

**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 (12S)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2010

through

09

30

2010

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

12

02

2010

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
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	192151.24
(b) Cash on Hand at Beginning of Reporting Period .....	229304.93	
(c) Total Receipts (from Line 19) .....	288295.59	819705.30
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	517600.52	1011856.54
7. Total Disbursements (from Line 31) .....	314654.71	808910.73
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	202945.81	202945.81
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

### For further information contact:

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

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

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 215

Write or Type Committee Name

HUCK PAC

Report Covering the Period:

From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	100423.40	212589.00
(ii) Unitemized .....	187461.65	580575.46
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	287885.05	793164.46
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	1000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	287885.05	794164.46
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) .....	410.54	24540.84
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	1000.00
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)) .....	288295.59	819705.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	288295.59	819705.30

## 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.....	237439.71	640460.73	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	237439.71	640460.73	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	51000.00	117500.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	215.00	450.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	215.00	450.00	
29. Other Disbursements.....	26000.00	50500.00	
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))..	314654.71	808910.73	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	314654.71	808910.73	

**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) .....	287885.05	794164.46
34. Total Contribution Refunds (from Line 28(d)) .....	215.00	450.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	287670.05	793714.46
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	237439.71	640460.73
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	410.54	24540.84
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	237029.17	615919.89

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

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

FOR LINE NUMBER: PAGE 6 / 215

(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)

Bright Agindotan

Mailing Address 1707 Willow Court

City

Urbana

State

IL

Zip Code

61801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Illinois,  
Urbana-Champaign

Occupation

Research Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.105722

Amount of Each Receipt this Period

100.00

**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 ▼

435.00

Date of Receipt

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

Transaction ID: SA11AI.100296

Amount of Each Receipt this Period

25.00

**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 ▼

460.00

Date of Receipt

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

Transaction ID: SA11AI.100811

Amount of Each Receipt this Period

25.00

**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 7 / 215

(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 ▼

510.00

Date of Receipt

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

Transaction ID: SA11AI.101445

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 ▼

535.00

Date of Receipt

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

Transaction ID: SA11AI.101499

Amount of Each Receipt this Period

25.00

**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 ▼

785.00

Date of Receipt

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

Transaction ID: SA11AI.102403

Amount of Each Receipt this Period

250.00

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

325.00

**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 / 215

(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)

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 OfficeOccupation  
Paralegal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

835.00

Date of Receipt

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

Transaction ID: SA11AI.105645

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 OfficeOccupation  
Paralegal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

885.00

Date of Receipt

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

Transaction ID: SA11AI.108146

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

John Baker

Mailing Address 1870 Challen Avenue

City

Jacksonville

State

FL

Zip Code

32221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Patriot Transportation Ho-  
lding, Inc.Occupation  
Trucking/Real Estate Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1012.50

Date of Receipt

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

Transaction ID: SA11AI.101544

Amount of Each Receipt this Period

1000.00

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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 215

(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)

Billie Beeman

Mailing Address 3525 Chelwood Park NE

City

Albuquerque

State

NM

Zip Code

87111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
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	8	/	2	4	/	2	0	1	0

Transaction ID: SA11AI.102541

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Billie Beeman

Mailing Address 3525 Chelwood Park NE

City

Albuquerque

State

NM

Zip Code

87111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
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	9	/	2	8	/	2	0	1	0

Transaction ID: SA11AI.107877

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Patricia Bellairs

Mailing Address 3005 Bay Vista Avenue

City

Tampa

State

FL

Zip Code

33611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Moffitt Cancer CenterOccupation  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.100419

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)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 215

(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)

Patricia Bellairs

Mailing Address 3005 Bay Vista Avenue

City

Tampa

State

FL

Zip Code

33611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Moffitt Cancer Center

Occupation

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

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

Transaction ID: SA11AI.101355

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Patricia Bellairs

Mailing Address 3005 Bay Vista Avenue

City

Tampa

State

FL

Zip Code

33611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Moffitt Cancer Center

Occupation

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

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

Transaction ID: SA11AI.101548

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Patricia Bellairs

Mailing Address 3005 Bay Vista Avenue

City

Tampa

State

FL

Zip Code

33611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Moffitt Cancer Center

Occupation

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.104028

Amount of Each Receipt this Period

25.00

**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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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 215

(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)

Patricia Bellairs

Mailing Address 3005 Bay Vista Avenue

City

Tampa

State

FL

Zip Code

33611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Moffitt Cancer Center

Occupation

Registered Nurse

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: SA11AI.105680

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Ernest Bianco

Mailing Address 8902 Eagle Pt. Loop Road SW

City

Lakewood

State

WA

Zip Code

98498

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unemployed

Occupation

Unemployed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

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

Transaction ID: SA11AI.100284

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Ernest Bianco

Mailing Address 8902 Eagle Pt. Loop Road SW

City

Lakewood

State

WA

Zip Code

98498

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unemployed

Occupation

Unemployed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.101513

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 12 / 215

(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)

Ernest Bianco

Mailing Address 8902 Eagle Pt. Loop Road SW

City State Zip Code  
 Lakewood WA 98498

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Unemployed

Occupation  
Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

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

Transaction ID: SA11AI.105305

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Eugene Bishop

Mailing Address P.O. Box 2110

City State Zip Code  
 Dawsonville GA 30534

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Southern Wood Plantation

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  
 0 8 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.104652

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Cheryl Bland

Mailing Address P.O. Box 250

City State Zip Code  
 Bolton MS 39041

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Unemployed

Occupation  
Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.100301

Amount of Each Receipt this Period

50.00

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

5075.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 215

(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)

Cheryl Bland

Mailing Address P.O. Box 250

City

Bolton

State

MS

Zip Code

39041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unemployed

Occupation

Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.105616

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Roy Bland

Mailing Address P.O. Box 250

City

Bolton

State

MS

Zip Code

39041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
A/C Masters, Inc.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.100300

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Roy Bland

Mailing Address P.O. Box 250

City

Bolton

State

MS

Zip Code

39041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
A/C Masters, Inc.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.101533

Amount of Each Receipt this Period

100.00

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

200.00

**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 14 / 215

(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)

Roy Bland

Mailing Address P.O. Box 250

City

Bolton

State

MS

Zip Code

39041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
A/C Masters, Inc.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.105615

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Lindy Book, MD

Mailing Address 2909 S. Ocean Blvd  
#5C

City

Highland Beach

State

FL

Zip Code

33487

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Palm Beach Radiology Prof-  
essionals

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.102628

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Kenneth Boothe

Mailing Address 1001 East FM 700

City

Big Spring

State

TX

Zip Code

79720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kenneth C Boothe & Compan-  
y, PC

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  
0 7 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.100600

Amount of Each Receipt this Period

100.00

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

400.00

**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 / 215

(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)

Kenneth Boothe

Mailing Address 1001 East FM 700

City

Big Spring

State

TX

Zip Code

79720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kenneth C Boothe & Compan-  
y, PCOccupation  
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	9		2	5		2	0	1	0

Transaction ID: SA11AI.107620

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Peggy Bost

Mailing Address 5107 Cerro Vista

City

San Antonio

State

TX

Zip Code

78233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
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	8		2	4		2	0	1	0

Transaction ID: SA11AI.102480

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Peggy Bost

Mailing Address 5107 Cerro Vista

City

San Antonio

State

TX

Zip Code

78233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
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	9		2	9		2	0	1	0

Transaction ID: SA11AI.110200

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 16 / 215

(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)

Peggy Bost

Mailing Address 5107 Cerro Vista

City

San Antonio

State

TX

Zip Code

78233

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 ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.109220

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Botkin

Mailing Address 12775 Guilford Cir.

City

Wellington

State

FL

Zip Code

33414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Botkin Marssi Associates

Occupation  
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 9 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.112505

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ann Bouchard

Mailing Address P.O. Box 1232

City

Marblehead

State

MA

Zip Code

01945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Student

Occupation  
Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.102123

Amount of Each Receipt this Period

25.00

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

575.00

**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 / 215

(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)

Ann Bouchard

Mailing Address P.O. Box 1232

City

Marblehead

State

MA

Zip Code

01945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Student

Occupation  
Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

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

Transaction ID: SA11AI.109966

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Howard Bowen

Mailing Address 691 County Route 41

City

Hudson Falls

State

NY

Zip Code

12839

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 ▼

207.50

Date of Receipt

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

Transaction ID: SA11AI.100340

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Howard Bowen

Mailing Address 691 County Route 41

City

Hudson Falls

State

NY

Zip Code

12839

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 ▼

232.50

Date of Receipt

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

Transaction ID: SA11AI.108700

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**

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

FOR LINE NUMBER: PAGE 18 / 215

(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)

Guy Bowers

Mailing Address PO Box 8090

City

Ruidoso

State

NM

Zip Code

88355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unemployed

Occupation

Unemployed

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 8 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.103315

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Phil Brand

Mailing Address 6066 Churchill Ct

City

Ketchikan

State

AK

Zip Code

99901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State of Alaska

Occupation

Marine Engineer

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 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.100554

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Phil Brand

Mailing Address 6066 Churchill Ct

City

Ketchikan

State

AK

Zip Code

99901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State of Alaska

Occupation

Marine Engineer

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 7 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.100622

Amount of Each Receipt this Period

100.00

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

650.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 215

(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)

Phil Brand

Mailing Address 6066 Churchill Ct

City

Ketchikan

State

AK

Zip Code

99901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State of Alaska

Occupation

Marine Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.102356

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Phil Brand

Mailing Address 6066 Churchill Ct

City

Ketchikan

State

AK

Zip Code

99901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State of Alaska

Occupation

Marine Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: SA11AI.107344

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Adrienne Brent

Mailing Address 4643 Park Mirasol

City

Calabasas

State

CA

Zip Code

91302

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 ▼

205.00

Date of Receipt

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

Transaction ID: SA11AI.106777

Amount of Each Receipt this Period

10.00

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

110.00

**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 20 / 215

(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 Carl

Mailing Address 6585 Divot Ct.

City

Loveland

State

OH

Zip Code

45140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unemployed

Occupation

Unemployed

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 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.105659

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Timothy Carney

Mailing Address 2945 Olivia Heights Ave

City

Henderson

State

NV

Zip Code

89052

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 ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.99938

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Timothy Carney

Mailing Address 2945 Olivia Heights Ave

City

Henderson

State

NV

Zip Code

89052

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 ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.107989

Amount of Each Receipt this Period

100.00

**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 21 / 215

(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 Caswell

Mailing Address 2425 Parkwood Dr

City

Grand Prairie

State

TX

Zip Code

75050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alford Media Services

Occupation

Manager of Audio Services

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 8 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.104249

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

John Caswell

Mailing Address 2425 Parkwood Dr

City

Grand Prairie

State

TX

Zip Code

75050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alford Media Services

Occupation

Manager of Audio Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: SA11AI.106373

Amount of Each Receipt this Period

250.00

**C.**

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  
Homemaker

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 9 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.107757

Amount of Each Receipt this Period

1000.00

**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 22 / 215

(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)

Philip Cavender

Mailing Address P. O. Box 1579

City

Murfreesboro

State

TN

Zip Code

37133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Cavender Financial Gr-  
oup, Inc.

Occupation

Founder and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.103461

Amount of Each Receipt this Period

250.00

**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  
Retired

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	9		1	5		2	0	1	0

Transaction ID: SA11AI.105473

Amount of Each Receipt this Period

50.00

**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  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

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

Transaction ID: SA11AI.108987

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 23 / 215

(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)

J. R. Cleveland

Mailing Address P.O. Box 2958

City

Gainesville

State

GA

Zip Code

30503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gainesville Milling Compa-  
ny

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  
0 8 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.101737

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Sandra S. Click

Mailing Address 1284 Crabapple Road

City

Big Sandy

State

TX

Zip Code

75755

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 7 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.100044

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Sandra S. Click

Mailing Address 1284 Crabapple Road

City

Big Sandy

State

TX

Zip Code

75755

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 ▼

525.00

Date of Receipt

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

Transaction ID: SA11AI.100550

Amount of Each Receipt this Period

25.00

**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 24 / 215

(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)

Sandra S. Click

Mailing Address 1284 Crabapple Road

City

Big Sandy

State

TX

Zip Code

75755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
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	8	/	0	2	/	2	0	1	0

Transaction ID: SA11AI.100973

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Sandra S. Click

Mailing Address 1284 Crabapple Road

City

Big Sandy

State

TX

Zip Code

75755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
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	8	/	2	3	/	2	0	1	0

Transaction ID: SA11AI.102359

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Sandra S. Click

Mailing Address 1284 Crabapple Road

City

Big Sandy

State

TX

Zip Code

75755

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	9	/	0	3	/	2	0	1	0

Transaction ID: SA11AI.104995

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**

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

FOR LINE NUMBER: PAGE 25 / 215

(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 S. Click

Mailing Address 1284 Crabapple Road

City

Big Sandy

State

TX

Zip Code

75755

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 ▼

625.00

Date of Receipt

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

Transaction ID: SA11AI.107365

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Joshua Clinard

Mailing Address 7832 Woodall Road

City

Norfolk

State

VA

Zip Code

23518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US Navy

Occupation  
QuarterMaster

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.100612

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Joshua Clinard

Mailing Address 7832 Woodall Road

City

Norfolk

State

VA

Zip Code

23518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US Navy

Occupation  
QuarterMaster

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.103880

Amount of Each Receipt this Period

75.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 215

(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)

Joshua Clinard

Mailing Address 7832 Woodall Road

City

Norfolk

State

VA

Zip Code

23518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US Navy

Occupation

QuarterMaster

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: SA11AI.109056

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Coborn

Mailing Address 712 Riverside Avenue North

City

Sartell

State

MN

Zip Code

56377

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coborn Investments

Occupation

Investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.101555

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Coborn

Mailing Address 712 Riverside Avenue North

City

Sartell

State

MN

Zip Code

56377

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coborn Investments

Occupation

Investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.106741

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 27 / 215

(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)

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 ▼

585.00

Date of Receipt

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

Transaction ID: SA11AI.102404

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 LLP

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

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

Transaction ID: SA11AI.107711

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 ▼

635.00

Date of Receipt

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

Transaction ID: SA11AI.108948

Amount of Each Receipt this Period

25.00

**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 28 / 215

(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)

Leslie Crawford

Mailing Address 25 CR 511

City

Como

State

MS

Zip Code

38619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.100536

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Leslie Crawford

Mailing Address 25 CR 511

City

Como

State

MS

Zip Code

38619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

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

Transaction ID: SA11AI.101288

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Leslie Crawford

Mailing Address 25 CR 511

City

Como

State

MS

Zip Code

38619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

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

Transaction ID: SA11AI.105512

Amount of Each Receipt this Period

100.00

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

200.00

**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 / 215

(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)

Leslie Crawford

Mailing Address 25 CR 511

City

Como

State

MS

Zip Code

38619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

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

Transaction ID: SA11AI.108355

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Dirk Davis

Mailing Address 14045 Meadow Lane

City

Leawood

State

KS

Zip Code

66224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Anesthesia Associates of  
Kansas City

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	8		2	4		2	0	1	0

Transaction ID: SA11AI.103373

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Kathlyn DeVincenzo

Mailing Address 1627 E. Harwood St.

City

Orlando

State

FL

Zip Code

32803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

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	9		2	2		2	0	1	0

Transaction ID: SA11AI.106830

Amount of Each Receipt this Period

25.00

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

325.00

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 / 215

(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)

Sion Digman

Mailing Address 125 N 5th St

City

Newark

State

OH

Zip Code

43058

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.103930

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Sion Digman

Mailing Address 125 N 5th St

City

Newark

State

OH

Zip Code

43058

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 ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.108914

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Judy H. Drinkwater

Mailing Address PO Box 180

City

Centerville

State

LA

Zip Code

70522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Drinkwater Products

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.108977

Amount of Each Receipt this Period

2000.00

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

2350.00

**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 / 215

(check only one)

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

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

NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Dunaway Real Estate, LLC

Mailing Address P.O. Box 99

City

Knox

State

IN

Zip Code

46534

FEC ID number of contributing  
federal political committee.

C

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
0	9		1	7		2	0	1	0

Transaction ID: SA11AI.110076

Amount of Each Receipt this Period

5000.00

See Memos for Partner At-  
tributions**B.**

Full Name (Last, First, Middle Initial)

William Gilbert

Mailing Address P.O. Box 99

City

Knox

State

IN

Zip Code

46534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Realtor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1666.67

Date of Receipt

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

Transaction ID: SA11AI.110076.0

Amount of Each Receipt this Period

1666.67

Dunaway Real Estate, LLC -  
Partnership Attribution

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

Cameron Gilbert

Mailing Address P.O. Box 99

City

Knox

State

IN

Zip Code

46534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Physicians Hospital SystemOccupation  
CEO

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

4166.67

Date of Receipt

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

Transaction ID: SA11AI.110076.1

Amount of Each Receipt this Period

1666.67

Dunaway Real Estate, LLC -  
Partnership Attribution

[MEMO ITEM]

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

5000.00

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

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

Use separate schedule(s)  
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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)

Bernie Hebert

Mailing Address P.O. Box 99

City

Knox

State

IN

Zip Code

46534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Physicians Hospital SystemOccupation  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.66

Date of Receipt

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

Transaction ID: SA11AI.110076.2

Amount of Each Receipt this Period

1666.66

Dunaway Real Estate, LLC -  
Partnership Attribution

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Debbie Edwards

Mailing Address 5609 Hillsborough Drive

City

Plano

State

TX

Zip Code

75093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HomemakerOccupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.12

Date of Receipt

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

Transaction ID: SA11AI.108910

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Garland M. Edwards

Mailing Address 3533 Windsor Drive

City

Charlotte

State

NC

Zip Code

28209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State of North CarolinaOccupation  
Rehabilitation Engineer

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 9 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.109372

Amount of Each Receipt this Period

250.00

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)  
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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)

Melissa Edwards

Mailing Address 35 Lake Forest Boulevard

City

Huntsville

State

AL

Zip Code

35824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Window World of Huntsville/  
North Atlanta

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.105170

Amount of Each Receipt this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Richard Elimon

Mailing Address 700 Lake Tree Lane

City

Sherwood

State

AR

Zip Code

72120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: SA11AI.103798

Amount of Each Receipt this Period

1000.00

**C.**

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 9 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.107119

Amount of Each Receipt this Period

25.00

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

2525.00

**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)

Carol Enright

Mailing Address 5720 Georgia

City

Groves

State

TX

Zip Code

77619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unemployed

Occupation

Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.30

Date of Receipt

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

Transaction ID: SA11AI.100043

Amount of Each Receipt this Period

20.10

**B.**

Full Name (Last, First, Middle Initial)

Carol Enright

Mailing Address 5720 Georgia

City

Groves

State

TX

Zip Code

77619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unemployed

Occupation

Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.40

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.100289

Amount of Each Receipt this Period

20.10

**C.**

Full Name (Last, First, Middle Initial)

Carol Enright

Mailing Address 5720 Georgia

City

Groves

State

TX

Zip Code

77619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unemployed

Occupation

Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.50

Date of Receipt

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

Transaction ID: SA11AI.100972

Amount of Each Receipt this Period

20.10

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

60.30

**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)

Carol Enright

Mailing Address 5720 Georgia

City

Groves

State

TX

Zip Code

77619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unemployed

Occupation

Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.60

Date of Receipt

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

Transaction ID: SA11AI.101521

Amount of Each Receipt this Period

20.10

**B.**

Full Name (Last, First, Middle Initial)

Carol Enright

Mailing Address 5720 Georgia

City

Groves

State

TX

Zip Code

77619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unemployed

Occupation

Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.70

Date of Receipt

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

Transaction ID: SA11AI.104567

Amount of Each Receipt this Period

20.10

**C.**

Full Name (Last, First, Middle Initial)

Carol Enright

Mailing Address 5720 Georgia

City

Groves

State

TX

Zip Code

77619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unemployed

Occupation

Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.80

Date of Receipt

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

Transaction ID: SA11AI.105541

Amount of Each Receipt this Period

20.10

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

60.30

**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)

Gregg Esakoff

Mailing Address 818 Dakota Place

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 ▼

3600.00

Date of Receipt

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

Transaction ID: SA11AI.107087

Amount of Each Receipt this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Robert C. Ferguson

Mailing Address 303 Turner Circle

City

Granbury

State

TX

Zip Code

76048

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 ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.108980

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Janis Fitzgerald

Mailing Address 4834 Elkhorn Hill Drive

City

Suwanee

State

GA

Zip Code

30024

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 ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.102808

Amount of Each Receipt this Period

25.00

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

1825.00

**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  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Joseph Fogg

Mailing Address 4295 Cutlass Lane

City

Naples

State

FL

Zip Code

34102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Westbury Partners & JG Fo-  
gg Co

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.102254

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

John Ford

Mailing Address 3434 Edwards Mill Rd

City

Raleigh

State

NC

Zip Code

27612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ADT Security Services

Occupation

Sales Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.105687

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Foster Friess

Mailing Address P.O. Box 9790

City

Jackson

State

WY

Zip Code

83002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Friess Associates

Occupation

Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.104740

Amount of Each Receipt this Period

5000.00

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

7100.00

**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  
☐ 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 ▼

475.00

Date of Receipt

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

Transaction ID: SA11AI.101099

Amount of Each Receipt this Period

50.00

**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 ▼

575.00

Date of Receipt

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

Transaction ID: SA11AI.103056

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  
0 9 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.109638

Amount of Each Receipt this Period

25.00

**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)

Judy Gerren

Mailing Address 2329 Scottsdale Court

City

State

Zip Code

League City

TX

77573

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Insurance sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.103608

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Cameron Gilbert

Mailing Address P.O. Box 99

City

State

Zip Code

Knox

IN

46534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Physicians Hospital System

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11AI.109953

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Eleanor Glazener

Mailing Address P.O. Box 1291

City

State

Zip Code

Canyon

TX

79015

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  
0 8 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.103503

Amount of Each Receipt this Period

100.00

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

2700.00

**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)

<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)

Sharon Goolsby

Mailing Address 312 N. Walnut Street

City

Jefferson

State

TX

Zip Code

75657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
First in Pediatrics Home  
Health Care.

Occupation

Home Health 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	8		2	4		2	0	1	0

Transaction ID: SA11AI.102660

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Kathy Gordon

Mailing Address 43191 Jones Rd.

City

Wellington

State

OH

Zip Code

44090

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 ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.102657

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Walter Goss

Mailing Address 27366 Goshawk Ct.

City

Chugiak

State

AK

Zip Code

99567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United States Air Force

Occupation

Navigator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.107332

Amount of Each Receipt this Period

25.00

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

550.00

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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(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 Graves

Mailing Address 7629 Densmore Ave

City

Van Nuys

State

CA

Zip Code

91406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Graves Motorsports

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

705.00

Date of Receipt

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

Transaction ID: SA11AI.100692

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Charles Graves

Mailing Address 7629 Densmore Ave

City

Van Nuys

State

CA

Zip Code

91406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Graves Motorsports

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.00

Date of Receipt

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

Transaction ID: SA11AI.104185

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Charles Graves

Mailing Address 7629 Densmore Ave

City

Van Nuys

State

CA

Zip Code

91406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Graves Motorsports

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

905.00

Date of Receipt

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

Transaction ID: SA11AI.108778

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 42 / 215

(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)

Catherine Greenlaw

Mailing Address 904 E South St

City

Lindale

State

TX

Zip Code

75771

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 ▼

440.70

Date of Receipt

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

Transaction ID: SA11AI.100327

Amount of Each Receipt this Period

20.10

**B.**

Full Name (Last, First, Middle Initial)

Catherine Greenlaw

Mailing Address 904 E South St

City

Lindale

State

TX

Zip Code

75771

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 ▼

460.80

Date of Receipt

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

Transaction ID: SA11AI.101550

Amount of Each Receipt this Period

20.10

**C.**

Full Name (Last, First, Middle Initial)

Catherine Greenlaw

Mailing Address 904 E South St

City

Lindale

State

TX

Zip Code

75771

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 ▼

480.90

Date of Receipt

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

Transaction ID: SA11AI.105677

Amount of Each Receipt this Period

20.10

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

60.30

**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 43 / 215

(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)

Brian Groover

Mailing Address 221 B East Thomas St

City

Milledgeville

State

GA

Zip Code

31061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Medical Ctr of Central  
GA

Occupation  
Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.105152

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Darlean Hahn

Mailing Address 5259 101 Rd. NW

City

Tioga

State

ND

Zip Code

58852

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 ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.101699

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Darlean Hahn

Mailing Address 5259 101 Rd. NW

City

Tioga

State

ND

Zip Code

58852

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.104632

Amount of Each Receipt this Period

50.00

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

110.00

**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 / 215

(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)

Darlean Hahn

Mailing Address 5259 101 Rd. NW

City

Tioga

State

ND

Zip Code

58852

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 ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.110128

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Darlean Hahn

Mailing Address 5259 101 Rd. NW

City

Tioga

State

ND

Zip Code

58852

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 ▼

375.00

Date of Receipt

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

Transaction ID: SA11AI.112549

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

James Hamilton

Mailing Address 790 Emory Valley Rd

City

Oak Ridge

State

TN

Zip Code

37830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TetraTek, Inc

Occupation  
Fire Protection Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.106211

Amount of Each Receipt this Period

500.00

**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 45 / 215

(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)

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  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: SA11AI.103564

Amount of Each Receipt this Period

50.00

**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  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

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

Transaction ID: SA11AI.105557

Amount of Each Receipt this Period

100.00

**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  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

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

Transaction ID: SA11AI.108500

Amount of Each Receipt this Period

10.00

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 46 / 215

(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)

William Harting

Mailing Address 101 Taylor Rd

City

Estill Springs

State

TN

Zip Code

37330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
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	8		2	4		2	0	1	0

Transaction ID: SA11AI.103179

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Edward Hasley

Mailing Address 1416 Wood Street

City

Texarkana

State

TX

Zip Code

75501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
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	7		1	0		2	0	1	0

Transaction ID: SA11AI.100199

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Edward Hasley

Mailing Address 1416 Wood Street

City

Texarkana

State

TX

Zip Code

75501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	0

Transaction ID: SA11AI.100276

Amount of Each Receipt this Period

25.00

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 47 / 215

(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)

Edward Hasley

Mailing Address 1416 Wood Street

City

Texarkana

State

TX

Zip Code

75501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
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	8		1	0		2	0	1	0

Transaction ID: SA11AI.101457

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Edward Hasley

Mailing Address 1416 Wood Street

City

Texarkana

State

TX

Zip Code

75501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.101508

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Edward Hasley

Mailing Address 1416 Wood Street

City

Texarkana

State

TX

Zip Code

75501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
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	9		1	0		2	0	1	0

Transaction ID: SA11AI.105117

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**

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

FOR LINE NUMBER: PAGE 48 / 215

(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 Hasley

Mailing Address 1416 Wood Street

City

Texarkana

State

TX

Zip Code

75501

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 ▼

375.00

Date of Receipt

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

Transaction ID: SA11AI.105158

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Margaret Havard

Mailing Address 135 Howell Road

City

Lucedale

State

MS

Zip Code

39452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Century Bank

Occupation  
Human Resources Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.103589

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mildred Heaton

Mailing Address P. O. Box 924

City

Crestview

State

FL

Zip Code

32536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mildred C. Heaton Realty,  
Inc.

Occupation  
Real Estate Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.103895

Amount of Each Receipt this Period

100.00

**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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 215

(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)

Mildred Heaton

Mailing Address P. O. Box 924

City

Crestview

State

FL

Zip Code

32536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mildred C. Heaton Realty,  
Inc.

Occupation

Real Estate Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	7	/	2	0	1	0

Transaction ID: SA11AI.103901

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Mildred Heaton

Mailing Address P. O. Box 924

City

Crestview

State

FL

Zip Code

32536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mildred C. Heaton Realty,  
Inc.

Occupation

Real Estate Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.107694

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Eugene Heck

Mailing Address 4227 Mayport Lane

City

Fairfax

State

VA

Zip Code

22033

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	9	/	2	8	/	2	0	1	0

Transaction ID: SA11AI.107909

Amount of Each Receipt this Period

200.00

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 50 / 215

(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)

Jane Heisey

Mailing Address 40442 Highway E

City

Harris

State

MO

Zip Code

64645

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 ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.108754

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Barbara Hemphill

Mailing Address 467 Lake Eva Marie Drive

City

Raleigh

State

NC

Zip Code

27603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Productive Environment In-  
stitute

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

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

Transaction ID: SA11AI.100315

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Barbara Hemphill

Mailing Address 467 Lake Eva Marie Drive

City

Raleigh

State

NC

Zip Code

27603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Productive Environment In-  
stitute

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

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

Transaction ID: SA11AI.100316

Amount of Each Receipt this Period

25.00

**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 / 215

(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)

Barbara Hemphill

Mailing Address 467 Lake Eva Marie Drive

City

Raleigh

State

NC

Zip Code

27603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Productive Environment In-  
stitute

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

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

Transaction ID: SA11AI.100317

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Barbara Hemphill

Mailing Address 467 Lake Eva Marie Drive

City

Raleigh

State

NC

Zip Code

27603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Productive Environment In-  
stitute

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.100602

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

B.R. Henry

Mailing Address 108 Waters Edge Cove

City

Hot Springs

State

AR

Zip Code

71901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
B.R. Henry, Inc.

Occupation  
Real Estate Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.112553

Amount of Each Receipt this Period

500.00

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

535.00

**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 / 215

(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)

Joy Holland

Mailing Address 2002 Rosemond Avenue

City

Jonesboro

State

AR

Zip Code

72401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Bernards Medical Cent-  
er

Occupation

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.105140

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Joy Holland

Mailing Address 2002 Rosemond Avenue

City

Jonesboro

State

AR

Zip Code

72401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Bernards Medical Cent-  
er

Occupation

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.106999

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Barbara Holwadel

Mailing Address 6022 Cherokee Dr

City

Cincinnati

State

OH

Zip Code

45243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

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 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.105598

Amount of Each Receipt this Period

500.00

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

535.00

**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 / 215

(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)

Barbara Holwadel

Mailing Address 6022 Cherokee Dr

City

Cincinnati

State

OH

Zip Code

45243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

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

Transaction ID: SA11AI.110138

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Sally Hornick

Mailing Address 40362 Hamilton Dr.

City

Sterling Heights

State

MI

Zip Code

48313

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 ▼

230.00

Date of Receipt

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

Transaction ID: SA11AI.103172

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Sally Hornick

Mailing Address 40362 Hamilton Dr.

City

Sterling Heights

State

MI

Zip Code

48313

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 ▼

280.00

Date of Receipt

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

Transaction ID: SA11AI.105669

Amount of Each Receipt this Period

50.00

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

140.00

**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 / 215

(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)

Sally Hornick

Mailing Address 40362 Hamilton Dr.

City

Sterling Heights

State

MI

Zip Code

48313

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 ▼

305.00

Date of Receipt

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

Transaction ID: SA11AI.108214

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Connie Horsley

Mailing Address 101 Jays Lane

City

Stephensport

State

KY

Zip Code

40170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
English Baptist Church

Occupation  
Secretary/Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.101558

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Connie Horsley

Mailing Address 101 Jays Lane

City

Stephensport

State

KY

Zip Code

40170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
English Baptist Church

Occupation  
Secretary/Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.101559

Amount of Each Receipt this Period

50.00

**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 55 / 215

(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 Horsley

Mailing Address 101 Jays Lane

City

Stephensport

State

KY

Zip Code

40170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
English Baptist Church

Occupation

Secretary/Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.104108

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Connie Horsley

Mailing Address 101 Jays Lane

City

Stephensport

State

KY

Zip Code

40170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
English Baptist Church

Occupation

Secretary/Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: SA11AI.106802

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Connie Horsley

Mailing Address 101 Jays Lane

City

Stephensport

State

KY

Zip Code

40170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
English Baptist Church

Occupation

Secretary/Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

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

Transaction ID: SA11AI.106803

Amount of Each Receipt this Period

50.00

**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 56 / 215

(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 Horsley

Mailing Address 101 Jays Lane

City

Stephensport

State

KY

Zip Code

40170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
English Baptist Church

Occupation

Secretary/Treasurer

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 9 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.107865

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Bruce Houff

Mailing Address P. O. BOX 55768

City

Houston

State

TX

Zip Code

77255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Houff Energy Corporation

Occupation

Petroleum Geologist

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 9 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.105446

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Bruce Houff

Mailing Address P. O. BOX 55768

City

Houston

State

TX

Zip Code

77255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Houff Energy Corporation

Occupation

Petroleum Geologist

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 9 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.109014

Amount of Each Receipt this Period

50.00

**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 57 / 215

(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)

Jack Houston

Mailing Address 11309 Turkey Creek Road

City

Knoxville

State

TN

Zip Code

37934

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 8 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.103042

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Nancy Hutson

Mailing Address 13426 Mandarin Rd.

City

Jacksonville

State

FL

Zip Code

32223

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 ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.110068

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Dan Johnson

Mailing Address 306 E. Main St.

City

Ash Grove

State

MO

Zip Code

65604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Landmark Field Services

Occupation  
Acquisitions 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 9 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.110120

Amount of Each Receipt this Period

300.00

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

5550.00

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

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

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

FOR LINE NUMBER: PAGE 58 / 215

(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)

David Jones

Mailing Address 6567 Ashby Grove Loop

City State Zip Code  
 Haymarket VA 20169

FEC ID number of contributing federal political committee.

C

Name of Employer  
St. Paul'sOccupation  
Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.104451

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

David Jones

Mailing Address 6567 Ashby Grove Loop

City State Zip Code  
 Haymarket VA 20169

FEC ID number of contributing federal political committee.

C

Name of Employer  
St. Paul'sOccupation  
Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.108288

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Joseph Kaufman

Mailing Address 1921 Polaris Drive

City State Zip Code  
 Bartlesville OK 74006

FEC ID number of contributing federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.106506

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 59 / 215

(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)

Joanne Kean

Mailing Address 720 E Ocean Ave 505W

City

Boynton Beach

State

FL

Zip Code

33435

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 7 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.100477

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Joanne Kean

Mailing Address 720 E Ocean Ave 505W

City

Boynton Beach

State

FL

Zip Code

33435

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 ▼

375.00

Date of Receipt

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

Transaction ID: SA11AI.100478

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Joanne Kean

Mailing Address 720 E Ocean Ave 505W

City

Boynton Beach

State

FL

Zip Code

33435

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 8 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.101578

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**

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

FOR LINE NUMBER: PAGE 60 / 215

(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)

Joanne Kean

Mailing Address 720 E Ocean Ave 505W

City

Boynton Beach

State

FL

Zip Code

33435

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 8 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.101579

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Joanne Kean

Mailing Address 720 E Ocean Ave 505W

City

Boynton Beach

State

FL

Zip Code

33435

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 9 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.106759

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Joanne Kean

Mailing Address 720 E Ocean Ave 505W

City

Boynton Beach

State

FL

Zip Code

33435

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 ▼

475.00

Date of Receipt

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

Transaction ID: SA11AI.106760

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**

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

FOR LINE NUMBER: PAGE 61 / 215

(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)

Kyungae Kim

Mailing Address 19486 E 58th Cir

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  
0 8 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.102365

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Kyungae Kim

Mailing Address 19486 E 58th Cir

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 ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.105660

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Kyungae Kim

Mailing Address 19486 E 58th Cir

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 ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.109344

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 62 / 215

(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 Kincaid

Mailing Address P.O. Box 522

City

Del Rio

State

TX

Zip Code

78841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

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  
0 7 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.99749

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Elizabeth Kincaid

Mailing Address P.O. Box 522

City

Del Rio

State

TX

Zip Code

78841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.110211

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Larry Kirk

Mailing Address 905 Jefferson

City

Berryville

State

AR

Zip Code

72616

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 ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.100643

Amount of Each Receipt this Period

50.00

**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 63 / 215

(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 Kirk

Mailing Address 905 Jefferson

City

Berryville

State

AR

Zip Code

72616

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 ▼

445.00

Date of Receipt

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

Transaction ID: SA11AI.104100

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Larry Kirk

Mailing Address 905 Jefferson

City

Berryville

State

AR

Zip Code

72616

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 ▼

495.00

Date of Receipt

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

Transaction ID: SA11AI.107861

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Klee

Mailing Address 15450 Hwy. 16

City

Verona

State

KY

Zip Code

41092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wholesale District, LLC

Occupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.103595

Amount of Each Receipt this Period

500.00

**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 64 / 215

(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 J. Kohlhepp

Mailing Address 100 W. RiverCenter Blvd.

City

Covington

State

KY

Zip Code

41011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cintas CorporationOccupation  
Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11AI.105578

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Barbara Lago

Mailing Address 59-055 Olomana Rd

City

Kamuela

State

HI

Zip Code

96743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
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 9 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.108588

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Tom Lamphere

Mailing Address 2129 Sutton Place

City

Plano

State

TX

Zip Code

75093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sunvest, Inc.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 9 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.106595

Amount of Each Receipt this Period

500.00

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

3100.00

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 65 / 215

(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)

David Land

Mailing Address 13669 Teague Lane

City

Corpus Christi

State

TX

Zip Code

78410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Calallen Independent Scho-  
ol District

Occupation

Teacher/Coach

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.109319

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Joseph Layne

Mailing Address 24100 Roosevelt Rd.

City

South Bend

State

IN

Zip Code

46614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Electric

Occupation

Electrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.109957

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Dominic Leung

Mailing Address 22059 E. Lyndon Loop

City

Castro Valley

State

CA

Zip Code

94552

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Real Estate Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.105634

Amount of Each Receipt this Period

25.00

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

5050.00

**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 66 / 215

(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 Levesque

Mailing Address 6355 Vintage Court

City

Lockport

State

NY

Zip Code

14094

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.107871

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

James K. Lewis

Mailing Address 3750 Duchess trail

City

Dallas

State

TX

Zip Code

75229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.102625

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Jonathan Lewis

Mailing Address 124 Thrush Avenue

City

Pekin

State

IL

Zip Code

61554

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Home School Enrichment,  
Inc.

Occupation  
Editor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.100342

Amount of Each Receipt this Period

25.00

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

550.00

**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 67 / 215

(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)

Jonathan Lewis

Mailing Address 124 Thrush Avenue

City

Pekin

State

IL

Zip Code

61554

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Home School Enrichment,  
Inc.

Occupation  
Editor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.102494

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Jonathan Lewis

Mailing Address 124 Thrush Avenue

City

Pekin

State

IL

Zip Code

61554

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Home School Enrichment,  
Inc.

Occupation  
Editor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

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

Transaction ID: SA11AI.106835

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Cheryl Lindheimer

Mailing Address P.O. Box 2090

City

Monrovia

State

CA

Zip Code

91017

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 ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.106961

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 68 / 215

(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)

Shelby Lorenzen

Mailing Address 3941 Nikita Drive

City

Hope Mills

State

NC

Zip Code

28348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

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  
0 7 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.99504

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Shelby Lorenzen

Mailing Address 3941 Nikita Drive

City

Hope Mills

State

NC

Zip Code

28348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.102094

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Shelby Lorenzen

Mailing Address 3941 Nikita Drive

City

Hope Mills

State

NC

Zip Code

28348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

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  
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.110053

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 69 / 215

(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)

Mary Maida

Mailing Address 4375 West Lake Road

City

Canandaigua

State

NY

Zip Code

14424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clerisy Corp

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.104349

Amount of Each Receipt this Period

100.00

**B.**

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  
Aircraft Technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.100557

Amount of Each Receipt this Period

25.00

**C.**

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  
Aircraft 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 7 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.100558

Amount of Each Receipt this Period

25.00

**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 70 / 215

(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)

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

Aircraft Technician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.102344

Amount of Each Receipt this Period

25.00

**B.**

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

Aircraft Technician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.102345

Amount of Each Receipt this Period

25.00

**C.**

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

Aircraft Technician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.107345

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

FOR LINE NUMBER: PAGE 71 / 215

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Aircraft Technician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.107346

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas H. Martin

Mailing Address 7501 Riverton Dr NW

City

Albuquerque

State

NM

Zip Code

87120

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 ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.101569

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas H. Martin

Mailing Address 7501 Riverton Dr NW

City

Albuquerque

State

NM

Zip Code

87120

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	8	/	2	2	/	2	0	1	0

Transaction ID: SA11AI.101570

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**

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

FOR LINE NUMBER: PAGE 72 / 215

(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)

Thomas H. Martin

Mailing Address 7501 Riverton Dr NW

City

Albuquerque

State

NM

Zip Code

87120

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 ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.106748

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas H. Martin

Mailing Address 7501 Riverton Dr NW

City

Albuquerque

State

NM

Zip Code

87120

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  
0 9 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.106749

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Gilbert A. Mathews

Mailing Address 2703 Woods Trail S

City

Burnsville

State

MN

Zip Code

55337

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 ▼

1100.00

Date of Receipt

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

Transaction ID: SA11AI.102906

Amount of Each Receipt this Period

500.00

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

550.00

**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 73 / 215

(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)

Gilbert A. Mathews

Mailing Address 2703 Woods Trail S

City

Burnsville

State

MN

Zip Code

55337

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 ▼

1600.00

Date of Receipt

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

Transaction ID: SA11AI.109236

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Susan McCarthy

Mailing Address 529 Turtle Creek Court

City

O'Fallon

State

IL

Zip Code

62269

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Family Physicians of O'Fa-  
llon

Occupation  
Medical Records Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.100402

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Susan McCarthy

Mailing Address 529 Turtle Creek Court

City

O'Fallon

State

IL

Zip Code

62269

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Family Physicians of O'Fa-  
llon

Occupation  
Medical Records Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.100590

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 74 / 215

(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 McCarthy

Mailing Address 529 Turtle Creek Court

City

O'Fallon

State

IL

Zip Code

62269

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Family Physicians of O'Fa-  
llon

Occupation

Medical Records Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.100591

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Susan McCarthy

Mailing Address 529 Turtle Creek Court

City

O'Fallon

State

IL

Zip Code

62269

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Family Physicians of O'Fa-  
llon

Occupation

Medical Records Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: SA11AI.102457

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Susan McCarthy

Mailing Address 529 Turtle Creek Court

City

O'Fallon

State

IL

Zip Code

62269

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Family Physicians of O'Fa-  
llon

Occupation

Medical Records Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.102458

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**

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

FOR LINE NUMBER: PAGE 75 / 215

(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 McCarthy

Mailing Address 529 Turtle Creek Court

City

O'Fallon

State

IL

Zip Code

62269

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Family Physicians of O'Fa-  
llon

Occupation

Medical Records Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

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

Transaction ID: SA11AI.107500

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Susan McCarthy

Mailing Address 529 Turtle Creek Court

City

O'Fallon

State

IL

Zip Code

62269

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Family Physicians of O'Fa-  
llon

Occupation

Medical Records Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.107501

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

John McCune

Mailing Address 7373 E. 29th ST. N, Apt W127

City

Wichita

State

KS

Zip Code

67226

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 ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.108811

Amount of Each Receipt this Period

100.00

**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 76 / 215

(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)

Joseph McGrath

Mailing Address 808 Sylvan Hill Dr.

City

Jonesboro

State

AR

Zip Code

72401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.110078

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Robert McWilliams

Mailing Address 492 W. Cherry Road

City

Hayesville

State

NC

Zip Code

28904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.105287

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Robert McWilliams

Mailing Address 492 W. Cherry Road

City

Hayesville

State

NC

Zip Code

28904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.105762

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 77 / 215

(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)

Mary Merica

Mailing Address 5211 N 150 St

City

Omaha

State

NE

Zip Code

68116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Aflac Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.103366

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mary Merica

Mailing Address 5211 N 150 St

City

Omaha

State

NE

Zip Code

68116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Aflac Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.105455

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mary Merica

Mailing Address 5211 N 150 St

City

Omaha

State

NE

Zip Code

68116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Aflac Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.106254

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 78 / 215

(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)

Jeri Merritt

Mailing Address 159 N 4258 RD

City

Pryor

State

OK

Zip Code

74361

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MetLife

Occupation

Client Retention

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.108078

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Janet Moore

Mailing Address 9982 Rebecca Creek Road

City

Spring Branch

State

TX

Zip Code

78070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

E-Commerce

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.100531

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Beth Murray

Mailing Address 130 Palmer Drive

City

Fort Collins

State

CO

Zip Code

80525

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 ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.105442

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 79 / 215

(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 Myers

Mailing Address 104 Sexton St.

City

Breckenridge

State

MI

Zip Code

48615

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 9 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.105445

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Loretta Neal

Mailing Address 1301 Ave I

City

Anson

State

TX

Zip Code

79501

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 7 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.100235

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Loretta Neal

Mailing Address 1301 Ave I

City

Anson

State

TX

Zip Code

79501

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 7 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.100238

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 80 / 215

(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)

Loretta Neal

Mailing Address 1301 Ave I

City

Anson

State

TX

Zip Code

79501

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 8 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.102420

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Loretta Neal

Mailing Address 1301 Ave I

City

Anson

State

TX

Zip Code

79501

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 ▼

537.50

Date of Receipt

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

Transaction ID: SA11AI.105854

Amount of Each Receipt this Period

37.50

**C.**

Full Name (Last, First, Middle Initial)

James Neff

Mailing Address 23988 Zion Ave. P.O.Box 189  
P.O.Box 189

City

Winsted

State

MN

Zip Code

55395

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.100418

Amount of Each Receipt this Period

150.00

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

237.50

**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 81 / 215

(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)

James Neff

Mailing Address 23988 Zion Ave. P.O.Box 189  
P.O.Box 189City State Zip Code  
Winsted MN 55395FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: SA11AI.102760

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

James Neff

Mailing Address 23988 Zion Ave. P.O.Box 189  
P.O.Box 189City State Zip Code  
Winsted MN 55395FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: SA11AI.105204

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Ron Nydam

Mailing Address 2542 Custer Drive

City State Zip Code  
San Jose CA 95124FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apple, Inc.Occupation  
Partnership Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.107858

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 82 / 215

(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)

Sher Obrien

Mailing Address 24836 Nippersink Road

City

Round Lake

State

IL

Zip Code

60073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SCH

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.101127

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

David Ochoa

Mailing Address 3824 Calle Tiburon

City

San Clemente

State

CA

Zip Code

92672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Marble Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.108626

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Sam ODeil

Mailing Address P.O. Box 1046

City

Wharton

State

TX

Zip Code

77488

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Technical Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.99851

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 83 / 215

(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)

Duane Ottenstroer

Mailing Address 10739 Deerwood Park Blvd.  
Suite 103City State Zip Code  
Jacksonville FL 32256FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Eventide 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
0	9		1	7		2	0	1	0

Transaction ID: SA11AI.110074

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Jean Overton

Mailing Address 1735 Meiers Ct. N.W.

City State Zip Code  
Cedar Rapids IA 52405FEC ID number of contributing  
federal political committee.**C**Name of Employer  
HomemakerOccupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.100597

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Jean Overton

Mailing Address 1735 Meiers Ct. N.W.

City State Zip Code  
Cedar Rapids IA 52405FEC ID number of contributing  
federal political committee.**C**Name of Employer  
HomemakerOccupation  
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	8		2	5		2	0	1	0

Transaction ID: SA11AI.103594

Amount of Each Receipt this Period

50.00

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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 215

(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)

Jean Overton

Mailing Address 1735 Meiers Ct. N.W.

City

Cedar Rapids

State

IA

Zip Code

52405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: SA11AI.107628

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Leonard Paff

Mailing Address 28468 CR 26

City

Elkhart

State

IN

Zip Code

46517

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 9 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.109959

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Brenda Palmore

Mailing Address 12371 Cool Breeze Lane

City

Ashlnd

State

VA

Zip Code

23005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unemployed

Occupation

Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.104231

Amount of Each Receipt this Period

250.00

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

5300.00

**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 85 / 215

(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)

Brenda Palmore

Mailing Address 12371 Cool Breeze Lane

City State Zip Code  
 Ashlnd VA 23005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Unemployed

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 9 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.105946

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas Petway, III

Mailing Address 1601 Beach Avenue

City State Zip Code  
 Atlantic Beach FL 32233

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Petway Companies

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  
 0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.101543

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

John Pokojski

Mailing Address 6001 West Yankee Lake Rd

City State Zip Code  
 Denton NE 68339

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Time Warner

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.105433

Amount of Each Receipt this Period

100.00

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

5125.00

**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 86 / 215

(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)

John Pokojski

Mailing Address 6001 West Yankee Lake Rd

City	State	Zip Code
Denton	NE	68339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Time WarnerOccupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.107929

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Ben Porter

Mailing Address P. O. Box 1527

City	State	Zip Code
Newnan	GA	30264

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Elder Care PharmacyOccupation  
RPh

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.105546

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Steven Posar

Mailing Address 15800 Arbor Crossing Drive  
Ste. 275

City	State	Zip Code
Granger	IN	46530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Michiana Multi Specialty  
GroupOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11AI.109955

Amount of Each Receipt this Period

2500.00

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

2600.00

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 87 / 215

(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  
Retired

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 8 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.103076

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Charles Redfield

Mailing Address 5129 Creek Drive

City

Western Springs

State

IL

Zip Code

60558

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 ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.105585

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Tricia Reed

Mailing Address 103 Jakes Trail

City

Aledo

State

TX

Zip Code

76008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

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 7 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.100391

Amount of Each Receipt this Period

25.00

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

325.00

**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 88 / 215

(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)

David Rhodes

Mailing Address 459 Winding Way

City

Covington

State

VA

Zip Code

24426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MeadWestvaco

Occupation

Tour Instrument Mechanic

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: SA11AI.100691

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

David Rhodes

Mailing Address 459 Winding Way

City

Covington

State

VA

Zip Code

24426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MeadWestvaco

Occupation

Tour Instrument Mechanic

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

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

Transaction ID: SA11AI.104179

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

David Rhodes

Mailing Address 459 Winding Way

City

Covington

State

VA

Zip Code

24426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MeadWestvaco

Occupation

Tour Instrument Mechanic

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.108785

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

FOR LINE NUMBER: PAGE 89 / 215

(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)

Eugene Rhodes

Mailing Address 3900 Park Green Drive

City

Corona Del Mar

State

CA

Zip Code

92625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rhodes Development Co.Occupation  
Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	0

Transaction ID: SA11AI.100640

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Eugene Rhodes

Mailing Address 3900 Park Green Drive

City

Corona Del Mar

State

CA

Zip Code

92625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rhodes Development Co.Occupation  
Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: SA11AI.104097

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Eugene Rhodes

Mailing Address 3900 Park Green Drive

City

Corona Del Mar

State

CA

Zip Code

92625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rhodes Development Co.Occupation  
Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: SA11AI.107872

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 90 / 215

(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)

Maurice Rider

Mailing Address P.O. Box 337

City

Lepanto

State

AR

Zip Code

72354

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Miss. County School  
District

Occupation  
Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.108259

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Beverly Ridgway

Mailing Address 4605 Morningstar Circle

City

Flower Mound

State

TX

Zip Code

75028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

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 9 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.106122

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Christopher Riley

Mailing Address 4775 Clarks Bridge Rd.

City

Gainesville

State

GA

Zip Code

30506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
R Shooting Ranch

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.101735

Amount of Each Receipt this Period

2000.00

**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 91 / 215

(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)

Justin Roth

Mailing Address 1750 S. El Camino Drive

City

Tempe

State

AZ

Zip Code

85281

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Urban Energy Solutions

Occupation

Electrical Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.101359

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Keri Roth

Mailing Address 1750 S. El Camino Drive

City

Tempe

State

AZ

Zip Code

85281

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

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 8 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.101361

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

David Rue

Mailing Address 115 Wilson Drive

City

Xenia

State

OH

Zip Code

45385

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 ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.105567

Amount of Each Receipt this Period

35.00

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

535.00

**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)

David Rue

Mailing Address 115 Wilson Drive

City

Xenia

State

OH

Zip Code

45385

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 9 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.108007

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Lee Rummell

Mailing Address 2538 River Road

City

Jacksonville

State

FL

Zip Code

32207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

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 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.110070

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Peter Rummell

Mailing Address 2538 River Road

City

Jacksonville

State

FL

Zip Code

32207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Joe Paper Company

Occupation  
Chairman/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 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.110072

Amount of Each Receipt this Period

500.00

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

1010.00

**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 93 / 215

(check only one)

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

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Lucy Sarrett

Mailing Address 3 Hickory Hills

City

Texarkana

State

TX

Zip Code

75503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

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 9 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.109725

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

David Schilling

Mailing Address 7690 County Highway 134

City

Nevada

State

OH

Zip Code

44849

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 ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.107925

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Patricia Serio

Mailing Address 20134 Damerall Dr

City

Covina

State

CA

Zip Code

91724

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Serco Mold 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 9 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.108089

Amount of Each Receipt this Period

100.00

**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  
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FOR LINE NUMBER: PAGE 94 / 215

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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)

Roger Sherman

Mailing Address 1124 12th Ave NW

City

Arab

State

AL

Zip Code

35016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lockheed Martin Space Sys-  
tems

Occupation  
Engineer

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 7 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.100122

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Roger Sherman

Mailing Address 1124 12th Ave NW

City

Arab

State

AL

Zip Code

35016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lockheed Martin Space Sys-  
tems

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: SA11AI.101362

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Roger Sherman

Mailing Address 1124 12th Ave NW

City

Arab

State

AL

Zip Code

35016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lockheed Martin Space Sys-  
tems

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: SA11AI.105038

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

HUCK PAC

**A.**

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  
EmCare

Occupation

Health Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.106508

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Sallie Simpson

Mailing Address 1400 Molson Lake Drive

City

Leander

State

TX

Zip Code

78641

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  
0 9 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.105394

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

John Skinner

Mailing Address 412 Corinne Place

City

Carlsbad

State

NM

Zip Code

88220

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 8 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.101216

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)  
for each category of the  
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NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Linda Smith

Mailing Address 113 Island Ave

City

Buckhannon

State

WV

Zip Code

26201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Riverside Bed & Breakfast

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.100318

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Linda Smith

Mailing Address 113 Island Ave

City

Buckhannon

State

WV

Zip Code

26201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Riverside Bed & Breakfast

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.102363

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Linda Smith

Mailing Address 113 Island Ave

City

Buckhannon

State

WV

Zip Code

26201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Riverside Bed & Breakfast

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  
0 9 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.107701

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)

<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)

Kathy Sorger

Mailing Address 7830 Hartford Hill Lane

City

Cincinnati

State

OH

Zip Code

45242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cincinnati Children's Hos-  
pitalOccupation  
Pediatrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.110122

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Richard Sprowl

Mailing Address 4714 S Colonial Oaks Dr  
Apt. 618

City

Marion

State

IN

Zip Code

46953

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.108410

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Justin Stanley

Mailing Address 313 Leonard Hunt Road

City

Leesville

State

LA

Zip Code

71446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
First National Bank DeRid-  
derOccupation  
Assistant VP/Loan Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	0

Transaction ID: SA11AI.100185

Amount of Each Receipt this Period

50.00

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  
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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)

Justin Stanley

Mailing Address 313 Leonard Hunt Road

City

Leesville

State

LA

Zip Code

71446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
First National Bank DeRid-  
der

Occupation

Assistant VP/Loan Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.100186

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Justin Stanley

Mailing Address 313 Leonard Hunt Road

City

Leesville

State

LA

Zip Code

71446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
First National Bank DeRid-  
der

Occupation

Assistant VP/Loan Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.105092

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Justin Stanley

Mailing Address 313 Leonard Hunt Road

City

Leesville

State

LA

Zip Code

71446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
First National Bank DeRid-  
der

Occupation

Assistant VP/Loan Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.105093

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 99 / 215

(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)

Darlene Stevens

Mailing Address 46073 Buells Crns Road

City

Spartansburg

State

PA

Zip Code

16434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
T.J.Hicks Lumber Co.

Occupation

Office Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.99873

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Darlene Stevens

Mailing Address 46073 Buells Crns Road

City

Spartansburg

State

PA

Zip Code

16434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
T.J.Hicks Lumber Co.

Occupation

Office Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.100958

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Darlene Stevens

Mailing Address 46073 Buells Crns Road

City

Spartansburg

State

PA

Zip Code

16434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
T.J.Hicks Lumber Co.

Occupation

Office Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: SA11AI.104479

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  
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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)

Anne Stevenson

Mailing Address 403 Nighthawk Court

City

Sugar Land

State

TX

Zip Code

77478

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: SA11AI.108208

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Donna Sudbrook

Mailing Address 5327 Briar Oak Ct

City

Ellicott City

State

MD

Zip Code

21043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

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 8 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.102618

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Donna Sudbrook

Mailing Address 5327 Briar Oak Ct

City

Ellicott City

State

MD

Zip Code

21043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

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

Transaction ID: SA11AI.105686

Amount of Each Receipt this Period

20.00

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

245.00

**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)

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  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

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

Transaction ID: SA11AI.103582

Amount of Each Receipt this Period

250.00

**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  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

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

Transaction ID: SA11AI.107180

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  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

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

Transaction ID: SA11AI.107181

Amount of Each Receipt this Period

0.00

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  
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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  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

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

Transaction ID: SA11AI.109769

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

John Tepe

Mailing Address 8396 Maineville Rd

City

Mainesville

State

OH

Zip Code

45039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LT Enterprises INC

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.108386

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Pamela Thomas

Mailing Address 410 Deer Pointe Circle

City

Casselberry

State

FL

Zip Code

32707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Central Florida

Occupation  
Faculty Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.101577

Amount of Each Receipt this Period

25.00

**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 103 / 215

(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)

Pamela Thomas

Mailing Address 410 Deer Pointe Circle

City

Casselberry

State

FL

Zip Code

32707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Central Flo-  
rida

Occupation

Faculty Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.106758

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

John B. Thomson

Mailing Address 3144 Doral Drive

City

Port Orange

State

FL

Zip Code

32128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NetJets

Occupation

Pilot

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: SA11AI.109253

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Eve Tomassini

Mailing Address 3075 Leeds Rd.

City

Columbus

State

TX

Zip Code

43221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

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 7 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.100369

Amount of Each Receipt this Period

25.00

**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)  
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FOR LINE NUMBER: PAGE 104 / 215

(check only one)

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

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Eve Tomassini

Mailing Address 3075 Leeds Rd.

City

Columbus

State

TX

Zip Code

43221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

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  
0 8 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.102954

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Eve Tomassini

Mailing Address 3075 Leeds Rd.

City

Columbus

State

TX

Zip Code

43221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.105281

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Eve Tomassini

Mailing Address 3075 Leeds Rd.

City

Columbus

State

TX

Zip Code

43221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

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

Transaction ID: SA11AI.107675

Amount of Each Receipt this Period

5.00

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

80.00

**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)

Bruce Travis

Mailing Address 720 Haywood Cedar Grove Rd

City

Glasgow

State

KY

Zip Code

42141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unemployed

Occupation

Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

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

Transaction ID: SA11AI.100466

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Bruce Travis

Mailing Address 720 Haywood Cedar Grove Rd

City

Glasgow

State

KY

Zip Code

42141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unemployed

Occupation

Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

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

Transaction ID: SA11AI.100467

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Bruce Travis

Mailing Address 720 Haywood Cedar Grove Rd

City

Glasgow

State

KY

Zip Code

42141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unemployed

Occupation

Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

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

Transaction ID: SA11AI.101571

Amount of Each Receipt this Period

100.00

**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)

Bruce Travis

Mailing Address 720 Haywood Cedar Grove Rd

City

Glasgow

State

KY

Zip Code

42141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unemployed

Occupation

Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: SA11AI.101572

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Bruce Travis

Mailing Address 720 Haywood Cedar Grove Rd

City

Glasgow

State

KY

Zip Code

42141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unemployed

Occupation

Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

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

Transaction ID: SA11AI.106752

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Bruce Travis

Mailing Address 720 Haywood Cedar Grove Rd

City

Glasgow

State

KY

Zip Code

42141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unemployed

Occupation

Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

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

Transaction ID: SA11AI.106753

Amount of Each Receipt this Period

25.00

**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)

☒ 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)

Meredith Turner

Mailing Address 3050 Margaret Mitchell Dr  
Unit 31

City State Zip Code  
Atlanta GA 30327

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
24/7 Gateway, LLC

Occupation  
Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

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

Transaction ID: SA11AI.100546

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Meredith Turner

Mailing Address 3050 Margaret Mitchell Dr  
Unit 31

City State Zip Code  
Atlanta GA 30327

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
24/7 Gateway, LLC

Occupation  
Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

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

Transaction ID: SA11AI.102348

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Meredith Turner

Mailing Address 3050 Margaret Mitchell Dr  
Unit 31

City State Zip Code  
Atlanta GA 30327

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
24/7 Gateway, LLC

Occupation  
Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

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

Transaction ID: SA11AI.105276

Amount of Each Receipt this Period

50.00

**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  
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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)

Meredith Turner

Mailing Address 3050 Margaret Mitchell Dr  
Unit 31

City State Zip Code  
Atlanta GA 30327

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
24/7 Gateway, LLC

Occupation  
Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

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

Transaction ID: SA11AI.107351

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Raymond Usell

Mailing Address 14341 Range Park Road

City State Zip Code  
Poway CA 92064

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Unemployed

Occupation  
Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.100184

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Raymond Usell

Mailing Address 14341 Range Park Road

City State Zip Code  
Poway CA 92064

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Unemployed

Occupation  
Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.101440

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

FOR LINE NUMBER: PAGE 109 / 215

(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)

Raymond Usell

Mailing Address 14341 Range Park Road

City	State	Zip Code
Poway	CA	92064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnemployedOccupation  
Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.105091

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Ronald Van Putte

Mailing Address 111 Sleepy Oaks Road NW

City	State	Zip Code
Fort Walton Beach	FL	32548

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	0

Transaction ID: SA11AI.100271

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Ronald Van Putte

Mailing Address 111 Sleepy Oaks Road NW

City	State	Zip Code
Fort Walton Beach	FL	32548

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
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	8		1	4		2	0	1	0

Transaction ID: SA11AI.101503

Amount of Each Receipt this Period

10.00

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

45.00

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)

Ronald Van Putte

Mailing Address 111 Sleepy Oaks Road NW

City State Zip Code  
 Fort Walton Beach FL 32548

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 ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.105160

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

J.A. Walters

Mailing Address 2401 Island Dr.

City State Zip Code  
 Gainesville GA 30501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Walters Management Company

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.101741

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Darryl Waltisperger

Mailing Address 1600 Bench Trail

City State Zip Code  
 Schertz TX 78154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
City of San Antonio

Occupation  
Fire Fighter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.106088

Amount of Each Receipt this Period

25.00

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

5035.00

**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 111 / 215

(check only one)

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

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

NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Ronald Waters

Mailing Address 158 Congdon Rd

City

Voluntown

State

CT

Zip Code

06384

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DOD Nacy

Occupation

Logistic Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: SA11AI.105271

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

Phillip Watson

Mailing Address 13185 Coronado Drive

City

North Miami

State

FL

Zip Code

33181

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Miami Beach Anesthesiology  
Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.104452

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Charles Weaver

Mailing Address P.O. Box 60

City

El Paso

State

AR

Zip Code

72045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Weaver-Bailey Contractors

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	8	/	2	4	/	2	0	1	0

Transaction ID: SA11AI.102732

Amount of Each Receipt this Period

500.00

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

635.00

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 112 / 215

(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)

Mike Weaver

Mailing Address 10671 Winterwood

City

Carmel

State

IN

Zip Code

46032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Weaver Popcorn

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  
0 9 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.110176

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Carol Webb

Mailing Address 800 Meadow Lake Drive

City

Edmond

State

OK

Zip Code

73003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LSB Industries

Occupation  
Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.104301

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Carol Webb

Mailing Address 800 Meadow Lake Drive

City

Edmond

State

OK

Zip Code

73003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LSB Industries

Occupation  
Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

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

Transaction ID: SA11AI.106778

Amount of Each Receipt this Period

25.00

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

5050.00

**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 113 / 215

(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)

Marcia Weisz

Mailing Address 324 Magnolia Avenue  
Spc 18

City State Zip Code  
Lemoore CA 93245

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 ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.105515

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

James Westagard

Mailing Address 32376 N.W. Jackson Rd

City State Zip Code  
Richmond KS 66080

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Westagard Farms Inc.

Occupation  
Farmer/Stockman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.102395

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

William Wilemon

Mailing Address 29855 Hiddenwood

City State Zip Code  
Laguna Niguel CA 92677

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DevicePharm, Inc.

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 9 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.108975

Amount of Each Receipt this Period

500.00

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

775.00

**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 114 / 215

(check only one)

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

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

NAME OF COMMITTEE (In Full)

HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)

Philip Wilheit

Mailing Address 1072 Farmhouse Rd.

City

Gainesville

State

GA

Zip Code

30506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wilheit Packaging

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.101739

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

David Wood

Mailing Address 5586 Eichman Rd.

City

Von Ormy

State

TX

Zip Code

78073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wood Medical Group, PA

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	7		2	1		2	0	1	0

Transaction ID: SA11AI.100329

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Julie Wright

Mailing Address 7630 Northfield Dr

City

Corpus Christi

State

TX

Zip Code

78413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Texas Star Investments,  
Inc.

Occupation

Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.103459

Amount of Each Receipt this Period

250.00

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

5300.00

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 115 / 215

(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)

Stephen Writesel

Mailing Address 230 Honey Drive

City

Walterboro

State

SC

Zip Code

29488

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DyncorpOccupation  
FSR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: SA11AI.102499

Amount of Each Receipt this Period

250.00

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

250.00

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

100423.40

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

FOR LINE NUMBER: PAGE 116 / 215

(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)

Visa

Mailing Address P.O. Box 8999

City

San Francisco

State

CA

Zip Code

94128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

410.54

Date of Receipt

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

Transaction ID: SA15.113615

Amount of Each Receipt this Period

410.54

Refund of Travel Expense

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

410.54

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

410.54

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 119 / 215

<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)  
AT&T

Mailing Address P.O. Box 650661

City Dallas State TX Zip Code 75265

Purpose of Disbursement  
Telephone Service

Candidate Name

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

State: District:

Transaction ID: SB21B.102287

Date of Disbursement

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

Amount of Each Disbursement this Period

320.72

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

State: District:

Transaction ID: SB21B.104857

Date of Disbursement

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

Amount of Each Disbursement this Period

321.08

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

Mailing Address P.O. Box 6463

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement  
Telephone Service

Candidate Name

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

State: District:

Transaction ID: SB21B.102286

Date of Disbursement

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

Amount of Each Disbursement this Period

396.70

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

1038.50

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 120 / 215

<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

<b>A.</b> Full Name (Last, First, Middle Initial) AT&T Mobility Mailing Address P.O. Box 6463	<b>Transaction ID:</b> SB21B.104887 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 1 / 2 0 1 0</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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>208.33</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Capitol Resources, Inc. Mailing Address 3213 Duke Street #672 City State Zip Code Alexandria VA 22314 Purpose of Disbursement Telemarketing - PAC Fundraising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB21B.100911 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 2 / 2 0 1 0</div> </div> <b>Amount of Each Disbursement this Period</b> <div>428.19</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Capitol Resources, Inc. Mailing Address 3213 Duke Street #672 City State Zip Code Alexandria VA 22314 Purpose of Disbursement Telemarketing - PAC Fundraising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB21B.100933 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 9 / 2 0 1 0</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1619.99</div>

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

**2256.51**

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 121 / 215

<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

<p><b>A.</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><b>Transaction ID:</b> SB21B.102270</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 209.67</p>
<p><b>B.</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><b>Transaction ID:</b> SB21B.102282</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 1214.54</p>
<p><b>C.</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><b>Transaction ID:</b> SB21B.102291</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 1424.73</p>

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

2848.94

**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)

PAGE 122 / 215

<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

<p><b>A.</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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.104850</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 8 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div> <div></div> <div>182.70</div> </div> </p>
<p><b>B.</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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.104881</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 1 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div> <div></div> <div>561.03</div> </div> </p>
<p><b>C.</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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.104891</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 3 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div> <div></div> <div>261.40</div> </div> </p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**1005.13**

**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)

PAGE 123 / 215

<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

<b>A.</b> Full Name (Last, First, Middle Initial) ccAdvertising	<b>Transaction ID:</b> SB21B.100910 <b>Date of Disbursement</b>																				
Mailing Address 13800 Coppermine Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	2		2	0	1	0												
City Herndon State VA Zip Code 20171	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Fundraising Survey	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
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>B.</b> Full Name (Last, First, Middle Initial) ccAdvertising	<b>Transaction ID:</b> SB21B.102274 <b>Date of Disbursement</b>																				
Mailing Address 13800 Coppermine Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	0		2	0	1	0												
City Herndon State VA Zip Code 20171	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Fundraising Survey	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
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>C.</b> Full Name (Last, First, Middle Initial) ccAdvertising	<b>Transaction ID:</b> SB21B.104882 <b>Date of Disbursement</b>																				
Mailing Address 13800 Coppermine Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	1		2	0	1	0												
City Herndon State VA Zip Code 20171	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Fundraising Survey	<table border="1"> <tr> <td colspan="10">1250.00</td> </tr> </table>	1250.00																			
1250.00																					
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) .....

11250.00

**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 124 / 215

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Judith A. Crouch Mailing Address 59 Belmont Drive	<b>Transaction ID:</b> SB21B.100869 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 1 / 2 0 1 0</div> </div>
City Little Rock State AR Zip Code 72204 Purpose of Disbursement Payroll 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) ▼	<b>Amount of Each Disbursement this Period</b> <div>2060.00</div>
<b>B.</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 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>Transaction ID:</b> SB21B.100922 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 1 0</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2060.00</div>
<b>C.</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 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>Transaction ID:</b> SB21B.102325 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 1 0</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2060.00</div>

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

**6180.00**

**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 125 / 215

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Judith A. Crouch	<b>Transaction ID:</b> SB21B.102332 <b>Date of Disbursement</b>																				
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>8</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	3		2	0	1	0												
City Little Rock State AR Zip Code 72204	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Candidate Name	<table border="1"> <tr> <td colspan="10">2060.00</td> </tr> </table>	2060.00																			
2060.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Judith A. Crouch	<b>Transaction ID:</b> SB21B.102338 <b>Date of Disbursement</b>																				
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>9</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	1		2	0	1	0												
City Little Rock State AR Zip Code 72204	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Candidate Name	<table border="1"> <tr> <td colspan="10">2060.00</td> </tr> </table>	2060.00																			
2060.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Judith A. Crouch	<b>Transaction ID:</b> SB21B.106763 <b>Date of Disbursement</b>																				
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>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	5		2	0	1	0												
City Little Rock State AR Zip Code 72204	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Candidate Name	<table border="1"> <tr> <td colspan="10">2060.00</td> </tr> </table>	2060.00																			
2060.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

**6180.00**

**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 126 / 215

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Delta Trust & Bank	<b>Transaction ID:</b> SB21B.100876 <b>Date of Disbursement</b>
Mailing Address 11700 Cantrell Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 1 / 2 0 1 0</div> </div>
City Little Rock State AR Zip Code 72222	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement HSA Contribution - Judith Crouch Candidate Name	<div> <div>1200.00</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>B.</b> Full Name (Last, First, Middle Initial) Delta Trust & Bank	<b>Transaction ID:</b> SB21B.100877 <b>Date of Disbursement</b>
Mailing Address 11700 Cantrell Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 1 / 2 0 1 0</div> </div>
City Little Rock State AR Zip Code 72222	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement HSA Contribution - David John Candidate Name	<div> <div>1200.00</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>C.</b> Full Name (Last, First, Middle Initial) Delta Trust & Bank	<b>Transaction ID:</b> SB21B.100878 <b>Date of Disbursement</b>
Mailing Address 11700 Cantrell Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 1 / 2 0 1 0</div> </div>
City Little Rock State AR Zip Code 72222	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement HSA Contribution - Lauren Huckabee Candidate Name	<div> <div>1200.00</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) .....

**3600.00**

**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 127 / 215

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Direct Response Strategies	<b>Transaction ID:</b> SB21B.102296 <b>Date of Disbursement</b>																				
Mailing Address 4025 Ellicott Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	0		2	0	1	0												
City Alexandria State VA Zip Code 22304	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Direct Mail Postage - PAC Fundraising	<table border="1"> <tr> <td colspan="10">2544.69</td> </tr> </table>	2544.69																			
2544.69																					
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>B.</b> Full Name (Last, First, Middle Initial) Direct Response Strategies	<b>Transaction ID:</b> SB21B.104868 <b>Date of Disbursement</b>																				
Mailing Address 4025 Ellicott Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	3		2	0	1	0												
City Alexandria State VA Zip Code 22304	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Direct Mail Postage - PAC Fundraising	<table border="1"> <tr> <td colspan="10">12242.96</td> </tr> </table>	12242.96																			
12242.96																					
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>C.</b> Full Name (Last, First, Middle Initial) J. Hogan Gidley	<b>Transaction ID:</b> SB21B.100870 <b>Date of Disbursement</b>																				
Mailing Address 2507 Rigby 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>7</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	1		2	0	1	0												
City Columbia State SC Zip Code 29204	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">6200.00</td> </tr> </table>	6200.00																			
6200.00																					
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) .....

20987.65

**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 128 / 215

<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)

J. Hogan Gidley

Mailing Address 2507 Rigby Drive

City Columbia State SC Zip Code 29204

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B.100923

Date of Disbursement

07 / 15 / 2010

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

J. Hogan Gidley

Mailing Address 2507 Rigby Drive

City Columbia State SC Zip Code 29204

Purpose of Disbursement

Reimbursement - Telephone Service, Office Supplies, Postage, Health Insurance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B.100950

Date of Disbursement

07 / 29 / 2010

Amount of Each Disbursement this Period

301.42

C.

Full Name (Last, First, Middle Initial)

J. Hogan Gidley

Mailing Address 2507 Rigby Drive

City Columbia State SC Zip Code 29204

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B.102326

Date of Disbursement

07 / 30 / 2010

Amount of Each Disbursement this Period

5000.00

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

10301.42

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

A.

Full Name (Last, First, Middle Initial)

J. Hogan Gidley

Mailing Address 2507 Rigby Drive

City State Zip Code  
Columbia SC 29204

Purpose of Disbursement  
Insurance Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B.102272

Date of Disbursement

08 / 10 / 2010

Amount of Each Disbursement this Period

173.36

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  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B.102333

Date of Disbursement

08 / 13 / 2010

Amount of Each Disbursement this Period

5000.00

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  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B.102339

Date of Disbursement

09 / 01 / 2010

Amount of Each Disbursement this Period

5000.00

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

10173.36

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)

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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)

J. Hogan Gidley

Mailing Address 2507 Rigby Drive

City Columbia State SC Zip Code 29204

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.104834

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)

J. Hogan Gidley

Mailing Address 2507 Rigby Drive

City Columbia State SC Zip Code 29204

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.106764

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

J. Hogan Gidley

Mailing Address 2507 Rigby Drive

City Columbia State SC Zip Code 29204

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.104888

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**7456.62**

**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)

PAGE 131 / 215

<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

<b>A.</b> Full Name (Last, First, Middle Initial) J. Hogan Gidley	<b>Transaction ID:</b> SB21B.104893 <b>Date of Disbursement</b>
Mailing Address 2507 Rigby Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 3 / 2 0 1 0</div> </div>
City Columbia State SC Zip Code 29204	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel Reimbursement	<div>1419.20</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>B.</b> Full Name (Last, First, Middle Initial) GSL Solutions, Inc.	<b>Transaction ID:</b> SB21B.100917 <b>Date of Disbursement</b>
Mailing Address 1411 N. Westshore Boulevard Suite 204	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 2 / 2 0 1 0</div> </div>
City Tampa State FL Zip Code 33607	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Web Development/Hosting	<div>6018.44</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>C.</b> Full Name (Last, First, Middle Initial) GSL Solutions, Inc.	<b>Transaction ID:</b> SB21B.102275 <b>Date of Disbursement</b>
Mailing Address 1411 N. Westshore Boulevard Suite 204	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 0 / 2 0 1 0</div> </div>
City Tampa State FL Zip Code 33607	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Web Development/Hosting	<div>1831.86</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) .....

9269.50

**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><b>A.</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><b>Transaction ID:</b> SB21B.104858</p> <p>Date of Disbursement 09 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 7059.09</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Harland Checks</p> <p>Mailing Address 4055 Corporate Drive Suite 100</p> <p>City Grapevine State TX Zip Code 76051</p> <p>Purpose of Disbursement Office Expense - Checks</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><b>Transaction ID:</b> SB21B.104862</p> <p>Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 113.19</p>
<p><b>C.</b></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><b>Transaction ID:</b> SB21B.100871</p> <p>Date of Disbursement 07 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 3551.67</p>

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

10723.95

**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 133 / 215

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Katherine E. Harris	<b>Transaction ID:</b> SB21B.100918 <b>Date of Disbursement</b>
Mailing Address 3226 Stonepine	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 2 / 2 0 1 0</div> </div>
City State Zip Code Bryant AR 72022	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Health & Dental Insurance Reimbursement Candidate Name	<div> <div>130.75</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>B.</b> Full Name (Last, First, Middle Initial) Katherine E. Harris	<b>Transaction ID:</b> SB21B.100924 <b>Date of Disbursement</b>
Mailing Address 3226 Stonepine	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 1 0</div> </div>
City State Zip Code Bryant AR 72022	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll Candidate Name	<div> <div>1201.67</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>C.</b> Full Name (Last, First, Middle Initial) Katherine E. Harris	<b>Transaction ID:</b> SB21B.102327 <b>Date of Disbursement</b>
Mailing Address 3226 Stonepine	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 1 0</div> </div>
City State Zip Code Bryant AR 72022	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll Candidate Name	<div> <div>1500.00</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) .....

**2832.42**

**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)

PAGE 134 / 215

<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

Mailing Address 3226 Stonepine

City State Zip Code  
Bryant AR 72022

Purpose of Disbursement  
Health & Dental Insurance Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B.102271

Date of Disbursement

/   /

Amount of Each Disbursement this Period

130.75

B.

Full Name (Last, First, Middle Initial)  
Katherine E. Harris

Mailing Address 3226 Stonepine

City State Zip Code  
Bryant AR 72022

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B.102334

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)  
Katherine E. Harris

Mailing Address 3226 Stonepine

City State Zip Code  
Bryant AR 72022

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B.102319

Date of Disbursement

/   /

Amount of Each Disbursement this Period

115.61

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

1746.36

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)

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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

<b>A.</b> Full Name (Last, First, Middle Initial) Katherine E. Harris	<b>Transaction ID:</b> SB21B.102340 <b>Date of Disbursement</b>
Mailing Address 3226 Stonepine	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 1 / 2 0 1 0</div> </div>
City State Zip Code Bryant AR 72022	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>1500.00</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>B.</b> Full Name (Last, First, Middle Initial) Katherine E. Harris	<b>Transaction ID:</b> SB21B.104854 <b>Date of Disbursement</b>
Mailing Address 3226 Stonepine	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 8 / 2 0 1 0</div> </div>
City State Zip Code Bryant AR 72022	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Health & Dental Insurance Reimbursement	<div>130.75</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>C.</b> Full Name (Last, First, Middle Initial) Katherine E. Harris	<b>Transaction ID:</b> SB21B.106765 <b>Date of Disbursement</b>
Mailing Address 3226 Stonepine	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 5 / 2 0 1 0</div> </div>
City State Zip Code Bryant AR 72022	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>1500.00</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) .....

3130.75

**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)

PAGE 136 / 215

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Katherine E. Harris	<b>Transaction ID:</b> SB21B.104884 <b>Date of Disbursement</b>
Mailing Address 3226 Stonepine	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 1 / 2 0 1 0</div> </div>
City State Zip Code Bryant AR 72022	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Mileage Reimbursement Candidate Name	<div> <div>71.73</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) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Heritage Communications, Inc.	<b>Transaction ID:</b> SB21B.104880 <b>Date of Disbursement</b>
Mailing Address 2402 Wildwood Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 1 / 2 0 1 0</div> </div>
City State Zip Code Sherwood AR 72120	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Telephone Equipment Lease Candidate Name	<div> <div>199.31</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>C.</b> Full Name (Last, First, Middle Initial) Holtzman Vogel, PLLC	<b>Transaction ID:</b> SB21B.100935 <b>Date of Disbursement</b>
Mailing Address 45 North Hill Drive Suite 100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 9 / 2 0 1 0</div> </div>
City State Zip Code Warrenton VA 20186	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Consulting - Legal Candidate Name	<div> <div>5123.75</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) .....

5394.79

**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 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

<b>A.</b> Full Name (Last, First, Middle Initial) Holtzman Vogel, PLLC	<b>Transaction ID:</b> SB21B.102293 <b>Date of Disbursement</b>																				
Mailing Address 45 North Hill Drive 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>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	9		2	0	1	0												
City Warrenton State VA Zip Code 20186	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Consulting - Legal Candidate Name	<table border="1"> <tr> <td colspan="10">2987.50</td> </tr> </table>	2987.50																			
2987.50																					
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>B.</b> Full Name (Last, First, Middle Initial) Holtzman Vogel, PLLC	<b>Transaction ID:</b> SB21B.104886 <b>Date of Disbursement</b>																				
Mailing Address 45 North Hill Drive 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>9</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	1		2	0	1	0												
City Warrenton State VA Zip Code 20186	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Consulting - Legal Candidate Name	<table border="1"> <tr> <td colspan="10">1606.25</td> </tr> </table>	1606.25																			
1606.25																					
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>C.</b> Full Name (Last, First, Middle Initial) Lauren Huckabee	<b>Transaction ID:</b> SB21B.100872 <b>Date of Disbursement</b>																				
Mailing Address #2 Cedar Point Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	1		2	0	1	0												
City Little Rock State AR Zip Code 72211	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Candidate Name	<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

6093.75

**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)

PAGE 138 / 215

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Lauren Huckabee	<b>Transaction ID:</b> SB21B.100887 <b>Date of Disbursement</b>																				
Mailing Address #2 Cedar Point Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	9		2	0	1	0												
City Little Rock State AR Zip Code 72211	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Reimbursement - Health Insurance, Telephone Service Candidate Name	<table border="1"> <tr> <td colspan="10">375.00</td> </tr> </table>	375.00																			
375.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Lauren Huckabee	<b>Transaction ID:</b> SB21B.100925 <b>Date of Disbursement</b>																				
Mailing Address #2 Cedar Point Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	5		2	0	1	0												
City Little Rock State AR Zip Code 72211	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Candidate Name	<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Lauren Huckabee	<b>Transaction ID:</b> SB21B.102328 <b>Date of Disbursement</b>																				
Mailing Address #2 Cedar Point Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	0		2	0	1	0												
City Little Rock State AR Zip Code 72211	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Candidate Name	<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

**3375.00**

**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 139 / 215

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Lauren Huckabee	<b>Transaction ID:</b> SB21B.102335 <b>Date of Disbursement</b>																				
Mailing Address #2 Cedar Point Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	3		2	0	1	0												
City Little Rock State AR Zip Code 72211	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>	1500.00																			
1500.00																					
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>B.</b> Full Name (Last, First, Middle Initial) Lauren Huckabee	<b>Transaction ID:</b> SB21B.102341 <b>Date of Disbursement</b>																				
Mailing Address #2 Cedar Point Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	1		2	0	1	0												
City Little Rock State AR Zip Code 72211	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>	1500.00																			
1500.00																					
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>C.</b> Full Name (Last, First, Middle Initial) Lauren Huckabee	<b>Transaction ID:</b> SB21B.104851 <b>Date of Disbursement</b>																				
Mailing Address #2 Cedar Point Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	8		2	0	1	0												
City Little Rock State AR Zip Code 72211	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Reimbursement - Health Insurance, Telephone Service	<table border="1"> <tr> <td colspan="10">375.00</td> </tr> </table>	375.00																			
375.00																					
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) .....

**3375.00**

**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 140 / 215

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Lauren Huckabee	<b>Transaction ID:</b> SB21B.106766 <b>Date of Disbursement</b>																				
Mailing Address #2 Cedar Point Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	5		2	0	1	0												
City Little Rock State AR Zip Code 72211	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>	1500.00																			
1500.00																					
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>B.</b> Full Name (Last, First, Middle Initial) David John	<b>Transaction ID:</b> SB21B.106768 <b>Date of Disbursement</b>																				
Mailing Address 15 Thankful Bradley Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	5		2	0	1	0												
City West Redding State CT Zip Code 06896	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">1751.00</td> </tr> </table>	1751.00																			
1751.00																					
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>C.</b> Full Name (Last, First, Middle Initial) David M. John	<b>Transaction ID:</b> SB21B.100873 <b>Date of Disbursement</b>																				
Mailing Address 15 Thankful Bradley Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	1		2	0	1	0												
City West Redding State CT Zip Code 06896	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">1751.00</td> </tr> </table>	1751.00																			
1751.00																					
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) .....

5002.00

**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 141 / 215

<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 15 Thankful Bradley Road

City State Zip Code  
West Redding CT 06896Purpose of Disbursement  
Payroll

Candidate Name

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

State: District:

Transaction ID: SB21B.100926

Date of Disbursement

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

Amount of Each Disbursement this Period

1751.00

B.

Full Name (Last, First, Middle Initial)  
David M. John

Mailing Address 15 Thankful Bradley Road

City State Zip Code  
West Redding CT 06896Purpose of Disbursement  
Payroll

Candidate Name

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

State: District:

Transaction ID: SB21B.102329

Date of Disbursement

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

Amount of Each Disbursement this Period

1751.00

C.

Full Name (Last, First, Middle Initial)  
David M. John

Mailing Address 15 Thankful Bradley Road

City State Zip Code  
West Redding CT 06896Purpose of Disbursement  
Payroll

Candidate Name

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

State: District:

Transaction ID: SB21B.102336

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
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Amount of Each Disbursement this Period

1751.00

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

5253.00

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 142 / 215

<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

<b>A.</b> Full Name (Last, First, Middle Initial) David M. John	<b>Transaction ID:</b> SB21B.102342 <b>Date of Disbursement</b>
Mailing Address 15 Thankful Bradley Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 1 / 2 0 1 0</div> </div>
City West Redding State CT Zip Code 06896	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Payroll	<div>1751.00</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>B.</b> Full Name (Last, First, Middle Initial) JPMS Cox	<b>Transaction ID:</b> SB21B.100912 <b>Date of Disbursement</b>
Mailing Address 11300 Cantrell Road Suite 301	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 2 / 2 0 1 0</div> </div>
City Little Rock State AR Zip Code 72212	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Accounting & Compliance Fees	<div>6000.00</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>C.</b> Full Name (Last, First, Middle Initial) JPMS Cox	<b>Transaction ID:</b> SB21B.102285 <b>Date of Disbursement</b>
Mailing Address 11300 Cantrell Road Suite 301	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 6 / 2 0 1 0</div> </div>
City Little Rock State AR Zip Code 72212	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Accounting & Compliance Fees	<div>6000.00</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) .....

13751.00

**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 143 / 215

<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><b>A.</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 &amp; Compliance Fees</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><b>Transaction ID:</b> SB21B.104892</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 6000.00</p>
<p><b>B.</b></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 - 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><b>Transaction ID:</b> SB21B.100937</p> <p>Date of Disbursement 07 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 4500.00</p>
<p><b>C.</b></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 - 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><b>Transaction ID:</b> SB21B.102284</p> <p>Date of Disbursement 08 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 4500.00</p>

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

15000.00

**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 144 / 215

<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

<b>A.</b> Full Name (Last, First, Middle Initial) LCM Strategies	<b>Transaction ID:</b> SB21B.104885 <b>Date of Disbursement</b>
Mailing Address 3409 Hopkins Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 1 / 2 0 1 0</div> </div>
City Nashville State TN Zip Code 37215	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Direct Mail - PAC Fundraising Candidate Name	<div> <div>4500.00</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>B.</b> Full Name (Last, First, Middle Initial) Mark V. Williamson Co., Inc.	<b>Transaction ID:</b> SB21B.104849 <b>Date of Disbursement</b>
Mailing Address 1910 N. Grant St. # 200	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 8 / 2 0 1 0</div> </div>
City Little Rock State AR Zip Code 72207-4427	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Insurance Expense Candidate Name	<div> <div>454.00</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>C.</b> Full Name (Last, First, Middle Initial) MDH Group, Inc.	<b>Transaction ID:</b> SB21B.100948 <b>Date of Disbursement</b>
Mailing Address 11300 Cantrell Rd., Ste 301	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 9 / 2 0 1 0</div> </div>
City Little Rock State AR Zip Code 72212	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Book Purchase Candidate Name	<div> <div>4062.77</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) .....

9016.77

**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

<b>A.</b> Full Name (Last, First, Middle Initial) MDH Group, Inc.	<b>Transaction ID:</b> SB21B.102324 <b>Date of Disbursement</b>																				
Mailing Address 11300 Cantrell Rd., Ste 301	<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>8</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	6		2	0	1	0												
City Little Rock State AR Zip Code 72212	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Charter Travel - PAC Events Candidate Name	<table border="1"> <tr> <td colspan="10">12961.94</td> </tr> </table>	12961.94																			
12961.94																					
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>B.</b> Full Name (Last, First, Middle Initial) MDH Group, Inc.	<b>Transaction ID:</b> SB21B.102316 <b>Date of Disbursement</b>																				
Mailing Address 11300 Cantrell Rd., Ste 301	<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>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		3	1		2	0	1	0												
City Little Rock State AR Zip Code 72212	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Charter Travel - PAC Events Candidate Name	<table border="1"> <tr> <td colspan="10">17302.61</td> </tr> </table>	17302.61																			
17302.61																					
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>C.</b> Full Name (Last, First, Middle Initial) Optus, Inc.	<b>Transaction ID:</b> SB21B.100952 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 2503	<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>7</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	9		2	0	1	0												
City Jonesboro State AR Zip Code 72402	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Telephone Equipment Lease Candidate Name	<table border="1"> <tr> <td colspan="10">398.62</td> </tr> </table>	398.62																			
398.62																					
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) .....

30663.17

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 146 / 215

<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><b>A.</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><b>Transaction ID:</b> SB21B.100875  <b>Date of Disbursement</b>  <div>07 / 01 / 2010</div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>1219.76</div></p>
<p><b>B.</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 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><b>Transaction ID:</b> SB21B.100891  <b>Date of Disbursement</b>  <div>07 / 12 / 2010</div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>171.02</div></p>
<p><b>C.</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><b>Transaction ID:</b> SB21B.100927  <b>Date of Disbursement</b>  <div>07 / 15 / 2010</div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>944.18</div></p>

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

**2334.96**

**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 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><b>A.</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><b>Transaction ID:</b> SB21B.102330</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>959.01</div> </p>
<p><b>B.</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 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><b>Transaction ID:</b> SB21B.102331</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 0 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>191.52</div> </p>
<p><b>C.</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><b>Transaction ID:</b> SB21B.102337</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 3 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>959.01</div> </p>

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

**2109.54**

**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)

PAGE 148 / 215

<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><b>A.</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><b>Transaction ID:</b> SB21B.102343</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 9</div> <div>0 1</div> <div>2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>959.01</div> </p>
<p><b>B.</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 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><b>Transaction ID:</b> SB21B.104864</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 9</div> <div>1 0</div> <div>2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>85.51</div> </p>
<p><b>C.</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><b>Transaction ID:</b> SB21B.104873</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 9</div> <div>1 5</div> <div>2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>902.01</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**1946.53**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 149 / 215

<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><b>A.</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><b>Transaction ID:</b> SB21B.100868</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 1 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div> <div></div> <div>121.70</div> </div> </p>
<p><b>B.</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><b>Transaction ID:</b> SB21B.100879</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 2 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div> <div></div> <div>26.66</div> </div> </p>
<p><b>C.</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><b>Transaction ID:</b> SB21B.100880</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 3 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div> <div></div> <div>9.13</div> </div> </p>

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

**157.49**

**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)

PAGE 150 / 215

<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><b>A.</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><b>Transaction ID:</b> SB21B.100881</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 4 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 6.19</p>
<p><b>B.</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><b>Transaction ID:</b> SB21B.100882</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 17.12</p>
<p><b>C.</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><b>Transaction ID:</b> SB21B.100883</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 8.77</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

32.08

**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.100884

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**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.100885

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**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.100886

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**15.03**

**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)

PAGE 152 / 215

<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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<p><b>B.</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><b>Transaction ID:</b> SB21B.100889</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 1 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div> <div></div> <div>10.21</div> </div> </p>
<p><b>C.</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><b>Transaction ID:</b> SB21B.100890</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 2 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div> <div></div> <div>12.26</div> </div> </p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**29.76**

**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)

PAGE 153 / 215

<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

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<p><b>B.</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><b>Transaction ID:</b> SB21B.100920</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 4 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>5.23</div> </div> </p>
<p><b>C.</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><b>Transaction ID:</b> SB21B.100921</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>4.55</div> </div> </p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**18.52**

**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

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<p><b>B.</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><b>Transaction ID:</b> SB21B.100930</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 3.81</p>
<p><b>C.</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><b>Transaction ID:</b> SB21B.100931</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 2.91</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

7.88

**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><b>A.</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><b>Transaction ID:</b> SB21B.100932</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 9 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div> <div></div> <div>2.22</div> </div> </p>
<p><b>B.</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><b>Transaction ID:</b> SB21B.100938</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 0 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div> <div></div> <div>13.58</div> </div> </p>
<p><b>C.</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><b>Transaction ID:</b> SB21B.100939</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 1 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div> <div></div> <div>87.16</div> </div> </p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**102.96**

**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 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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<p><b>B.</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><b>Transaction ID:</b> SB21B.100941  <b>Date of Disbursement</b>  <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 3 / 2 0 1 0</div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>21.78</div> </p>
<p><b>C.</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><b>Transaction ID:</b> SB21B.100942  <b>Date of Disbursement</b>  <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 4 / 2 0 1 0</div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>7.94</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**85.97**

**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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<p><b>B.</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><b>Transaction ID:</b> SB21B.100944</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 6 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div> <div></div> <div>0.82</div> </div> </p>
<p><b>C.</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><b>Transaction ID:</b> SB21B.100945</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 7 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div> <div></div> <div>3.70</div> </div> </p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

16.17

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

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

Use separate schedule(s)  
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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><b>A.</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><b>Transaction ID:</b> SB21B.100946  <b>Date of Disbursement</b>  <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 8 / 2 0 1 0</div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>12.50</div> </p>
<p><b>B.</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><b>Transaction ID:</b> SB21B.100947  <b>Date of Disbursement</b>  <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 9 / 2 0 1 0</div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>18.92</div> </p>
<p><b>C.</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><b>Transaction ID:</b> SB21B.100954  <b>Date of Disbursement</b>  <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 1 0</div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>82.71</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**114.13**

**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

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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.100955

Date of Disbursement

07 / 31 / 2010

Amount of Each Disbursement this Period

1.04

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

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

State: District:

Transaction ID: SB21B.102260

Date of Disbursement

08 / 01 / 2010

Amount of Each Disbursement this Period

5.04

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.102261

Date of Disbursement

08 / 02 / 2010

Amount of Each Disbursement this Period

114.53

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

120.61

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

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<p><b>B.</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><b>Transaction ID:</b> SB21B.102263</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 4 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div> <div></div> <div>41.77</div> </div> </p>
<p><b>C.</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><b>Transaction ID:</b> SB21B.102264</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 5 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div> <div></div> <div>17.80</div> </div> </p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**138.66**

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 161 / 215

<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.102265

Date of Disbursement

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

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:

20.04

**B.**

Full Name (Last, First, Middle Initial)

Paypal, Inc.

**Transaction ID:** SB21B.102266

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	1	0

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:

5.13

**C.**

Full Name (Last, First, Middle Initial)

Paypal, Inc.

**Transaction ID:** SB21B.102267

Date of Disbursement

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

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:

4.50

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

29.67

**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><b>A.</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><b>Transaction ID:</b> SB21B.102276</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 1 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div> <div></div> <div>7.59</div> </div> </p>
<p><b>B.</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><b>Transaction ID:</b> SB21B.102277</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 2 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div> <div></div> <div>8.25</div> </div> </p>
<p><b>C.</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><b>Transaction ID:</b> SB21B.102278</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 3 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div> <div></div> <div>8.89</div> </div> </p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**24.73**

**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

<p><b>A.</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><b>Transaction ID:</b> SB21B.102279</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 4 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>6.22</div> </div> </p>
<p><b>B.</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><b>Transaction ID:</b> SB21B.102280</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 5 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>5.81</div> </div> </p>
<p><b>C.</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><b>Transaction ID:</b> SB21B.102281</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 6 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>4.26</div> </div> </p>

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

16.29

**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><b>A.</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><b>Transaction ID:</b> SB21B.102288</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 7 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div> <div></div> <div>1.26</div> </div> </p>
<p><b>B.</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><b>Transaction ID:</b> SB21B.102289</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 8 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div> <div></div> <div>2.91</div> </div> </p>
<p><b>C.</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><b>Transaction ID:</b> SB21B.102290</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 9 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div> <div></div> <div>1.89</div> </div> </p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**6.06**

**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

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<p><b>B.</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><b>Transaction ID:</b> SB21B.102297</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>6.14</div> </div> </p>
<p><b>C.</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><b>Transaction ID:</b> SB21B.102298</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 2 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>25.41</div> </div> </p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**164.94**

**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)

PAGE 166 / 215

<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

<p><b>A.</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><b>Transaction ID:</b> SB21B.102305</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 3 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>64.38</div> </div> </p>
<p><b>B.</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><b>Transaction ID:</b> SB21B.102306</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 4 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>643.97</div> </div> </p>
<p><b>C.</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><b>Transaction ID:</b> SB21B.102307</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 5 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>142.60</div> </div> </p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**850.95**

**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 167 / 215

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.	<b>Transaction ID:</b> SB21B.102309 <b>Date of Disbursement</b>																				
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>8</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	6		2	0	1	0												
City Chicago State IL Zip Code 60677	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<table border="1"> <tr> <td colspan="10">47.51</td> </tr> </table>	47.51																			
47.51																					
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>B.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.	<b>Transaction ID:</b> SB21B.102310 <b>Date of Disbursement</b>																				
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>8</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	7		2	0	1	0												
City Chicago State IL Zip Code 60677	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<table border="1"> <tr> <td colspan="10">136.86</td> </tr> </table>	136.86																			
136.86																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Paypal, Inc.	<b>Transaction ID:</b> SB21B.102312 <b>Date of Disbursement</b>																				
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>8</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	8		2	0	1	0												
City Chicago State IL Zip Code 60677	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<table border="1"> <tr> <td colspan="10">30.59</td> </tr> </table>	30.59																			
30.59																					
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) .....

214.96

**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 Page

FOR LINE NUMBER:  
(check only one)

PAGE 168 / 215

<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><b>A.</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><b>Transaction ID:</b> SB21B.102313</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 9 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>11.16</div> </div> </p>
<p><b>B.</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><b>Transaction ID:</b> SB21B.102314</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 0 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>67.31</div> </div> </p>
<p><b>C.</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><b>Transaction ID:</b> SB21B.102315</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 1 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>93.95</div> </div> </p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**172.42**

**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><b>A.</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><b>Transaction ID:</b> SB21B.102317</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 1 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>31.64</div> </div> </p>
<p><b>B.</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><b>Transaction ID:</b> SB21B.102318</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 2 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>31.52</div> </div> </p>
<p><b>C.</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><b>Transaction ID:</b> SB21B.104826</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 3 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>14.88</div> </div> </p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**78.04**

**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><b>A.</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><b>Transaction ID:</b> SB21B.104827</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 4 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>5.78</div> </div> </p>
<p><b>B.</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><b>Transaction ID:</b> SB21B.104828</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 5 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>9.87</div> </div> </p>
<p><b>C.</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><b>Transaction ID:</b> SB21B.104829</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 6 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>0.85</div> </div> </p>

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

**16.50**

**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.104830

Date of Disbursement

/   /

Amount of Each Disbursement this Period

26.13

**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.104831

Date of Disbursement

/   /

Amount of Each Disbursement this Period

13.15

**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.104861

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1.78

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

41.06

**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.104863

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**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.104865

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**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.104866

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**26.04**

**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 173 / 215

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

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NAME OF COMMITTEE (In Full)  
HUCK PAC

<p><b>A.</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><b>Transaction ID:</b> SB21B.104867</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div>09 / 13 / 2010</div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>8.34</div> </div> </p>
<p><b>B.</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><b>Transaction ID:</b> SB21B.104869</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div>09 / 14 / 2010</div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>132.82</div> </div> </p>
<p><b>C.</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><b>Transaction ID:</b> SB21B.104870</p> <p>Date of Disbursement  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div>09 / 15 / 2010</div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>293.61</div> </div> </p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**434.77**

**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 174 / 215

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

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NAME OF COMMITTEE (In Full)  
HUCK PAC

<p><b>A.</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><b>Transaction ID:</b> SB21B.104874</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 6 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>104.07</div> </div> </p>
<p><b>B.</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><b>Transaction ID:</b> SB21B.104875</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>26.32</div> </div> </p>
<p><b>C.</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><b>Transaction ID:</b> SB21B.104876</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 8 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>13.69</div> </div> </p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**144.08**

**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 175 / 215

<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><b>A.</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><b>Transaction ID:</b> SB21B.104877</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 9 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>10.23</div> </div> </p>
<p><b>B.</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><b>Transaction ID:</b> SB21B.104878</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 0 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>26.39</div> </div> </p>
<p><b>C.</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><b>Transaction ID:</b> SB21B.104879</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 1 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>513.53</div> </div> </p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**550.15**

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 176 / 215

<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.104889

Date of Disbursement

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

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/  
Type

314.23

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**B.**

Full Name (Last, First, Middle Initial)

Paypal, Inc.

**Transaction ID:** SB21B.104890

Date of Disbursement

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

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/  
Type

77.38

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**C.**

Full Name (Last, First, Middle Initial)

Paypal, Inc.

**Transaction ID:** SB21B.104894

Date of Disbursement

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

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/  
Type

52.23

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

443.84

**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><b>A.</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><b>Transaction ID:</b> SB21B.104895</p> <p><b>Date of Disbursement</b>  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div>09252010</div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>22.63</div> </p>
<p><b>B.</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><b>Transaction ID:</b> SB21B.104896</p> <p><b>Date of Disbursement</b>  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div>09262010</div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>12.41</div> </p>
<p><b>C.</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><b>Transaction ID:</b> SB21B.104897</p> <p><b>Date of Disbursement</b>  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div>09272010</div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>112.87</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**147.91**

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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><b>A.</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><b>Transaction ID:</b> SB21B.104898</p> <p><b>Date of Disbursement</b>  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 9</div> <div>2 8</div> <div>2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>277.98</div> </p>
<p><b>B.</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><b>Transaction ID:</b> SB21B.104899</p> <p><b>Date of Disbursement</b>  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 9</div> <div>2 9</div> <div>2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>228.57</div> </p>
<p><b>C.</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><b>Transaction ID:</b> SB21B.104900</p> <p><b>Date of Disbursement</b>  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 9</div> <div>3 0</div> <div>2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>663.93</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**1170.48**

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 179 / 215

<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

<b>A.</b> Full Name (Last, First, Middle Initial) QualChoice	<b>Transaction ID:</b> SB21B.100951 <b>Date of Disbursement</b>																				
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>7</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	9		2	0	1	0												
City Little Rock State AR Zip Code 72211	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Employee Benefits - Health Insurance	<table border="1"> <tr> <td colspan="10">2512.10</td> </tr> </table>	2512.10																			
2512.10																					
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) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) QualChoice	<b>Transaction ID:</b> SB21B.102294 <b>Date of Disbursement</b>																				
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>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	9		2	0	1	0												
City Little Rock State AR Zip Code 72211	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Employee Benefits - Health Insurance	<table border="1"> <tr> <td colspan="10">442.92</td> </tr> </table>	442.92																			
442.92																					
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>C.</b> Full Name (Last, First, Middle Initial) QualChoice	<b>Transaction ID:</b> SB21B.104921 <b>Date of Disbursement</b>																				
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>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		3	0		2	0	1	0												
City Little Rock State AR Zip Code 72211	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Employee Benefits - Health Insurance	<table border="1"> <tr> <td colspan="10">1256.05</td> </tr> </table>	1256.05																			
1256.05																					
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) .....

4211.07

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 180 / 215

<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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Safe Foods</p> <p>Mailing Address 4801 North Shore Drive</p> <p>City North Little Rock State AR Zip Code 72118</p> <p>Purpose of Disbursement Office Rent</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><b>Transaction ID:</b> SB21B.100953</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="750.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Safe Foods</p> <p>Mailing Address 4801 North Shore Drive</p> <p>City North Little Rock State AR Zip Code 72118</p> <p>Purpose of Disbursement Office Rent</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><b>Transaction ID:</b> SB21B.104856</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="750.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) John B. Saltsman, Jr.</p> <p>Mailing Address 6221 Brownlee Drive</p> <p>City Nashville State TN Zip Code 37205</p> <p>Purpose of Disbursement Reimbursement - Travel 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><b>Transaction ID:</b> SB21B.104991</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5938.95"/></p>

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

**7438.95**

**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

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)  
Twin City Printing

Mailing Address P.O. Box 15368

City North Little Rock State AR Zip Code 72231

Purpose of Disbursement  
Printing Expense

Candidate Name

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

State: District:

Transaction ID: SB21B.102273

Date of Disbursement

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

Amount of Each Disbursement this Period

476.27

**B.**Full Name (Last, First, Middle Initial)  
Twin City Printing

Mailing Address P.O. Box 15368

City North Little Rock State AR Zip Code 72231

Purpose of Disbursement  
Printing Expense

Candidate Name

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

State: District:

Transaction ID: SB21B.102283

Date of Disbursement

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

Amount of Each Disbursement this Period

463.72

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

State: District:

Transaction ID: SB21B.100895

Date of Disbursement

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

Amount of Each Disbursement this Period

1223.69

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

2163.68

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 182 / 215

<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)  
USPS

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

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

State: District:

Transaction ID: SB21B.100895.0

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5.42

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
USPS

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

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

State: District:

Transaction ID: SB21B.100895.1

Date of Disbursement

/   /

Amount of Each Disbursement this Period

220.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
USPS

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

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

State: District:

Transaction ID: SB21B.100895.2

Date of Disbursement

/   /

Amount of Each Disbursement this Period

44.44

[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 PageFOR LINE NUMBER:  
(check only one)

PAGE 183 / 215

<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)  
UPS

Mailing Address 17200 Chenal Pkwy, Ste 300

City Little Rock State AR Zip Code 72223

Purpose of Disbursement  
Postage

Candidate Name

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

State: District:

Transaction ID: SB21B.100895.3

Date of Disbursement

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

Amount of Each Disbursement this Period

227.74

**[MEMO ITEM]****B.**Full Name (Last, First, Middle Initial)  
FedEx

Mailing Address 2903 Sprinkle Avenue

City Memphis State TN Zip Code 38118

Purpose of Disbursement  
Shipping

Candidate Name

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

State: District:

Transaction ID: SB21B.100895.4

Date of Disbursement

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

Amount of Each Disbursement this Period

23.60

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

Mailing Address 501 Commerce Drive

City Maumelle State AR Zip Code 72113

Purpose of Disbursement  
Postage

Candidate Name

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

State: District:

Transaction ID: SB21B.100895.5

Date of Disbursement

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

Amount of Each Disbursement this Period

31.25

**[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

<b>A.</b> Full Name (Last, First, Middle Initial) USPS	<b>Transaction ID:</b> SB21B.100895.6 <b>Date of Disbursement</b>
Mailing Address 501 Commerce Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 2 / 2 0 1 0</div> </div>
City Maumelle State AR Zip Code 72113 Purpose of Disbursement Postage Candidate Name	Amount of Each Disbursement this Period <div>88.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Dish Network	<b>Transaction ID:</b> SB21B.100895.7 <b>Date of Disbursement</b>
Mailing Address Department 0063	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 2 / 2 0 1 0</div> </div>
City Palatine State IL Zip Code 60055 Purpose of Disbursement Office Expense Candidate Name	Amount of Each Disbursement this Period <div>99.24</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>C.</b> Full Name (Last, First, Middle Initial) USPS	<b>Transaction ID:</b> SB21B.100895.8 <b>Date of Disbursement</b>
Mailing Address 501 Commerce Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 2 / 2 0 1 0</div> </div>
City Maumelle State AR Zip Code 72113 Purpose of Disbursement Postage Candidate Name	Amount of Each Disbursement this Period <div>132.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**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)  
USPS

Mailing Address 501 Commerce Drive

City Maumelle State AR Zip Code 72113

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.100895.9

Date of Disbursement

07 / 12 / 2010

Amount of Each Disbursement this Period

132.00

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
USPS

Mailing Address 501 Commerce Drive

City Maumelle State AR Zip Code 72113

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.100895.10

Date of Disbursement

07 / 12 / 2010

Amount of Each Disbursement this Period

220.00

[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 - No Itemization Required

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.102308

Date of Disbursement

08 / 25 / 2010

Amount of Each Disbursement this Period

43.79

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

43.79

**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

<b>A.</b> Full Name (Last, First, Middle Initial) Visa Mailing Address P.O. Box 8999	<b>Transaction ID:</b> SB21B.102311 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 7 / 2 0 1 0</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) ▼	<b>Amount of Each Disbursement this Period</b> <div>742.18</div> <div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) USPS Mailing Address 600 East Capital 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) ▼	<b>Transaction ID:</b> SB21B.102311.0 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 7 / 2 0 1 0</div> </div> <b>Amount of Each Disbursement this Period</b> <div>11.00</div> <div>Category/Type</div> <p><b>[MEMO ITEM]</b></p>
<b>C.</b> Full Name (Last, First, Middle Initial) FedEx Mailing Address 2903 Sprinkle Avenue City Memphis State TN Zip Code 38118 Purpose of Disbursement Shipping 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) ▼	<b>Transaction ID:</b> SB21B.102311.1 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 7 / 2 0 1 0</div> </div> <b>Amount of Each Disbursement this Period</b> <div>107.73</div> <div>Category/Type</div> <p><b>[MEMO ITEM]</b></p>

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

742.18

**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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☒ 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)  
Staples

Mailing Address 12309 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

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

State: District:

Transaction ID: SB21B.102311.2  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

71.76

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
USPS

Mailing Address 501 Commerce Drive

City Maumelle State AR Zip Code 72113

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.102311.3  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

220.00

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
Dish Network

Mailing Address Department 0063

City Palatine State IL Zip Code 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.102311.4  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

99.24

[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)

PAGE 188 / 215

<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)  
USPS

Mailing Address 501 Commerce Drive

City Maumelle State AR Zip Code 72113

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.102311.5

Date of Disbursement

/   /

Amount of Each Disbursement this Period

220.00

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
USPS

Mailing Address 600 East Capital Avenue

City Little Rock State AR Zip Code 72202

Purpose of Disbursement  
Postage

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.102311.6

Date of Disbursement

/   /

Amount of Each Disbursement this Period

12.45

**[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

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.104903

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1197.91

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

1197.91

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address 501 Commerce Drive</p> <p>City Maumelle State AR Zip Code 72113</p> <p>Purpose of Disbursement Postage</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><b>Transaction ID:</b> SB21B.104903.0</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 3 0 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>220.00</div> </p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address 501 Commerce Drive</p> <p>City Maumelle State AR Zip Code 72113</p> <p>Purpose of Disbursement Postage</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><b>Transaction ID:</b> SB21B.104903.1</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 3 0 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>10.70</div> </p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></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><b>Transaction ID:</b> SB21B.104903.2</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 3 0 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>99.24</div> </p> <p><b>[MEMO ITEM]</b></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)

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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)  
USPS

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

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

State: District:

**Transaction ID:** SB21B.104903.3

Date of Disbursement

/   /

Amount of Each Disbursement this Period

14.75

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
USPS

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

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

State: District:

**Transaction ID:** SB21B.104903.4

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15.70

**[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 - Airfare

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID:** SB21B.104903.5

Date of Disbursement

/   /

Amount of Each Disbursement this Period

659.40

**[MEMO ITEM]**

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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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)  
USPS

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

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

State: District:

**Transaction ID:** SB21B.104903.6

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5.49

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
USPS

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

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

State: District:

**Transaction ID:** SB21B.104903.7

Date of Disbursement

/   /

Amount of Each Disbursement this Period

8.55

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
USPS

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

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

State: District:

**Transaction ID:** SB21B.104903.8

Date of Disbursement

/   /

Amount of Each Disbursement this Period

17.52

**[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)

Staples Direct

Mailing Address 500 Staples Drive

City  
Farmington

State  
MA

Zip Code  
01702

Purpose of Disbursement  
Office Expense - Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.104903.9

Date of Disbursement

/   /

Amount of Each Disbursement this Period

146.56

**[MEMO ITEM]**

**B.**

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 - Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.104914

Date of Disbursement

/   /

Amount of Each Disbursement this Period

60.23

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

60.23

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

237240.40



**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 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)  
BETH ANNE RANKIN FOR CONGRESS

Mailing Address P O Box 2160

City Magnolia State AR Zip Code 71754

Purpose of Disbursement  
Campaign ContributionCandidate Name  
BETH ANNE RANKINCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AR District: 04

Transaction ID: SB23.104779

Date of Disbursement

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

Amount of Each Disbursement this Period

4000.00

**B.** Full Name (Last, First, Middle Initial)  
BILL FLORES FOR CONGRESS

Mailing Address PO BOX 6207

City BRYAN State TX Zip Code 77805

Purpose of Disbursement  
Campaign ContributionCandidate Name  
WILLIAM FLORESCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 17

Transaction ID: SB23.104810

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
CHUCK FLEISCHMANN FOR CONGRESS COMMITTEEMailing Address P.O. Box 11091  
SUITE 1000 JAMES BUILDING

City Chattanooga State TN Zip Code 37401

Purpose of Disbursement  
Campaign ContributionCandidate Name  
CHARLES J FLEISCHMANNCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TN District: 03

Transaction ID: SB23.104809

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

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)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
**DANIEL WEBSTER FOR CONGRESS**

Mailing Address 3400 OLD WINTER GARDEN ROAD

City State Zip Code  
ORLANDO FL 32805

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
DANIEL WEBSTER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 08

**Transaction ID:** SB23.104786

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
**DAVID RIVERA FOR U.S. CONGRESS**

Mailing Address PO BOX 520633

City State Zip Code  
MIAMI FL 33152

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
DAVID RIVERA

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 25

**Transaction ID:** SB23.104787

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4000.00

**C.** Full Name (Last, First, Middle Initial)  
**FAMILIES FOR JAMES LANKFORD**

Mailing Address 16121 WINDRUSH PL

City State Zip Code  
EDMOND OK 73013

Purpose of Disbursement  
In-Kind Contribution - Phone Bank

Candidate Name  
JAMES LANKFORD

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OK District: 05

**Transaction ID:** SB23.102259

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3000.00

**[MEMO ITEM]**

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

6500.00

**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 195 / 215

☐ 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)  
FAMILIES FOR JAMES LANKFORD

Mailing Address 16121 WINDRUSH PL

City EDMOND State OK Zip Code 73013

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
JAMES LANKFORD

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OK District: 05

Transaction ID: SB23.104816

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)  
FRIENDS OF DAVID HARMER

Mailing Address 9321 SILVERBEND LANE

City ELK GROVE State CA Zip Code 95624

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
DAVID JEFFREY HARMER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 10

Transaction ID: SB23.104784

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)  
FRIENDS OF DENNIS ROSS

Mailing Address PO BOX 7310

City LAKELAND State FL Zip Code 33807

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
DENNIS ALAN ROSS

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 12

Transaction ID: SB23.104788

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)

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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

<b>A.</b> Full Name (Last, First, Middle Initial) FRIENDS OF RICH NUGENT Mailing Address P. O. Box 15668	<b>Transaction ID:</b> SB23.104789 <b>Date of Disbursement</b> <div> <div>09</div> <div>30</div> <div>2010</div> </div>
City Brooksville State FL Zip Code 34604 Purpose of Disbursement Campaign Contribution Candidate Name RICHARD B NUGENT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 05	<b>Amount of Each Disbursement this Period</b> <div>1000.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) GRAVES FOR CONGRESS Mailing Address PO Box 701 City Gainesville State GA Zip Code 30503 Purpose of Disbursement Campaign Contribution Candidate Name JOHN THOMAS JR GRAVES Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 09	<b>Transaction ID:</b> SB23.104792 <b>Date of Disbursement</b> <div> <div>09</div> <div>30</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) JEFF DUNCAN FOR CONGRESS Mailing Address PO BOX 732 City CLINTON State SC Zip Code 29325 Purpose of Disbursement Campaign Contribution Candidate Name JEFF DUNCAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SC District: 03	<b>Transaction ID:</b> SB23.104805 <b>Date of Disbursement</b> <div> <div>09</div> <div>30</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div>

**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 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)  
JOE MILLER FOR US SENATE

Mailing Address PO BOX 72838

City FAIRBANKS State AK Zip Code 99707

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
JOSEPH W MILLER

Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: AK District: 00

Transaction ID: SB23.104823

Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
JOE WILSON FOR CONGRESS COMMITTEE

Mailing Address PO BOX 2145

City WEST COLUMBIA State SC Zip Code 29171

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
JOE THE HON. WILSON

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: SC District: 02

Transaction ID: SB23.104808

Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
KING FOR CONGRESS

Mailing Address 116 N Main St.  
PO Box 400

City Early State IA Zip Code 50535

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
STEVE MR. KING

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: IA District: 05

Transaction ID: SB23.104797

Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

500.00

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

6500.00

**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 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)  
LATHAM FOR CONGRESSMailing Address P.O. Box 71  
PO BOX 71

City Clarion State IA Zip Code 50525

Purpose of Disbursement  
Campaign ContributionCandidate Name  
THOMAS P. LATHAMCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IA District: 04

Transaction ID: SB23.104798

Date of Disbursement

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

Amount of Each Disbursement this Period

500.00

**B.**Full Name (Last, First, Middle Initial)  
MARINO FOR CONGRESS

Mailing Address PO BOX 653

City WILLIAMSPORT State PA Zip Code 17703

Purpose of Disbursement  
Campaign ContributionCandidate Name  
THOMAS ANTHONY MARINOCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 10

Transaction ID: SB23.104822

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

**C.**Full Name (Last, First, Middle Initial)  
MULVANEY FOR CONGRESS

Mailing Address 9789 CHARLOTTE HWY SUITE 400-255

City INDIAN LAND State SC Zip Code 29707

Purpose of Disbursement  
Campaign ContributionCandidate Name  
JOHN MICHAEL 'MICK' MULVANEYCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: SC District: 05

Transaction ID: SB23.104807

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

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

2500.00

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 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)  
NICK POPADITCH FOR CONGRESS

Mailing Address 937 CAMINO LA PAZ

City CHULA VISTA State CA Zip Code 91910

Purpose of Disbursement  
Campaign ContributionCandidate Name  
NICHOLAS ALLEN POPADITCHCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 51

Transaction ID: SB23.104781

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

**B.** Full Name (Last, First, Middle Initial)  
NUNNELEE FOR CONGRESSMailing Address 438 EAST MAIN ST  
PO BOX 7092

City TUPELO State MS Zip Code 38802

Purpose of Disbursement  
Campaign ContributionCandidate Name  
PATRICK ALAN NUNNELEECategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MS District: 01

Transaction ID: SB23.104799

Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00									
---------	--	--	--	--	--	--	--	--	--

**C.** Full Name (Last, First, Middle Initial)  
PALAZZO FOR CONGRESS

Mailing Address 13155 HIGHWAY 67 SUITE B

City BILOXI State MS Zip Code 39532

Purpose of Disbursement  
Campaign ContributionCandidate Name  
STEVEN MCCARTY PALAZZOCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MS District: 04

Transaction ID: SB23.104800

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00									
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SUBTOTAL of Disbursements This Page (optional) .....

4000.00

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

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
HUCK PAC

<b>A.</b> Full Name (Last, First, Middle Initial) <b>PORTMAN FOR SENATE COMMITTEE</b>	<b>Transaction ID:</b> SB23.104813 <b>Date of Disbursement</b>
Mailing Address 8331 LITTLE HARBOR DRIVE	<div> <div>09</div> <div>30</div> <div>2010</div> </div>
City CINCINNATI State OH Zip Code 45244	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution	<div>2500.00</div>
Candidate Name <b>ROB PORTMAN</b>	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) <b>RAND PAUL FOR US SENATE</b>	<b>Transaction ID:</b> SB23.104812 <b>Date of Disbursement</b>
Mailing Address 1019 STATE STREET	<div> <div>09</div> <div>30</div> <div>2010</div> </div>
City BOWLING GREEN State KY Zip Code 42101	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution	<div>5000.00</div>
Candidate Name <b>RAND PAUL</b>	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) <b>ROB WOODALL FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.104793 <b>Date of Disbursement</b>
Mailing Address POST OFFICE BOX 1871	<div> <div>09</div> <div>30</div> <div>2010</div> </div>
City LAWRENCEVILLE State GA Zip Code 30046	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution	<div>1000.00</div>
Candidate Name <b>ROB WOODALL</b>	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**8500.00**

**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

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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)  
**SCOTT RIGELL FOR CONGRESS**

Mailing Address 915 First Colonial Road  
Suite 100

City Virginia Beach State VA Zip Code 23454

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
EDWARD SCOTT RIGELL

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 02

**Transaction ID:** SB23.104811

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
**STAR PARKER FOR CONGRESS 2010**

Mailing Address PO BOX 4625

City CARSON State CA Zip Code 90749

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
STAR PARKER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 37

**Transaction ID:** SB23.104782

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
**STEVE CHABOT FOR CONGRESS**

Mailing Address 3339 Harrison Ave.  
3014 Harrison Ave.

City Cincinnati State OH Zip Code 45211

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
STEVE CHABOT

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 01

**Transaction ID:** SB23.104802

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**3500.00**

**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  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
HUCK PAC

A.

Full Name (Last, First, Middle Initial)  
STUTZMAN FOR CONGRESS

Mailing Address 0250 W 600 N

City State Zip Code  
HOWE IN 46746

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
MARLIN A STUTZMAN

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 03

Transaction ID: SB23.104795

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 30 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)  
TIM GRIFFIN FOR CONGRESS CAMPAIGN COMMITTEE

Mailing Address P.O. Box 7526

City State Zip Code  
Little Rock AR 72217

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
JOHN TIMOTHY GRIFFIN

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AR District: 02

Transaction ID: SB23.104780

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 30 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)  
TIM SCOTT FOR CONGRESS

Mailing Address 1405 ASHLEY RIVER ROAD

City State Zip Code  
CHARLESTON SC 29407

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
TIMOTHY E SCOTT

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: SC District: 01

Transaction ID: SB23.104804

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 30 2010

Amount of Each Disbursement this Period

1500.00

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

3500.00

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  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
**TREY GOWDY FOR CONGRESS**

Mailing Address PO BOX 3324

City SPARTANBURG State SC Zip Code 29304

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
TREY GOWDY

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: SC District: 04

**Transaction ID:** SB23.104806

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
**VAN TRAN FOR CONGRESS**

Mailing Address 2150 RIVER PLAZA DR #150

City SACRAMENTO State CA Zip Code 95833

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
VAN TRAN

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 47

**Transaction ID:** SB23.104783

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
**WALORSKI FOR CONGRESS INC**

Mailing Address PO Box 954

City Mishawaka State IN Zip Code 46546

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
JACKIE WALORSKI (SWIHART)

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 02

**Transaction ID:** SB23.104794

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**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  
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(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)  
ZAUN FOR CONGRESS

Mailing Address PO BOX 42221

City URBANDALE State IA Zip Code 50323

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
BRAD ZAUN

Office Sought: ☒ House  
☐ Senate  
☐ President

State: IA District: 03

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: SB23.104796

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

1000.00

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

51000.00

**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 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)  
Alan Wilson for Attorney General

Mailing Address P.O. Box 1453

City Columbia State SC Zip Code 29202

Purpose of Disbursement  
Campaign ContributionCandidate Name  
Alan WilsonCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.104961

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Alons for Representative Committee

Mailing Address 1314 7th St.

City Hull State IA Zip Code 51239

Purpose of Disbursement  
Campaign ContributionCandidate Name  
Dwayne AlonsCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.104965

Date of Disbursement

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

Amount of Each Disbursement this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Brian Birdwell for Texas State Senate

Mailing Address P.O. Box 1111

City Granbury State TX Zip Code 76048

Purpose of Disbursement  
Campaign ContributionCandidate Name  
Brian BirdwellCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.104986

Date of Disbursement

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

Amount of Each Disbursement this Period

500.00

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

2000.00

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 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)  
Carolyn A. Smith for State Representative

Mailing Address P.O. Box 2788

City Little Rock State AR Zip Code 72203

Purpose of Disbursement  
Campaign ContributionCandidate Name  
Carolyn Ann SmithCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.104930

Date of Disbursement

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

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Committee to Elect Tom Shaw

Mailing Address 341 S. 1st St.

City Laurens State IA Zip Code 50554

Purpose of Disbursement  
Campaign ContributionCandidate Name  
Tom ShawCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.104949

Date of Disbursement

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

Amount of Each Disbursement this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Dennis Milligan for Saline County Circuit Clerk

Mailing Address 6523 Caribbean

City Benton State AR Zip Code 72019

Purpose of Disbursement  
Campaign ContributionCandidate Name  
Dennis MilliganCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.104987

Date of Disbursement

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

Amount of Each Disbursement this Period

250.00

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

1250.00

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 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)  
Doak for Insurance Commissioner

Mailing Address 10026 A S Mingo Rd. Bx 144

City State Zip Code  
Tulsa OK 74133Purpose of Disbursement  
Campaign ContributionCandidate Name  
Doak for Insurance CommissionerCategory/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.104918

Date of Disbursement

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

Amount of Each Disbursement this Period

500.00

**B.**Full Name (Last, First, Middle Initial)  
Erwin Cain for State Representative

Mailing Address P.O. Box 791

City State Zip Code  
Sulphur Springs TX 75483Purpose of Disbursement  
Campaign ContributionCandidate Name  
Erwin CainCategory/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.104990

Date of Disbursement

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

Amount of Each Disbursement this Period

500.00

**C.**Full Name (Last, First, Middle Initial)  
Findley for Iowa

Mailing Address P.O. Box 451

City State Zip Code  
Dexter IA 50070Purpose of Disbursement  
Campaign ContributionCandidate Name  
Brenna FindleyCategory/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.104945

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

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

2000.00

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 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)  
Friends of Jason Schultz

Mailing Address P.O. Box 70

City Schleswig State IA Zip Code 51461

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
Jason Schultz

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.104962

Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)  
Friends of Justin Ready

Mailing Address 20 Hillside Court

City Westminster State MO Zip Code 21157

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
Friends of Justin Ready

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.106771

Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

750.00

C.

Full Name (Last, First, Middle Initial)  
George Lavender Campaign

Mailing Address 36 Knotty Pine Place

City Texarkana State TX Zip Code 75503

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
George Lavender

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.104983

Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

500.00

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

1750.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
HUCK PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Hagenow for Iowa House	<b>Transaction ID:</b> SB29.104977 <b>Date of Disbursement</b>
Mailing Address 1915 69th St.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 3 0 / 2 0 1 0</div> </div>
City Windsor Heights State IA Zip Code 50322	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution Candidate Name Chris Hagenow Category/Type	<div>500.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
<b>B.</b> Full Name (Last, First, Middle Initial) Hodoly for House	<b>Transaction ID:</b> SB29.104971 <b>Date of Disbursement</b>
Mailing Address 162 W. Alta Vista Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 3 0 / 2 0 1 0</div> </div>
City Ottomwa State IA Zip Code 52501	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution Candidate Name Jane Hodoly Category/Type	<div>500.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
<b>C.</b> Full Name (Last, First, Middle Initial) Jason Rapert for Arkansas Senate	<b>Transaction ID:</b> SB29.104933 <b>Date of Disbursement</b>
Mailing Address P.O. Box 295	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 3 0 / 2 0 1 0</div> </div>
City Bigelow State AR Zip Code 72016	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution Candidate Name Jason Rapert Category/Type	<div>500.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

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

**1500.00**

**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 210 / 215

<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)

Jim Keet for Governor

Mailing Address P.O. Box 25436

City  
Little RockState  
ARZip Code  
72221Purpose of Disbursement  
Campaign Contribution - Refunded to PAC on 10.11.10Candidate Name  
Jim KeetCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.113570

Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Kasich for Governor

Mailing Address P.O. Box 06590

City  
ColumbusState  
OHZip Code  
43206Purpose of Disbursement  
Campaign ContributionCandidate Name  
John KasichCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.104955

Date of Disbursement

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

Amount of Each Disbursement this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

Keith Crass for State Representative

Mailing Address 835 Central Ave, Ste. 511

City  
Hot SpringsState  
ARZip Code  
71901Purpose of Disbursement  
Campaign ContributionCandidate Name  
Keith CrassCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.104926

Date of Disbursement

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

Amount of Each Disbursement this Period

500.00

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

4000.00

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 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)  
Kelly Boyd Campaign Committee

Mailing Address P.O. Box 36

City Havana State AR Zip Code 72842

Purpose of Disbursement  
Campaign ContributionCandidate Name  
Kelly BoydCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.104957

Date of Disbursement

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

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Ken Paxton Campaign

Mailing Address 5613 S. Woodcreek Circle

City McKinney State TX Zip Code 76071

Purpose of Disbursement  
Campaign ContributionCandidate Name  
Ken PaxtonCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.104980

Date of Disbursement

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

Amount of Each Disbursement this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Kim Pearson Iowa House

Mailing Address 2951 SE 64th Street

City Pleasant Hill State IA Zip Code 50327

Purpose of Disbursement  
Campaign ContributionCandidate Name  
Kim PearsonCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.104968

Date of Disbursement

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

Amount of Each Disbursement this Period

500.00

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

1500.00

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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.** Full Name (Last, First, Middle Initial)  
Mark Darr for Lieutenant Governor

Mailing Address 2605 W. Pleasant Grove Road  
Ste. 202-50

City State Zip Code  
Rogers AR 72758

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
Mark Darr

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.104922

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 30 2010

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mark Martin for Secretary of State

Mailing Address P.O. Box 700

City State Zip Code  
Prairie Grove AR 72753

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
Mark Martin

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.104923

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 30 2010

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Missy for Arkansas Senate

Mailing Address P.O. Box 1414

City State Zip Code  
Mountain View AR 72560

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
Missy Thomas Irvin

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.104928

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 30 2010

Amount of Each Disbursement this Period

500.00

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

**2500.00**

**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 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

<b>A.</b> Full Name (Last, First, Middle Initial) Nathan Deal for Governor	<b>Transaction ID:</b> SB29.104935 <b>Date of Disbursement</b>
Mailing Address 1660 Palmour Drive, Suite AA7	<input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
City Gainesville State GA Zip Code 30501	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Campaign Contribution	<input type="text" value="4000.00"/>
Candidate Name Nathan Deal	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
<b>B.</b> Full Name (Last, First, Middle Initial) Northey for Secretary of Agriculture	<b>Transaction ID:</b> SB29.104948 <b>Date of Disbursement</b>
Mailing Address P.O. Box 212	<input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
City Okoboji State IA Zip Code 51355	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Campaign Contribution	<input type="text" value="1000.00"/>
Candidate Name Bill Northey	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
<b>C.</b> Full Name (Last, First, Middle Initial) Phil King Campaign	<b>Transaction ID:</b> SB29.104981 <b>Date of Disbursement</b>
Mailing Address P.O. Box 1913	<input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
City Weatherford State TX Zip Code 76086	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Campaign Contribution	<input type="text" value="500.00"/>
Candidate Name Phil King	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

**SUBTOTAL** of Disbursements This Page (optional) .....**5500.00****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 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)  
REPUBLICAN PARTY OF ARKANSAS

Mailing Address 1201 West 6th Street

City Little Rock State AR Zip Code 72201

Purpose of Disbursement  
Contribution

Candidate Name

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

State: District:

Transaction ID: SB29.113613

Date of Disbursement

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

Amount of Each Disbursement this Period

1500.00

**B.** Full Name (Last, First, Middle Initial)  
Sam Teasley for State Representative

Mailing Address P.O. Box 670051

City Marietta State GA Zip Code 30066

Purpose of Disbursement  
Campaign ContributionCandidate Name  
Sam TeasleyCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.104942

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Sorenson for State House

Mailing Address P.O. Box 663

City Indianola State IA Zip Code 50125

Purpose of Disbursement  
Campaign ContributionCandidate Name  
Kent SorensonCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.104974

Date of Disbursement

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

Amount of Each Disbursement this Period

500.00

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 Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HUCK PAC

**A.**

Full Name (Last, First, Middle Initial)  
Steenhoek for Iowa House

Mailing Address 3892 N. 500th Avenue

City State Zip Code  
Ames IA 50014

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
Chad Steenhoek

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.104952

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 / 30 / 2010

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Todd Alan Smith Campaign

Mailing Address 1608 Airport Freeway

City State Zip Code  
Bedford TX 76022

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
Todd Alan Smith

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.104982

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 / 30 / 2010

Amount of Each Disbursement this Period

500.00

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

1000.00

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

26000.00