**31.32****TOTAL** This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 163 / 221

<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)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39859</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 1 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>3.62</div> </div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39860</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 2 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>0.52</div> </div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39861</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 3 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>10.27</div> </div> </p>

SUBTOTAL of Disbursements This Page (optional) ►

14.41

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

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.39862

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3.70

B.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.39863

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1.89

C.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.39864

Date of Disbursement

/ /

Amount of Each Disbursement this Period

21.73

SUBTOTAL of Disbursements This Page (optional)

27.32

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39866 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 7 / 2 0 0 9</div> </p> <p>Amount of Each Disbursement this Period <div>49.79</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39867 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 8 / 2 0 0 9</div> </p> <p>Amount of Each Disbursement this Period <div>35.48</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39868 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 9 / 2 0 0 9</div> </p> <p>Amount of Each Disbursement this Period <div>6.12</div> </p>

SUBTOTAL of Disbursements This Page (optional)

91.39

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39869</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 4</div> <div>2 0</div> <div>2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>11.71</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39870</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 4</div> <div>2 1</div> <div>2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>3.42</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39871</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 4</div> <div>2 2</div> <div>2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>17.20</div> </p>

SUBTOTAL of Disbursements This Page (optional)

32.33

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A. Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.39872 Date of Disbursement
Mailing Address 4100 Solutions Center #774100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 3 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fee	<div>126.65</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.39873 Date of Disbursement
Mailing Address 4100 Solutions Center #774100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 4 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fee	<div>64.39</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.39874 Date of Disbursement
Mailing Address 4100 Solutions Center #774100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 5 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fee	<div>27.56</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

218.60

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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)
HUCK PAC

A. Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.39875 Date of Disbursement
Mailing Address 4100 Solutions Center #774100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 6 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<div> <div>13.04</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.39876 Date of Disbursement
Mailing Address 4100 Solutions Center #774100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 7 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<div> <div>31.21</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.39877 Date of Disbursement
Mailing Address 4100 Solutions Center #774100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 8 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<div> <div>35.27</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

79.52

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39878</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 37.07</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39879</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 42.60</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39880</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 4.96</p>

SUBTOTAL of Disbursements This Page (optional)

84.63

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.39881

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2.25

B.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.39882

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1.70

C.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.39883

Date of Disbursement

/ /

Amount of Each Disbursement this Period

21.66

SUBTOTAL of Disbursements This Page (optional)

25.61

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39884</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 5 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>63.35</div> </div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39885</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 6 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>52.58</div> </div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39886</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 7 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>36.01</div> </div> </p>

SUBTOTAL of Disbursements This Page (optional) ►

151.94

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

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39887</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 5</div> <div>0 8</div> <div>2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>32.15</div> </div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39888</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 5</div> <div>0 9</div> <div>2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>11.14</div> </div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39889</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 5</div> <div>1 0</div> <div>2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>4.17</div> </div> </p>

SUBTOTAL of Disbursements This Page (optional) ►

47.46

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

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39890</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div>0 5 / 1 2 / 2 0 0 9</div> </p> <p>Amount of Each Disbursement this Period <div>55.02</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39891</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div>0 5 / 1 3 / 2 0 0 9</div> </p> <p>Amount of Each Disbursement this Period <div>24.67</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39892</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div>0 5 / 1 4 / 2 0 0 9</div> </p> <p>Amount of Each Disbursement this Period <div>5.46</div> </p>

SUBTOTAL of Disbursements This Page (optional) ►

85.15

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A. Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.39893 Date of Disbursement
Mailing Address 4100 Solutions Center #774100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 5 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<div> <div>6.31</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.39894 Date of Disbursement
Mailing Address 4100 Solutions Center #774100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 6 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<div> <div>4.20</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.39895 Date of Disbursement
Mailing Address 4100 Solutions Center #774100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 7 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<div> <div>11.50</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

22.01

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39896</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 5.82</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39897</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1.92</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39898</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 4.01</p>

SUBTOTAL of Disbursements This Page (optional) ►

11.75

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

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39899</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 5</div> <div>2 1</div> <div>2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>4.78</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40112</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 5</div> <div>2 2</div> <div>2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>4.86</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40113</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 5</div> <div>2 3</div> <div>2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>2.03</div> </p>

SUBTOTAL of Disbursements This Page (optional) ►

11.67

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<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)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40114</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div>0 5 / 2 4 / 2 0 0 9</div> </p> <p>Amount of Each Disbursement this Period <div>0.41</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40115</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div>0 5 / 2 5 / 2 0 0 9</div> </p> <p>Amount of Each Disbursement this Period <div>0.85</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40116</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div>0 5 / 2 6 / 2 0 0 9</div> </p> <p>Amount of Each Disbursement this Period <div>71.37</div> </p>

SUBTOTAL of Disbursements This Page (optional) ►

72.63

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A. Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.40117 Date of Disbursement
Mailing Address 4100 Solutions Center #774100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 7 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<div> <div>34.85</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.40118 Date of Disbursement
Mailing Address 4100 Solutions Center #774100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 8 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<div> <div>18.20</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.40119 Date of Disbursement
Mailing Address 4100 Solutions Center #774100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 9 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<div> <div>3.73</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

56.78

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)

PAGE 179 / 221

<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)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.40120

Date of Disbursement

05 / 30 / 2009

Amount of Each Disbursement this Period

3.32

B.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.40121

Date of Disbursement

05 / 31 / 2009

Amount of Each Disbursement this Period

3.21

C.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.40122

Date of Disbursement

06 / 01 / 2009

Amount of Each Disbursement this Period

23.99

SUBTOTAL of Disbursements This Page (optional)

30.52

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40123</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 2 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>1.81</div> </div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40124</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 3 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>10.57</div> </div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40125</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 4 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>3.65</div> </div> </p>

SUBTOTAL of Disbursements This Page (optional) ►

16.03

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

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.40528

Date of Disbursement

06 / 05 / 2009

Amount of Each Disbursement this Period

1.56

B.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.40529

Date of Disbursement

06 / 06 / 2009

Amount of Each Disbursement this Period

1.92

C.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.40530

Date of Disbursement

06 / 07 / 2009

Amount of Each Disbursement this Period

0.45

SUBTOTAL of Disbursements This Page (optional) ►

3.93

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

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40531</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 8 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>2.25</div> </div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40532</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 9 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>30.75</div> </div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40533</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 0 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>8.92</div> </div> </p>

SUBTOTAL of Disbursements This Page (optional) ►

41.92

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

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40534</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 15.59</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40541</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 2.14</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40542</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 113.70</p>

SUBTOTAL of Disbursements This Page (optional)

131.43

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<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)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40543</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 6</div> <div>1 5</div> <div>2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>8.30</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40544</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 6</div> <div>1 6</div> <div>2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1.37</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40545</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 6</div> <div>1 7</div> <div>2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1.95</div> </p>

SUBTOTAL of Disbursements This Page (optional) ►

11.62

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A. Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.40546 Date of Disbursement
Mailing Address 4100 Solutions Center #774100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 8 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<div> <div>42.12</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.40781 Date of Disbursement
Mailing Address 4100 Solutions Center #774100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 9 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<div> <div>31.83</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.40782 Date of Disbursement
Mailing Address 4100 Solutions Center #774100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 0 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<div> <div>4.50</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

78.45

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40783</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 1 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>4.75</div> </div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40784</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 2 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>50.04</div> </div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40785</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 3 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>9.69</div> </div> </p>

SUBTOTAL of Disbursements This Page (optional) ►

64.48

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.40786

Date of Disbursement

/ /

Amount of Each Disbursement this Period

98.28

B.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.40787

Date of Disbursement

/ /

Amount of Each Disbursement this Period

98.51

C.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.40788

Date of Disbursement

/ /

Amount of Each Disbursement this Period

24.36

SUBTOTAL of Disbursements This Page (optional)

221.15

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)

PAGE 188 / 221

<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)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.40789

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3.81

B.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.40790

Date of Disbursement

/ /

Amount of Each Disbursement this Period

14.83

C.

Full Name (Last, First, Middle Initial)

Paypal, Inc.

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.40791

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.11

SUBTOTAL of Disbursements This Page (optional)

118.75

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40792</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="274.89"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) PC Assistance, Inc.</p> <p>Mailing Address 3200 S. Shackleford Suite 9</p> <p>City Little Rock State AR Zip Code 72205</p> <p>Purpose of Disbursement Computer Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40139</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="408.50"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) QualChoice</p> <p>Mailing Address 10825 Financial Centre Parkway</p> <p>City Little Rock State AR Zip Code 72211</p> <p>Purpose of Disbursement Employee Benefits - Health Insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.39937</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2849.10"/></p>

SUBTOTAL of Disbursements This Page (optional)

3532.49

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

A. Full Name (Last, First, Middle Initial) QualChoice	Transaction ID: SB21B.39949 Date of Disbursement																				
Mailing Address 10825 Financial Centre Parkway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	9												
City Little Rock State AR Zip Code 72211	Amount of Each Disbursement this Period																				
Purpose of Disbursement Employee Benefits - Health Insurance Candidate Name	<table border="1"> <tr> <td colspan="10">1165.65</td> </tr> </table>	1165.65																			
1165.65																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) QualChoice	Transaction ID: SB21B.39955 Date of Disbursement																				
Mailing Address 10825 Financial Centre Parkway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	3		2	0	0	9												
City Little Rock State AR Zip Code 72211	Amount of Each Disbursement this Period																				
Purpose of Disbursement Employee Benefits - Health Insurance Candidate Name	<table border="1"> <tr> <td colspan="10">1269.21</td> </tr> </table>	1269.21																			
1269.21																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) QualChoice	Transaction ID: SB21B.40183 Date of Disbursement																				
Mailing Address 10825 Financial Centre Parkway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	8		2	0	0	9												
City Little Rock State AR Zip Code 72211	Amount of Each Disbursement this Period																				
Purpose of Disbursement Employee Benefits - Health Insurance Candidate Name	<table border="1"> <tr> <td colspan="10">1269.21</td> </tr> </table>	1269.21																			
1269.21																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3704.07

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)

PAGE 191 / 221

<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)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)
REDhouse Merch

Mailing Address P.O. Box 3547

City State Zip Code
Brentwood TN 37024

Purpose of Disbursement
T-Shirt Printing - PAC Fundraising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.40176

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2490.00

B.

Full Name (Last, First, Middle Initial)
Safe Foods

Mailing Address 4801 North Shore Drive

City State Zip Code
North Little Rock AR 72118

Purpose of Disbursement
Office Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.39912

Date of Disbursement

/ /

Amount of Each Disbursement this Period

750.00

C.

Full Name (Last, First, Middle Initial)
Safe Foods

Mailing Address 4801 North Shore Drive

City State Zip Code
North Little Rock AR 72118

Purpose of Disbursement
Office Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.39926

Date of Disbursement

/ /

Amount of Each Disbursement this Period

750.00

SUBTOTAL of Disbursements This Page (optional)

3990.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<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)
HUCK PAC

A. Full Name (Last, First, Middle Initial) Safe Foods	Transaction ID: SB21B.39935 Date of Disbursement																				
Mailing Address 4801 North Shore Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	6		2	0	0	9												
City North Little Rock State AR Zip Code 72118	Amount of Each Disbursement this Period																				
Purpose of Disbursement Office Rent	<table border="1"> <tr> <td colspan="10">750.00</td> </tr> </table>	750.00																			
750.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Safe Foods	Transaction ID: SB21B.39950 Date of Disbursement																				
Mailing Address 4801 North Shore Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	9												
City North Little Rock State AR Zip Code 72118	Amount of Each Disbursement this Period																				
Purpose of Disbursement Office Rent	<table border="1"> <tr> <td colspan="10">750.00</td> </tr> </table>	750.00																			
750.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Safe Foods	Transaction ID: SB21B.40145 Date of Disbursement																				
Mailing Address 4801 North Shore Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	1		2	0	0	9												
City North Little Rock State AR Zip Code 72118	Amount of Each Disbursement this Period																				
Purpose of Disbursement Office Rent	<table border="1"> <tr> <td colspan="10">75.00</td> </tr> </table>	75.00																			
75.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1575.00

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)

PAGE 193 / 221

<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)
HUCK PAC

A. Full Name (Last, First, Middle Initial) Safe Foods	Transaction ID: SB21B.40146 Date of Disbursement
Mailing Address 4801 North Shore Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 1 / 2 0 0 9</div> </div>
City North Little Rock State AR Zip Code 72118	Amount of Each Disbursement this Period
Purpose of Disbursement Office Rent	<div>638.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Safe Foods	Transaction ID: SB21B.40182 Date of Disbursement
Mailing Address 4801 North Shore Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 8 / 2 0 0 9</div> </div>
City North Little Rock State AR Zip Code 72118	Amount of Each Disbursement this Period
Purpose of Disbursement Office Rent	<div>638.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) David Schmidt	Transaction ID: SB21B.40141 Date of Disbursement
Mailing Address 417 Laverne Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 3 0 / 2 0 0 9</div> </div>
City Clovis State CA Zip Code 93611	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Reimbursement	<div>219.88</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1495.88

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 194 / 221

<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)
HUCK PAC

A. Full Name (Last, First, Middle Initial) Twin City Printing	Transaction ID: SB21B.39906 Date of Disbursement																				
Mailing Address P.O. Box 15368	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	1		2	0	0	9												
City North Little Rock State AR Zip Code 72231	Amount of Each Disbursement this Period																				
Purpose of Disbursement Printing Expense	<table border="1"> <tr> <td colspan="10">1135.83</td> </tr> </table>	1135.83																			
1135.83																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Twin City Printing	Transaction ID: SB21B.39936 Date of Disbursement																				
Mailing Address P.O. Box 15368	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	6		2	0	0	9												
City North Little Rock State AR Zip Code 72231	Amount of Each Disbursement this Period																				
Purpose of Disbursement Printing Expense	<table border="1"> <tr> <td colspan="10">401.26</td> </tr> </table>	401.26																			
401.26																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Twin City Printing	Transaction ID: SB21B.39941 Date of Disbursement																				
Mailing Address P.O. Box 15368	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	9												
City North Little Rock State AR Zip Code 72231	Amount of Each Disbursement this Period																				
Purpose of Disbursement Printing Expense	<table border="1"> <tr> <td colspan="10">401.26</td> </tr> </table>	401.26																			
401.26																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1938.35

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)

PAGE 195 / 221

<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)
HUCK PAC

A. Full Name (Last, First, Middle Initial) Twin City Printing	Transaction ID: SB21B.39959 Date of Disbursement																				
Mailing Address P.O. Box 15368	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	0	9												
City North Little Rock State AR Zip Code 72231	Amount of Each Disbursement this Period																				
Purpose of Disbursement Printing Expense Candidate Name	<table border="1"> <tr> <td colspan="10">245.90</td> </tr> </table>	245.90																			
245.90																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Twin City Printing	Transaction ID: SB21B.40185 Date of Disbursement																				
Mailing Address P.O. Box 15368	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	4		2	0	0	9												
City North Little Rock State AR Zip Code 72231	Amount of Each Disbursement this Period																				
Purpose of Disbursement Office Expense - Printing Candidate Name	<table border="1"> <tr> <td colspan="10">1109.45</td> </tr> </table>	1109.45																			
1109.45																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Twin City Printing	Transaction ID: SB21B.40552 Date of Disbursement																				
Mailing Address P.O. Box 15368	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	8		2	0	0	9												
City North Little Rock State AR Zip Code 72231	Amount of Each Disbursement this Period																				
Purpose of Disbursement Printing Expense - Invitations, Etc. Candidate Name	<table border="1"> <tr> <td colspan="10">1084.78</td> </tr> </table>	1084.78																			
1084.78																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2440.13

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

A. Full Name (Last, First, Middle Initial) Visa Mailing Address P.O. Box 8999	Transaction ID: SB21B.39914 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div>
City San Francisco State CA Zip Code 94128 Purpose of Disbursement Credit Card Payment - See Memos Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>645.07</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) Google Adwords Mailing Address 1600 Amphitheatre Parkway City Mountain View State CA Zip Code 94043 Purpose of Disbursement Advertising - Internet Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.39914.0 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>457.24</div> <div>Category/Type</div> <p>[MEMO ITEM]</p>
C. Full Name (Last, First, Middle Initial) Visa Mailing Address P.O. Box 8999 City San Francisco State CA Zip Code 94128 Purpose of Disbursement Credit Card Pmt. - No Itemization Req. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.40555 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>45.11</div> <div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

690.18

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 PageFOR LINE NUMBER:
(check only one)

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<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)
HUCK PAC**A.**Full Name (Last, First, Middle Initial)
Visa

Mailing Address P.O. Box 8999

City State Zip Code
San Francisco CA 94128Purpose of Disbursement
Credit Card Payment - See Memos

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.40004

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	0	9

Amount of Each Disbursement this Period

1756.94

B.Full Name (Last, First, Middle Initial)
Northwest Airlines, Inc.

Mailing Address 2700 Lone Oak Pkwy

City State Zip Code
Eagan MN 55121Purpose of Disbursement
Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.40004.1

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	0	9

Amount of Each Disbursement this Period

247.41

[MEMO ITEM]**C.**Full Name (Last, First, Middle Initial)
Candlewood Suites

Mailing Address 3916 Lincolnway W

City State Zip Code
South Bend IN 46628Purpose of Disbursement
Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.40004.2

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	0	9

Amount of Each Disbursement this Period

225.98

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)

1756.94

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) US Post Office</p> <p>Mailing Address 501 Commerce Drive</p> <p>City Maumelle State AR Zip Code 72113</p> <p>Purpose of Disbursement Postage - PAC Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40004.3</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 6 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1260.00</div> </p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Visa</p> <p>Mailing Address P.O. Box 8999</p> <p>City San Francisco State CA Zip Code 94128</p> <p>Purpose of Disbursement Credit Card Payment - See Memos</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40005</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 6 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>3479.55</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) American Airlines</p> <p>Mailing Address P.O. Box 619612 MD 2400</p> <p>City DFW Airport State TX Zip Code 75261</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40005.0</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 6 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>280.40</div> </p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)

3479.55

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)
Hotels.com

Mailing Address 860 Wyckoff Avenue

City State Zip Code
Mahwah NJ 07430

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.40005.1
Date of Disbursement

/ /

Amount of Each Disbursement this Period

295.42

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
US Post Office

Mailing Address 501 Commerce Drive

City State Zip Code
Maumelle AR 72113

Purpose of Disbursement
Postage - PAC Fundraising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.40005.2
Date of Disbursement

/ /

Amount of Each Disbursement this Period

755.51

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Google Adwords

Mailing Address 1600 Amphitheatre Parkway

City State Zip Code
Mountain View CA 94043

Purpose of Disbursement
Advertising - Internet

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.40005.4
Date of Disbursement

/ /

Amount of Each Disbursement this Period

440.58

[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)

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<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)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)
Best Buy

Mailing Address 11800 Chenal Parkway

City Little Rock State AR Zip Code 72211

Purpose of Disbursement
Office Supplies Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.40005.6
Date of Disbursement

/ /

Amount of Each Disbursement this Period

967.49

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
B & H Photo-Video-Pro Audio

Mailing Address 420 9th Avenue

City New York State NY Zip Code 10001

Purpose of Disbursement
Online Marketing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.40005.8
Date of Disbursement

/ /

Amount of Each Disbursement this Period

499.95

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P.O. Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement
Credit Card Payment - See Memos

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.40028
Date of Disbursement

/ /

Amount of Each Disbursement this Period

3957.16

SUBTOTAL of Disbursements This Page (optional)

3957.16

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)
Northwest Airlines, Inc.

Mailing Address 2700 Lone Oak Pkwy

City Eagan State MN Zip Code 55121

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.40028.0
Date of Disbursement

/ /

Amount of Each Disbursement this Period

664.59

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Courtyard by Marriott Northwest

Mailing Address 1900 Connecticut Avenue NW

City Washington State DC Zip Code 20009

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.40028.1
Date of Disbursement

/ /

Amount of Each Disbursement this Period

1025.94

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
US Post Office

Mailing Address 600 E. Capitol Avenue

City Little Rock State AR Zip Code 72202

Purpose of Disbursement
Postage - PAC Fundraising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.40028.2
Date of Disbursement

/ /

Amount of Each Disbursement this Period

686.20

[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)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A. Full Name (Last, First, Middle Initial) Bedford Camera & Video	Transaction ID: SB21B.40028.5 Date of Disbursement
Mailing Address 11400 N. Rodney Parham Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 9</div> </div>
City Little Rock State AR Zip Code 72212	Amount of Each Disbursement this Period
Purpose of Disbursement Office Supplies Expense	<div>648.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) CALIFORNIA REPUBLICAN PARTY/V8	Transaction ID: SB21B.40028.11 Date of Disbursement
Mailing Address 1903 W Magnolia Blvd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 9</div> </div>
City Burbank State CA Zip Code 91506	Amount of Each Disbursement this Period
Purpose of Disbursement Advertising at Fundraiser Event	<div>500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Visa	Transaction ID: SB21B.40029 Date of Disbursement
Mailing Address P.O. Box 8999	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 9</div> </div>
City San Francisco State CA Zip Code 94128	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Payment - See Memos	<div>1978.72</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

SUBTOTAL of Disbursements This Page (optional)

1978.72

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)
Delta Airlines

Mailing Address P.O. Box 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.40029.0
Date of Disbursement

/ /

Amount of Each Disbursement this Period

479.80

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Google Adwords

Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Advertising - Internet

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.40029.1
Date of Disbursement

/ /

Amount of Each Disbursement this Period

610.55

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Staples.com

Mailing Address 500 Staples Drive

City Framingham State MA Zip Code 01702

Purpose of Disbursement
Office Supplies Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.40029.2
Date of Disbursement

/ /

Amount of Each Disbursement this Period

205.36

[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)

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<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)
HUCK PAC

A. Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B.40029.3 Date of Disbursement																				
Mailing Address P.O. Box 619612 MD 2400	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	0	9												
City DFW Airport State TX Zip Code 75261	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td colspan="10">276.20</td> </tr> </table>	276.20																			
276.20																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Dish Network	Transaction ID: SB21B.40029.5 Date of Disbursement																				
Mailing Address Department 0063	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	0	9												
City Palatine State IL Zip Code 60055	Amount of Each Disbursement this Period																				
Purpose of Disbursement Office Expense	<table border="1"> <tr> <td colspan="10">91.54</td> </tr> </table>	91.54																			
91.54																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) US Post Office	Transaction ID: SB21B.40029.6 Date of Disbursement																				
Mailing Address 501 Commerce Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	0	9												
City Maumelle State AR Zip Code 72113	Amount of Each Disbursement this Period																				
Purpose of Disbursement Postage	<table border="1"> <tr> <td colspan="10">131.08</td> </tr> </table>	131.08																			
131.08																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

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)

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<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)
HUCK PAC

A. Full Name (Last, First, Middle Initial) Visa Mailing Address P.O. Box 8999	Transaction ID: SB21B.40073 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 3 / 2 0 0 9</div> </div>
City San Francisco State CA Zip Code 94128 Purpose of Disbursement Credit Card Payment - See Memos Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>6094.05</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) US Post Office Mailing Address 600 E. Capitol Avenue City Little Rock State AR Zip Code 72202 Purpose of Disbursement Postage - PAC Fundraising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.40073.0 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 3 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>73.40</div> <div>Category/Type</div> <p>[MEMO ITEM]</p>
C. Full Name (Last, First, Middle Initial) Apple Online Store Mailing Address 1 Infinite Loop City Cupertino State CA Zip Code 95014 Purpose of Disbursement Computer Equipment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.40073.1 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 3 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>4373.74</div> <div>Category/Type</div> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)

6094.05

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<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)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Google Adwords

Mailing Address 1600 Amphitheatre Parkway

City State Zip Code
Mountain View CA 94043

Purpose of Disbursement
Advertising - Internet

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.40073.2

Date of Disbursement

/ /

Amount of Each Disbursement this Period

610.60

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

B & H Photo-Video-Pro Audio

Mailing Address 420 9th Avenue

City State Zip Code
New York NY 10001

Purpose of Disbursement
Media Production Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.40073.3

Date of Disbursement

/ /

Amount of Each Disbursement this Period

89.90

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Delta Airlines

Mailing Address P.O. Box 20706

City State Zip Code
Atlanta GA 30320

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.40073.4

Date of Disbursement

/ /

Amount of Each Disbursement this Period

259.41

[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)

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<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)
HUCK PAC

A. Full Name (Last, First, Middle Initial) Best Buy	Transaction ID: SB21B.40073.5 Date of Disbursement
Mailing Address 11800 Chenal Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 3 / 2 0 0 9</div> </div>
City Little Rock State AR Zip Code 72211	Amount of Each Disbursement this Period
Purpose of Disbursement Office Supplies Expense	<div>53.74</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Dish Network	Transaction ID: SB21B.40073.7 Date of Disbursement
Mailing Address Department 0063	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 3 / 2 0 0 9</div> </div>
City Palatine State IL Zip Code 60055	Amount of Each Disbursement this Period
Purpose of Disbursement Office Expense	<div>91.54</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) J&R Electronics, Inc.	Transaction ID: SB21B.40073.8 Date of Disbursement
Mailing Address 23 Park Row	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 3 / 2 0 0 9</div> </div>
City New York State NY Zip Code 10038	Amount of Each Disbursement this Period
Purpose of Disbursement Office Supplies Expense	<div>429.98</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[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)

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<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)
HUCK PAC

A. Full Name (Last, First, Middle Initial) Visa Mailing Address P.O. Box 8999	Transaction ID: SB21B.40074 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 3 / 2 0 0 9</div> </div>
City State Zip Code San Francisco CA 94128 Purpose of Disbursement Credit Card Payment - See Memos Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>603.63</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) Arkansas Secretary of State Mailing Address State Capitol City State Zip Code Little Rock AR 72201 Purpose of Disbursement State Compliance Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.40074.0 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 3 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>247.26</div> <div>Category/Type</div> <p>[MEMO ITEM]</p>
C. Full Name (Last, First, Middle Initial) Wyndham Riverfront Mailing Address 2 Riverfront Place City State Zip Code North Little Rock AR 72114 Purpose of Disbursement Meeting Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.40074.2 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 3 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>298.90</div> <div>Category/Type</div> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ►

603.63

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

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HUCK PAC

A. Full Name (Last, First, Middle Initial) Visa Mailing Address P.O. Box 8999	Transaction ID: SB21B.40153 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 8 / 2 0 0 9</div> </div>
City San Francisco State CA Zip Code 94128 Purpose of Disbursement Credit Card Payment - See Memos Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1718.32</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) US Post Office Mailing Address 501 Commerce Drive City Maumelle State AR Zip Code 72113 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.40153.0 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 8 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>182.72</div> <div>Category/Type</div> <p>[MEMO ITEM]</p>
C. Full Name (Last, First, Middle Initial) US Post Office Mailing Address 600 E. Capitol Avenue City Little Rock State AR Zip Code 72202 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.40153.1 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 8 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>164.17</div> <div>Category/Type</div> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ►

1718.32

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 210 / 221

<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)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)
Dish Network

Mailing Address Department 0063

City State Zip Code
Palatine IL 60055

Purpose of Disbursement
Office Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.40153.2

Date of Disbursement

/ /

Amount of Each Disbursement this Period

91.54

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Google Adwords

Mailing Address 1600 Amphitheatre Parkway

City State Zip Code
Mountain View CA 94043

Purpose of Disbursement
Advertising - Internet

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.40153.3

Date of Disbursement

/ /

Amount of Each Disbursement this Period

349.67

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
The UPS Store

Mailing Address 1900 Club Manor Drive
Suite 112

City State Zip Code
Maumelle AR 72113

Purpose of Disbursement
Postage/Shipping

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.40153.8

Date of Disbursement

/ /

Amount of Each Disbursement this Period

198.28

[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)

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<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)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)
Continental Airlines

Mailing Address P.O. Box 4607

City State Zip Code
Houston TX 77210

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.40153.10
Date of Disbursement

/ /

Amount of Each Disbursement this Period

420.40

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P.O. Box 8999

City State Zip Code
San Francisco CA 94128

Purpose of Disbursement
Credit Card Payment - See Memos

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.40168
Date of Disbursement

/ /

Amount of Each Disbursement this Period

92.70

C.

Full Name (Last, First, Middle Initial)
The UPS Store

Mailing Address 1900 Club Manor Drive
Suite 112

City State Zip Code
Maumelle AR 72113

Purpose of Disbursement
Postage/Shipping

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.40168.1
Date of Disbursement

/ /

Amount of Each Disbursement this Period

28.82

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

92.70

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 212 / 221

<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)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P.O. Box 8999

City State Zip Code
San Francisco CA 94128

Purpose of Disbursement
Credit Card Payment - See Memos

Candidate Name

Category/
Type

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

Transaction ID: SB21B.40794

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 4000 E. Sky Harbor Boulevard

City State Zip Code
Phoenix AZ 85034

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

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

Transaction ID: SB21B.40794.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
US Post Office

Mailing Address 501 Commerce Drive

City State Zip Code
Maumelle AR 72113

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

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

Transaction ID: SB21B.40794.1

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

1313.52

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 213 / 221

<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)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Google Adwords</p> <p>Mailing Address 1600 Amphitheatre Parkway</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement Advertising - Internet</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40794.2</p> <p>Date of Disbursement 06 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 137.17</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address P.O. Box 20706</p> <p>City Atlanta State GA Zip Code 30320</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40794.3</p> <p>Date of Disbursement 06 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 171.71</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Dish Network</p> <p>Mailing Address Department 0063</p> <p>City Palatine State IL Zip Code 60055</p> <p>Purpose of Disbursement Office Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40794.4</p> <p>Date of Disbursement 06 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 51.55</p> <p>[MEMO ITEM]</p>

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)

PAGE 214 / 221

<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)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)

Hilton Hotels

Mailing Address 925 S. University

City
Little Rock

State
AR

Zip Code
72204

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.40794.5

Date of Disbursement

/ /

Amount of Each Disbursement this Period

393.17

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

316871.83

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 215 / 221

<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)
HUCK PAC**A.** Full Name (Last, First, Middle Initial)
CRAWFORD FOR CONGRESS

Mailing Address PO BOX 16956

City JONESBORO State AR Zip Code 72403

Purpose of Disbursement
Campaign ContributionCandidate Name
ERIC ALAN RICK CRAWFORDCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 01

Transaction ID: SB23.40819

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
DICK KELSEY FOR CONGRESS

Mailing Address 4031 East Harry Street

City Wichita State KS Zip Code 67218

Purpose of Disbursement
Campaign ContributionCandidate Name
RICHARD FRANKLIN KELSEYCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 04

Transaction ID: SB23.40823

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF LES PHILLIP

Mailing Address 12060 COUNTYLINE ROAD STE J 277

City MADISON State AL Zip Code 35756

Purpose of Disbursement
Campaign ContributionCandidate Name
LESTER S PHILLIPCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 05

Transaction ID: SB23.42508

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 216 / 221

<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)
HUCK PAC**A.**Full Name (Last, First, Middle Initial)
KANSANS FOR HUELSKAMP

Mailing Address PO Box 410

City State Zip Code
Fowler KS 67844Purpose of Disbursement
Campaign ContributionCandidate Name
TIMOTHY A HUELSKAMPCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 01

Transaction ID: SB23.40571

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	0	9

Amount of Each Disbursement this Period

1000.00

B.Full Name (Last, First, Middle Initial)
MARCO RUBIO FOR US SENATE

Mailing Address 4027 SOUTH LEJEUNE ROAD

City State Zip Code
CORAL GABLES FL 33146Purpose of Disbursement
Campaign ContributionCandidate Name
MARCO RUBIOCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 00

Transaction ID: SB23.40807

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

Amount of Each Disbursement this Period

2500.00

C.Full Name (Last, First, Middle Initial)
REX RICE FOR CONGRESSMailing Address 301 PROVIDENCE WAY
PO BOX 1706City State Zip Code
EASLEY SC 29642Purpose of Disbursement
Rex Rice for CongressCandidate Name
REX FONTAINE RICECategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 03

Transaction ID: SB23.40816

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<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)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)
TEDISCO FOR CONGRESS

Mailing Address 1707 Route 9

City State Zip Code
Clifton Park NY 12065

Purpose of Disbursement
Campaign Contribution

Candidate Name
JAMES TEDISCO

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 20

Disbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼
Special-General

Category/
Type

Transaction ID: SB23.40568

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	0	9

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

10000.00

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)

PAGE 218 / 221

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A. Full Name (Last, First, Middle Initial)
Ken Cuccinelli for Attorney General

Mailing Address 10560 Main Street
Suite 218

City State Zip Code
Fairfax VA 22030

Purpose of Disbursement
Campaign Contribution

Candidate Name
Ken Cuccinelli

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB29.40577

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
McDonnell for Governor

Mailing Address 2819 North Parham Road
Suite 210

City State Zip Code
Richmond VA 23294

Purpose of Disbursement
Campaign Contribution

Candidate Name
Bob McDonnell

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB29.40575

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
Team Vander Plaats

Mailing Address P.O. Box 2010

City State Zip Code
Sioux City IA 51104

Purpose of Disbursement
Campaign Contribution

Candidate Name
Bob Vander Plaats

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB29.40815

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

7500.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 219 / 221

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
HUCK PAC**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
GSL Solutions, Inc.Nature of Debt (Purpose):
Web Development/HostingMailing Address 1411 N. Westshore Boulevard
Suite 204City State ZIP Code
Tampa FL 33607

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.42477

Amount Incurred This Period

32773.26

Payment This Period

18104.98

Outstanding Balance at Close of This Period

14668.28

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
JPMS CoxNature of Debt (Purpose):
Accounting & Compliance
FeesMailing Address 11300 Cantrell Road
Suite 301City State ZIP Code
Little Rock AR 72212

Outstanding Balance Beginning This Period

17293.14

Transaction ID: SD10.29209

Amount Incurred This Period

20367.70

Payment This Period

37660.84

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
LCM StrategiesNature of Debt (Purpose):
Direct Mail

Mailing Address 3409 Hopkins Street

City State ZIP Code
Nashville TN 37215

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.42454

Amount Incurred This Period

30000.00

Payment This Period

26500.00

Outstanding Balance at Close of This Period

3500.00

1) SUBTOTALS This Period This Page (optional).....

18168.28

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

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 220 / 221

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
HUCK PAC**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Preferred CommunicationsNature of Debt (Purpose):
Direct Mail List PurchaseMailing Address 6090 Franconia Road
Suite DCity State ZIP Code
Alexandria VA 22310

Outstanding Balance Beginning This Period

45000.00

Transaction ID: SD10.14799

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

45000.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

45000.00

2) **TOTALS** This Period (last page this line number only)..... ▶

63168.28

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

63168.28

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 221 / 221

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) HUCK PAC		FEC IDENTIFICATION NUMBER C C00448373	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Preferred Communications		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 3</div> <div><small>D D</small> 2 4</div> <div><small>Y Y Y Y</small> 2 0 0 9</div> </div>	
Mailing Address 6090 Franconia Road Suite D		Amount 1155.00	
City Alexandria		Transaction ID: SE.29221	
State VA		Office Sought: <input checked="" type="checkbox"/> House State: NY	
Zip Code 22310		<input type="checkbox"/> Senate District: 20	
Purpose of Expenditure Phone Solicitation List		<input type="checkbox"/> Presidential	
Category/ Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JAMES TEDISCO		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
Calendar Year-To-Date Per Election for Office Sought		<input checked="" type="checkbox"/> Other (specify) : <u>Special-General</u> 2009	
		1155.00	

(a) SUBTOTAL of Itemized Independent Expenditures	1155.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1155.00
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>	
Bryan Jeffrey _____ Signature	Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 7</div> <div><small>D D</small> 3 1</div> <div><small>Y Y Y Y</small> 2 0 0 9</div> </div>