

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) HUCK PAC

ADDRESS (number and street) PO BOX 2008 LITTLE ROCK AR 72203

2. FEC IDENTIFICATION NUMBER C00448373 3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report(Q1) (b) Monthly Report Due On: Feb 20 (M2) ... (c) 12-Day Report for the: Primary (12P) ... (d) 30-Day Post -Election Report for the: General (30G) ...

5. Covering Period 01 01 2010 through 03 31 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 06 25 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 table with 7 columns and 1 row

FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
HUCK PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

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 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		192151.24
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	192151.24									
(c) Total Receipts (from Line 19)	272826.97	272826.97								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	464978.21	464978.21								
7. Total Disbursements (from Line 31)	232190.72	232190.72								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	232787.49	232787.49								
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)	13018.50									

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)

Write or Type Committee Name
HUCK PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

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)	64625.00	64625.00
(ii) Unitemized	183071.67	183071.67
(iii) TOTAL (add Lines 11(a)(i) and (ii)	247696.67	247696.67
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	1000.00	1000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	248696.67	248696.67
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)	24130.30	24130.30
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	272826.97	272826.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	272826.97	272826.97

DETAILED SUMMARY PAGE

of Disbursements

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.....	210640.72	210640.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	210640.72	210640.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13500.00	13500.00
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	50.00	50.00
(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))	50.00	50.00
29. Other Disbursements.....	8000.00	8000.00
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))..	232190.72	232190.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	232190.72	232190.72

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)	248696.67	248696.67
34. Total Contribution Refunds (from Line 28(d))	50.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	248646.67	248646.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	210640.72	210640.72
37. Offsets to Operating Expenditures (from Line 15, page 3)	24130.30	24130.30
38. Net Operating Expenditures (subtract Line 37 from Line 36)	186510.42	186510.42

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
HUCK PAC

A. Full Name (Last, First, Middle Initial)
Noal S. Akins

Mailing Address 270 Hwy. 30 E

City Oxford State MS Zip Code 38655

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

Name of Employer State of Mississippi Occupation State Representative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 24 / 2010

Transaction ID: SA11AI.72937

Amount of Each Receipt this Period 500.00

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

Mailing Address 407 Turnberry Cir.

City Oxford State MS Zip Code 38655

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

Name of Employer R.J. Allen & Associates Occupation Contractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 24 / 2010

Transaction ID: SA11AI.73009

Amount of Each Receipt this Period 250.00

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

Mailing Address 701 Muirfield Dr.

City Oxford State MS Zip Code 38655

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 02 / 19 / 2010

Transaction ID: SA11AI.72488

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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 / 110
	(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) R.J. Allen III	Date of Receipt MM / DD / YYYY 02 / 24 / 2010
	Mailing Address 406 Tyler Ave.	Transaction ID: SA11AI.72983
	City State Zip Code Oxford MS 38655	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer R. J. Allen & Associates, Inc. Occupation Construction Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Lois Arrechea	Date of Receipt MM / DD / YYYY 02 / 19 / 2010
	Mailing Address 1507 Smallwood Dr.	Transaction ID: SA11AI.72498
	City State Zip Code Oxford MS 38655	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. William Baker	Date of Receipt MM / DD / YYYY 02 / 24 / 2010
	Mailing Address 440 North Lamar	Transaction ID: SA11AI.72991
	City State Zip Code Oxford MS 38655	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1250.00
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 / 110
(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)
Lucille Boudreau

Mailing Address 33 Pheasant Run Dr.

City Basking Ridge State NJ Zip Code 07920

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

Name of Employer Williams Sonoma, Inc. Occupation Associate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 19 / 2010

Transaction ID: SA11AI.72521

Amount of Each Receipt this Period 5000.00

B.

Full Name (Last, First, Middle Initial)
Paul Boudreau

Mailing Address 33 Pheasant Run Dr.

City Basking Ridge State NJ Zip Code 07920

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 01 / 22 / 2010

Transaction ID: SA11AI.68588

Amount of Each Receipt this Period 5000.00

C.

Full Name (Last, First, Middle Initial)
Nicole Boyd

Mailing Address 1026 Augusta Dr.

City Oxford State MS Zip Code 38655

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

Name of Employer Oxford Convention & Visitors Occupation Vice Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 24 / 2010

Transaction ID: SA11AI.73011

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► **11000.00**

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 / 110
(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)
PL Teabou Brian

Mailing Address 1183 Edgewater Circle

City Bradenton State FL Zip Code 34209

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: 03 / 22 / 2010
Transaction ID: SA11AI.77069
 Amount of Each Receipt this Period: 300.00

B.

Full Name (Last, First, Middle Initial)
Kaye Bryant

Mailing Address 353 N. 15th St.

City Oxford State MS Zip Code 38655

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: 02 / 24 / 2010
Transaction ID: SA11AI.72953
 Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
Mark Burgess

Mailing Address 2645 Les Lane

City Denver NC State NC Zip Code 28037

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

Name of Employer Burgess Sales & Supply, Inc. Occupation Sales / Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 24 / 2010
Transaction ID: SA11AI.71016
 Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1300.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HUCK PAC

A. Full Name (Last, First, Middle Initial)
Ronald Cameron
 Mailing Address P.O. Box 21440
 City State Zip Code
 Little Rock AR 72221
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 5 / 2 0 1 0
Transaction ID: SA11AI.73018
 Amount of Each Receipt this Period
 5000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mountaire Corp. Chairman
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

B. Full Name (Last, First, Middle Initial)
Richard Carothers III
 Mailing Address P.O Box 546
 City State Zip Code
 Paris TN 38242
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 4 / 2 0 1 0
Transaction ID: SA11AI.72947
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bass Realty Company Realtor
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

C. Full Name (Last, First, Middle Initial)
Edward Cattau
 Mailing Address 2232 Lake Page Drive
 City State Zip Code
 Collierville TN 38017
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 1 1 / 2 0 1 0
Transaction ID: SA11AI.69682
 Amount of Each Receipt this Period
 5000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Memphis Gastroenterology Group Physician
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

SUBTOTAL of Receipts This Page (optional) ► 10500.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 110

(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)
Dr. Jim Chambless

Mailing Address 213 St. Andrews Circle

City	State	Zip Code
Oxford	MS	38655

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 02 / 24 / 2010

Transaction ID: SA11AI.72973

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
C.W. Chapman

Mailing Address P.O. Box 550

City	State	Zip Code
Oxford	MS	38655

FEC ID number of contributing federal political committee. C

Name of Employer Chartre Consulting Ltd.	Occupation Real Estate Dev.
---	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 23 / 2010

Transaction ID: SA11AI.73046

Amount of Each Receipt this Period 500.00

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

Mailing Address 5 Peninsula Road

City	State	Zip Code
Belvedere	CA	94920

FEC ID number of contributing federal political committee. C

Name of Employer Words To Win By	Occupation Speechwriter
-------------------------------------	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2010

Transaction ID: SA11AI.80841

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 12 / 110
(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 PO Box 15294
City Norfolk State VA Zip Code 23511
FEC ID number of contributing federal political committee. **C**
Name of Employer US Navy Occupation Submariner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00
Date of Receipt 03 / 26 / 2010
Transaction ID: SA11AI.79430
Amount of Each Receipt this Period 75.00

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 Rosé LLP Occupation Attorney
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 02 / 22 / 2010
Transaction ID: SA11AI.70402
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Paula Corsaro
Mailing Address 28 Rowan Avenue
City Staten Island State NY Zip Code 10306
FEC ID number of contributing federal political committee. **C**
Name of Employer Proskauer Rosé LLP Occupation Attorney
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt 03 / 21 / 2010
Transaction ID: SA11AI.79331
Amount of Each Receipt this Period 50.00

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 13 / 110
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HUCK PAC

A.	Full Name (Last, First, Middle Initial) KC Craichy	Date of Receipt MM / DD / YYYY 03 / 29 / 2010
	Mailing Address P.O. Box 1038	Transaction ID: SA11AI.75703
	City State Zip Code Tampa FL 33601	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Living Fuel, Inc. Founder & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Ralph Dean	Date of Receipt MM / DD / YYYY 02 / 24 / 2010
	Mailing Address 212 Colonial Rd.	Transaction ID: SA11AI.72941
	City State Zip Code Oxford MS 38655	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Office of US Attorney General Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Donald Depriest	Date of Receipt MM / DD / YYYY 02 / 24 / 2010
	Mailing Address P.O. Box 1076	Transaction ID: SA11AI.72951
	City State Zip Code Columbus MS 39703	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MCT Investors Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Richard DeVoe	Date of Receipt MM / DD / YYYY 02 / 24 / 2010
	Mailing Address 502 College Hill Rd. P.O. Box 1237	Transaction ID: SA11AI.73013
	City Oxford State MS Zip Code 38655	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Church, DeVoe & Associates Occupation Financial Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Karen Elam	Date of Receipt MM / DD / YYYY 02 / 24 / 2010
	Mailing Address 3805 Majestic Oaks Dr.	Transaction ID: SA11AI.72965
	City Oxford State MS Zip Code 38655	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Anne Fair	Date of Receipt MM / DD / YYYY 02 / 24 / 2010
	Mailing Address P.O. Box 1102	Transaction ID: SA11AI.73003
	City Oxford State MS Zip Code 38655	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Marchbanks Real Estate Occupation Realtor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1250.00
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 / 110
(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)
Nancy Faries

Mailing Address 3286 NW Fairway Heights Dr.

City State Zip Code
Bend OR 00009

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

Name of Employer Retired Occupation Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.73579

Amount of Each Receipt this Period
500.00

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

Mailing Address 109 Cedar Woods Cove

City State Zip Code
Madison MS 39110

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

Name of Employer MS Dept. Employment Security Occupation Director of External Affairs

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.72961

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Roger Flynt, Jr.

Mailing Address 1006 Hayes Ave.

City State Zip Code
Oxford MS 38655

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

Name of Employer Retired Occupation Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11AI.72492

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
HUCK PAC

A. Full Name (Last, First, Middle Initial)
Jillian Foster

Mailing Address 3029 Orchid Circle

City State Zip Code
Tupelo MS 38801

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

Name of Employer Occupation
North MS Medical Center Pharmacy Benefits Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.72989

Amount of Each Receipt this Period
250.00

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

Mailing Address 7765 Dogwood

City State Zip Code
Germantown TN 38138

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

Name of Employer Occupation
Ardent Music LLC Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.75950

Amount of Each Receipt this Period
50.00

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

Mailing Address 5410 Saddlecreek Ln.

City State Zip Code
Birmingham AL 35242

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

Name of Employer Occupation
Retired 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 3 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.75237

Amount of Each Receipt this Period
250.00

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 17 / 110
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) Henry Graeber	Date of Receipt MM / DD / YYYY 02 / 23 / 2010
	Mailing Address 610 Van Buren #12	Transaction ID: SA11AI.72781
	City State Zip Code Oxford MS 38655	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Charles Graves	Date of Receipt MM / DD / YYYY 02 / 28 / 2010
	Mailing Address 7629 Densmore Ave	Transaction ID: SA11AI.71641
	City State Zip Code Van Nuys CA 91406	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Graves Motorsports Occupation Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 205.00	

C.	Full Name (Last, First, Middle Initial) Charles Graves	Date of Receipt MM / DD / YYYY 03 / 30 / 2010
	Mailing Address 7629 Densmore Ave	Transaction ID: SA11AI.80043
	City State Zip Code Van Nuys CA 91406	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Graves Motorsports Occupation Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 305.00	

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
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 110
(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)
Emmie Lou Greene

Mailing Address 205 Timber Ln.

City Oxford State MS Zip Code 38655

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: 02 / 24 / 2010
Transaction ID: SA11AI.73005
Amount of Each Receipt this Period: 250.00

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 ▼ 260.30

Date of Receipt: 03 / 23 / 2010
Transaction ID: SA11AI.74580
Amount of Each Receipt this Period: 100.00

C.

Full Name (Last, First, Middle Initial)
Jennifer Hall

Mailing Address 109 Glen Eagle Rd.

City Oxford State MS Zip Code 38655

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

Name of Employer Radiance Technologies Occupation Analyst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 24 / 2010
Transaction ID: SA11AI.72967
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 850.00

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 / 110
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)
Margaret Hall

Mailing Address 109 Glen Eagle Rd.

City Oxford State MS Zip Code 38655

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 02 / 24 / 2010

Transaction ID: SA11AI.72971

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Morris Hamilton

Mailing Address 505 Woodland Hills Drive

City Oxford State MS Zip Code 38655

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

Name of Employer Nephrology & Hypertension Asso Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 24 / 2010

Transaction ID: SA11AI.72959

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Mrs. Morris Hamilton

Mailing Address 505 Woodland Hills Dr.

City Oxford State MS Zip Code 38655

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 02 / 24 / 2010

Transaction ID: SA11AI.82374

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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 20 / 110
	<input checked="" 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	Date of Receipt MM / DD / YYYY 01 / 28 / 2010
	Mailing Address 101 Taylor Rd	Transaction ID: SA11AI.68306
	City State Zip Code Estill Springs TN 37330	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

B.	Full Name (Last, First, Middle Initial) Larry Hill	Date of Receipt MM / DD / YYYY 03 / 28 / 2010
	Mailing Address P O Box 143	Transaction ID: SA11AI.75543
	City State Zip Code Lake Village AR 71653	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Farm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

C.	Full Name (Last, First, Middle Initial) Rob Hughes	Date of Receipt MM / DD / YYYY 03 / 29 / 2010
	Mailing Address 3079 Apache Street	Transaction ID: SA11AI.75714
	City State Zip Code West Sacramento CA 95691	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer CCCI Occupation Technologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00

SUBTOTAL of Receipts This Page (optional)	1150.00
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 / 110

(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)
Sidney Johnson

Mailing Address 325 Hwy. 314

City State Zip Code
Oxford MS 38655

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

Name of Employer Occupation
Retired Retired

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

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

Transaction ID: SA11AI.72999

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
Diane Jones

Mailing Address 207 Meadow Ln.

City State Zip Code
New Albany MS 38652

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

Name of Employer Occupation
State of Mississippi Medicaid Specialist II

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.73001

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Michael Klee

Mailing Address 15450 Hwy. 16

City State Zip Code
Verona KY 41092

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

Name of Employer Occupation
Wholesale Direct Self Employed

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11AI.77716

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 110
(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)
Patricia Lamar

Mailing Address 2168 S. Lamar

City Oxford State MS Zip Code 38655

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

Name of Employer Best Efforts Occupation Best Efforts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 24 / 2010
Transaction ID: SA11AI.73015
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Virginia Lavner

Mailing Address P.O. Box 1506

City Oxford State MS Zip Code 38655

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: 02 / 24 / 2010
Transaction ID: SA11AI.72949
Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
Casciella Little

Mailing Address 321 Williams Ave.

City Oxford State MS Zip Code 38655

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

Name of Employer Cardiology Associates of N. Miss. Occupation Cardiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 19 / 2010
Transaction ID: SA11AI.72494
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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 / 110
(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)
Diana Matthews

Mailing Address 203 E. College St.

City State Zip Code
Whiteville NC 28472

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

Name of Employer Columbus Pediatrics Occupation Spanish Interpreter

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2010

Transaction ID: SA11AI.72088

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Farrah McAlexander

Mailing Address 624 Van Buren Ave.

City State Zip Code
Oxford MS 38655

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

Name of Employer Best Efforts Occupation Best Efforts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2010

Transaction ID: SA11AI.72484

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Roy Moore

Mailing Address 1000 Whispering Valley Cove

City State Zip Code
Oxford MS 38655

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
MM / DD / YYYY
02 / 19 / 2010

Transaction ID: SA11AI.72496

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 110

(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)

Dr. Dennis Morgan

Mailing Address 500 Troon Rd.

City State Zip Code
Oxford MS 38655

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

Name of Employer Occupation
Family Cancer Center Doctor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.72939

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)

Gerald Morgan

Mailing Address 301 Wishing Tree Ln.

City State Zip Code
Oxford MS 38655

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

Name of Employer Occupation
Mission to the World Minister

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.72963

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)

Johnny Morgan

Mailing Address P.O. Box 309

City State Zip Code
Oxford MS 38655

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

Name of Employer Occupation
Morgan White Insurance Group Insurance 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 2 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.72981

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

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 / 110
(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)
Mrs. Dennis Morgan

Mailing Address 500 Troon Road

City Oxford State MS Zip Code 38655

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

Name of Employer Best Efforts Occupation Best Efforts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 24 / 2010
Transaction ID: SA11AI.82372
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Tricia Myers

Mailing Address 413 S. 5th St.

City Oxford State MS Zip Code 38655

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: 02 / 24 / 2010
Transaction ID: SA11AI.72955
Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
Dan Needham

Mailing Address 11617

City North Hollywood State CA Zip Code 91605

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

Name of Employer Green Set Inc. Occupation CEO Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 22 / 2010
Transaction ID: SA11AI.77481
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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 / 110
(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 Overstreet
 Mailing Address 902 Muirfield Dr.
 City Oxford State MS Zip Code 38655
 Date of Receipt 02 / 19 / 2010
Transaction ID: SA11AI.72482
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Self-Employed Occupation Real Estate
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 500.00

B. Full Name (Last, First, Middle Initial)
Jagruti Patel
 Mailing Address 5009 Bluff Cove
 City Oxford State MS Zip Code 38655
 Date of Receipt 02 / 24 / 2010
Transaction ID: SA11AI.72979
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Best Efforts Occupation Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 500.00

C. Full Name (Last, First, Middle Initial)
Mary Permenter
 Mailing Address 311 Ross Ave.
 City Oxford State MS Zip Code 38655
 Date of Receipt 02 / 24 / 2010
Transaction ID: SA11AI.72987
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Link Occupation Govt. Rel.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00
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 / 110
(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)
Kimberly Perry

Mailing Address 3837 Majestic Oaks Dr.

City Oxford State MS Zip Code 38655

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

Name of Employer University of Mississippi Occupation Nurse Practitioner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 24 / 2010
Transaction ID: SA11AI.72945
 Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
William Mason Poston

Mailing Address 4861 Shady Grove Rd.

City Memphis State TN Zip Code 38117

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

Name of Employer JPB Pathology Inc. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 19 / 2010
Transaction ID: SA11AI.70313
 Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
William Rayburn

Mailing Address 108 Glen Eagle

City Oxford State MS Zip Code 38655

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

Name of Employer FNC, Inc. Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 24 / 2010
Transaction ID: SA11AI.72957
 Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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 / 110
(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 State Zip Code
Covington VA 24426

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

Name of Employer Occupation
MeadWestvaco Tour Instrument Mechanic

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 12 / 2010

Transaction ID: SA11AI.73679

Amount of Each Receipt this Period
500.00

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

Mailing Address 3900 Park Green Drive

City State Zip Code
Corona Del Mar CA 92625

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

Name of Employer Occupation
Rhodes Development Co. Real Estate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2010

Transaction ID: SA11AI.75530

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
J. Peter Ricketts

Mailing Address 6450 Prairie Ave.

City State Zip Code
Omaha NE 68132

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

Name of Employer Occupation
Drakon, LLC Investor/Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 02 / 2010

Transaction ID: SA11AI.74810

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional) ► 2100.00

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 / 110
(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)
Donna Roberts

Mailing Address 503 N. Lamar

City State Zip Code
Oxford MS 38655

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
MM / DD / YYYY
02 / 19 / 2010

Transaction ID: SA11AI.72490

Amount of Each Receipt this Period
500.00

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

Mailing Address 4547 S. Meadow Dr.

City State Zip Code
Broomfield CO 80301

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

Name of Employer Bestop Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 22 / 2010

Transaction ID: SA11AI.77975

Amount of Each Receipt this Period
500.00

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

Mailing Address P.O. Box 367

City State Zip Code
Marks MS 38646

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

Name of Employer Citizens Bank & Trust Co. Occupation Chairman of the Board

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2010

Transaction ID: SA11AI.75215

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 110

(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)
David Shelton

Mailing Address 1602 Forrest Hill Dr.

City State Zip Code
Columbus MS 39701

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

Name of Employer Occupation
Retired Retired

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.72943

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Mark Smith

Mailing Address Po box 673

City State Zip Code
Andersonville TN 37705

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

Name of Employer Occupation
Mark's Pharmacy, Inc President

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.78240

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Tim Smith

Mailing Address P.O. Box 1495

City State Zip Code
Corinth MS 38835

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

Name of Employer Occupation
Self-Employed Attorney

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.72977

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 110

(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)
Molly Smithfield

Mailing Address 1844 W. San Angelo St.

City State Zip Code
Gilbert AZ 85233

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

Name of Employer Occupation
Retired 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 3 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.74561

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Paul Sprague

Mailing Address 87 Main St

City State Zip Code
New Canaan CT 06840

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

Name of Employer Occupation
Warwick Group, Inc Chairman & CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

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

Transaction ID: SA11AI.73872

Amount of Each Receipt this Period

1500.00

C.

Full Name (Last, First, Middle Initial)
Jeanne Stennett

Mailing Address 711 David Pointe

City State Zip Code
Oxford MS 38655

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.72985

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

2000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 110
(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)
Darlene Stevens

Mailing Address 46073 Buells Crns Road

City State Zip Code
Spartansburg PA 16434

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

Name of Employer T.J.Hicks Lumber Co. Occupation Best Efforts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2010

Transaction ID: SA11AI.73304

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Donna Sudbrook

Mailing Address 5327 Briar Oak Ct

City State Zip Code
Ellicott City MD 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 ▼ 225.00

Date of Receipt
MM / DD / YYYY
03 / 22 / 2010

Transaction ID: SA11AI.76601

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
Michael Swaim

Mailing Address 1907 Baker Road

City State Zip Code
High Point NC 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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2010

Transaction ID: SA11AI.69796

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 110

(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 State Zip Code
High Point NC 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 ▼
600.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 17 / 2010

Transaction ID: SA11AI.73917

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
Mrs. Greg Taylor

Mailing Address 575 Woodland Ht.

City State Zip Code
Holly Springs MS 38635

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
02 / 24 / 2010

Transaction ID: SA11AI.72993

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Jane Thomas

Mailing Address 2505 W. River Rd.

City State Zip Code
Greenwood MS 38930

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 ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 24 / 2010

Transaction ID: SA11AI.72975

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) ▶

850.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HUCK PAC

A. Full Name (Last, First, Middle Initial)
Joseph Turco
Mailing Address 5066 S 111th St.
City Omaha State NE Zip Code 68137
FEC ID number of contributing federal political committee. **C**
Name of Employer Optimum Data, Inc. Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00
Date of Receipt 03 / 02 / 2010
Transaction ID: SA11AI.74814
Amount of Each Receipt this Period 2500.00

B. Full Name (Last, First, Middle Initial)
David J. Walter
Mailing Address 1080 Creek Crossing
City Coppell State TX Zip Code 75019
FEC ID number of contributing federal political committee. **C**
Name of Employer PH G.P., LLC Occupation CPA
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 03 / 31 / 2010
Transaction ID: SA11AI.81428
Amount of Each Receipt this Period 5000.00

C. Full Name (Last, First, Middle Initial)
Gene Welch
Mailing Address P.O. Box 1549
City Batesville State MS Zip Code 38606
FEC ID number of contributing federal political committee. **C**
Name of Employer Tri Star Mech. Occupation Contractor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 02 / 23 / 2010
Transaction ID: SA11AI.72718
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 8000.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 35 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HUCK PAC

A. Full Name (Last, First, Middle Initial)
Scott D. Whitaker
Mailing Address P.O. Box 1503

City State Zip Code
Oxford MS 38655

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

Name of Employer Self Employed Occupation Oral Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2010
Transaction ID: SA11AI.71046
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
J. Ralph White
Mailing Address 105 Glen Eagle Rd.

City State Zip Code
Oxford MS 38655

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2010
Transaction ID: SA11AI.72486
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Ney Williams III
Mailing Address 408 Thomas St.

City State Zip Code
Oxford MS 38655

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

Name of Employer City of Oxford, MS Occupation Alderman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2010
Transaction ID: SA11AI.73007
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 36 / 110
(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)
Paschal Wilson

Mailing Address 5003 Bluff Cove

City Oxford State MS Zip Code 38655

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

Name of Employer Family Cancer Center, PLLC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 24 / 2010
Transaction ID: SA11AI.72969
 Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Elyse Woods

Mailing Address P.O. Box 94

City Temecula State CA Zip Code 92593

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 03 / 22 / 2010
Transaction ID: SA11AI.77452
 Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
Kathi Yeager

Mailing Address 15950 N. Dallas Parkway

City Dallas State TX Zip Code 75248

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

Name of Employer JKL Group Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 25 / 2010
Transaction ID: SA11AI.79046
 Amount of Each Receipt this Period 1500.00

SUBTOTAL of Receipts This Page (optional)	▶	2100.00
TOTAL This Period (last page this line number only)	▶	64625.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 110
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HUCK PAC

A.	Full Name (Last, First, Middle Initial) CHIROPRACTORS OF NEBRASKA POLITICAL ACTION COMMITTEE (CN-PAC)		Date of Receipt
	Mailing Address 13215 BIRCH DRIVE SUITE 103 PO BOX 155		<input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	OMAHA	NE	68164
	FEC ID number of contributing federal political committee.		Transaction ID: SA11C.82360
	Amount of Each Receipt this Period		<input type="text" value="1000.00"/>
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1000.00"/>

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

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

FOR LINE NUMBER: PAGE 38 / 110
(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)
Oklahoma Christian University

Mailing Address 2501 E. Memorial Road

City State Zip Code
Edmond OK 73013

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1583.75

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 1 7 / 2 0 1 0

Transaction ID: SA15.82349

Amount of Each Receipt this Period
1583.75

Refund of Event Deposit

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

Mailing Address 6090 Franconia Road
Suite D

City State Zip Code
Alexandria VA 22310

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
22000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 2 1 / 2 0 1 0

Transaction ID: SA15.82348

Amount of Each Receipt this Period
22000.00

List Sale

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

Mailing Address 1000 Corporate Centre Drive
Suite 120

City State Zip Code
Franklin TN 37067

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
496.56

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 2 1 / 2 0 1 0

Transaction ID: SA15.82353

Amount of Each Receipt this Period
496.56

Reimbursement - Travel Expenses

SUBTOTAL of Receipts This Page (optional) ► **24080.31**

TOTAL This Period (last page this line number only) ► **24080.31**

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) America Direct, Inc.</p> <hr/> <p>Mailing Address 1272 Corporate Park Drive Second Floor</p> <hr/> <p>City Forest State VA Zip Code 24551</p> <hr/> <p>Purpose of Disbursement Direct Mail - PAC Fundraising</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Transaction ID: SB21B.67487</p> <p>Date of Disbursement 03 / 05 / 2010</p> <hr/> <p>Amount of Each Disbursement this Period 3000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) America Direct, Inc.</p> <hr/> <p>Mailing Address 1272 Corporate Park Drive Second Floor</p> <hr/> <p>City Forest State VA Zip Code 24551</p> <hr/> <p>Purpose of Disbursement Direct Mail - PAC Fundraising</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Transaction ID: SB21B.82272</p> <p>Date of Disbursement 03 / 30 / 2010</p> <hr/> <p>Amount of Each Disbursement this Period 3599.83</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Andie's Catering Company</p> <hr/> <p>Mailing Address 128 CR 311</p> <hr/> <p>City Oxford State MS Zip Code 38655</p> <hr/> <p>Purpose of Disbursement Catering for Oxford, MS -PAC Fundraising</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Transaction ID: SB21B.67512</p> <p>Date of Disbursement 02 / 26 / 2010</p> <hr/> <p>Amount of Each Disbursement this Period 1973.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8572.83

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Apptix DBA MailStreet</p> <p>Mailing Address Dept. CH19172</p> <p>City Palatine State IL Zip Code 60055</p> <p>Purpose of Disbursement Blackberry Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.67473</p> <p>Date of Disbursement 02 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 133.37</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Apptix DBA MailStreet</p> <p>Mailing Address Dept. CH19172</p> <p>City Palatine State IL Zip Code 60055</p> <p>Purpose of Disbursement Blackberry Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.82184</p> <p>Date of Disbursement 03 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 49.58</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Apptix DBA MailStreet</p> <p>Mailing Address Dept. CH19172</p> <p>City Palatine State IL Zip Code 60055</p> <p>Purpose of Disbursement Blackberry Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.82185</p> <p>Date of Disbursement 03 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 133.37</p>

SUBTOTAL of Disbursements This Page (optional) ▶

316.32

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB21B.67453
	Mailing Address P.O. Box 650661	Date of Disbursement 01 / 14 / 2010
	City Dallas State TX Zip Code 75265	Amount of Each Disbursement this Period 291.22
	Purpose of Disbursement Telephone Service Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB21B.67465
	Mailing Address P.O. Box 650661	Date of Disbursement 02 / 15 / 2010
	City Dallas State TX Zip Code 75265	Amount of Each Disbursement this Period 292.69
	Purpose of Disbursement Telephone Service Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB21B.67489
	Mailing Address P.O. Box 650661	Date of Disbursement 03 / 05 / 2010
	City Dallas State TX Zip Code 75265	Amount of Each Disbursement this Period 292.20
	Purpose of Disbursement Telephone Service 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)	876.11
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A. Full Name (Last, First, Middle Initial) AT&T Mobility Mailing Address P.O. Box 6463 City Carol Stream State IL Zip Code 60197 Purpose of Disbursement Telephone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.67454 Date of Disbursement 01 / 14 / 2010
	Amount of Each Disbursement this Period 1903.23

B. 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 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.67491 Date of Disbursement 02 / 22 / 2010
	Amount of Each Disbursement this Period 1175.62

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 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.82167 Date of Disbursement 03 / 23 / 2010
	Amount of Each Disbursement this Period 659.82

SUBTOTAL of Disbursements This Page (optional) ▶	3738.67
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Bella Vie Photography & Design <hr/> Mailing Address 402 Lark Run <hr/> City Oxford State MS Zip Code 38655 <hr/> Purpose of Disbursement Pictures for Oxford, MS -PAC Fundraising Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.67510 Date of Disbursement 02 / 26 / 2010 <hr/> Amount of Each Disbursement this Period 375.00
B.	Full Name (Last, First, Middle Initial) Capitol Resources, Inc. <hr/> Mailing Address 3213 Duke Street #672 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Telemarketing - PAC Fundraising Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.82256 Date of Disbursement 01 / 11 / 2010 <hr/> Amount of Each Disbursement this Period 902.51
C.	Full Name (Last, First, Middle Initial) Capitol Resources, Inc. <hr/> Mailing Address 3213 Duke Street #672 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Telemarketing - PAC Fundraising Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.82257 Date of Disbursement 01 / 14 / 2010 <hr/> Amount of Each Disbursement this Period 1545.17

SUBTOTAL of Disbursements This Page (optional) ▶	2822.68
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Capitol Resources, Inc.	Transaction ID: SB21B.82258 Date of Disbursement
	Mailing Address 3213 Duke Street #672	<input type="text" value="02"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement Telemarketing - PAC Fundraising	<input type="text" value="2485.99"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Capitol Resources, Inc.	Transaction ID: SB21B.82259 Date of Disbursement
	Mailing Address 3213 Duke Street #672	<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement Telemarketing - PAC Fundraising	<input type="text" value="1942.79"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Capitol Resources, Inc.	Transaction ID: SB21B.82260 Date of Disbursement
	Mailing Address 3213 Duke Street #672	<input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement Telemarketing - PAC Fundraising	<input type="text" value="1509.14"/>
	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)	<input type="text" value="5937.92"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Capitol Resources, Inc.</p> <p>Mailing Address 3213 Duke Street #672</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Telemarketing - PAC Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.82261</p> <p>Date of Disbursement 03 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 329.35</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Capitol Resources, Inc.</p> <p>Mailing Address 3213 Duke Street #672</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Telemarketing - PAC Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.82262</p> <p>Date of Disbursement 03 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 339.30</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) ccAdvertising</p> <p>Mailing Address 13800 Coppermine Road</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Fundraising Survey</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.67472</p> <p>Date of Disbursement 02 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5668.65

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)

<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) ccAdvertising	Transaction ID: SB21B.82181
	Mailing Address 13800 Coppermine Road	Date of Disbursement MM / DD / YYYY 03 / 30 / 2010
	City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Fundraising Survey	Category/ Type
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Judith A. Crouch	Transaction ID: SB21B.67570
	Mailing Address 59 Belmont Drive	Date of Disbursement MM / DD / YYYY 01 / 15 / 2010
	City Little Rock State AR Zip Code 72204	Amount of Each Disbursement this Period 2060.00
	Purpose of Disbursement Payroll	Category/ Type
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Judith A. Crouch	Transaction ID: SB21B.67571
	Mailing Address 59 Belmont Drive	Date of Disbursement MM / DD / YYYY 02 / 01 / 2010
	City Little Rock State AR Zip Code 72204	Amount of Each Disbursement this Period 2060.00
	Purpose of Disbursement Payroll	Category/ Type
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

9120.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

<p>A. Full Name (Last, First, Middle Initial) Judith A. Crouch</p> <p>Mailing Address 59 Belmont Drive</p> <p>City Little Rock State AR Zip Code 72204</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.67572</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <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="2060.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Judith A. Crouch</p> <p>Mailing Address 59 Belmont Drive</p> <p>City Little Rock State AR Zip Code 72204</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.67573</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <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="2060.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Judith A. Crouch</p> <p>Mailing Address 59 Belmont Drive</p> <p>City Little Rock State AR Zip Code 72204</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.82222</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <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="2060.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6180.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Kristin Dulin	Transaction ID: SB21B.67574 Date of Disbursement 01 / 15 / 2010
	Mailing Address 629 St. James Place	Amount of Each Disbursement this Period 1250.00
	City Coppel State TX Zip Code 75019	
	Purpose of Disbursement Payroll	Category/Type
	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 <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Kristin Dulin	Transaction ID: SB21B.67575 Date of Disbursement 02 / 01 / 2010
	Mailing Address 629 St. James Place	Amount of Each Disbursement this Period 1250.00
	City Coppel State TX Zip Code 75019	
	Purpose of Disbursement Payroll	Category/Type
	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 <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) J. Hogan Gidley	Transaction ID: SB21B.67514 Date of Disbursement 02 / 28 / 2010
	Mailing Address 2507 Rigby Drive	Amount of Each Disbursement this Period 2785.00
	City Columbia State SC Zip Code 29204	
	Purpose of Disbursement Consulting-Fundraising	Category/Type
	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 <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶

5285.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A.	Full Name (Last, First, Middle Initial) J. Hogan Gidley	Transaction ID: SB21B.67516 Date of Disbursement 02 / 28 / 2010
	Mailing Address 2507 Rigby Drive	Amount of Each Disbursement this Period 180.00
	City Columbia State SC Zip Code 29204	
	Purpose of Disbursement Reimb.-Fundraising	Category/ Type
	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 <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) GSL Solutions, Inc.	Transaction ID: SB21B.82251 Date of Disbursement 01 / 11 / 2010
	Mailing Address 1411 N. Westshore Boulevard Suite 204	Amount of Each Disbursement this Period 4143.91
	City Tampa State FL Zip Code 33607	
	Purpose of Disbursement Web Development/Hosting	Category/ Type
	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 <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) GSL Solutions, Inc.	Transaction ID: SB21B.82252 Date of Disbursement 01 / 21 / 2010
	Mailing Address 1411 N. Westshore Boulevard Suite 204	Amount of Each Disbursement this Period 2500.00
	City Tampa State FL Zip Code 33607	
	Purpose of Disbursement Web Development/Hosting	Category/ Type
	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 <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	6823.91
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)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A.	Full Name (Last, First, Middle Initial) GSL Solutions, Inc.	Transaction ID: SB21B.82253 Date of Disbursement
	Mailing Address 1411 N. Westshore Boulevard Suite 204	<input type="text" value="02"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Tampa State FL Zip Code 33607	Amount of Each Disbursement this Period
	Purpose of Disbursement Web Development/Hosting	<input type="text" value="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.	Full Name (Last, First, Middle Initial) GSL Solutions, Inc.	Transaction ID: SB21B.82254 Date of Disbursement
	Mailing Address 1411 N. Westshore Boulevard Suite 204	<input type="text" value="02"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Tampa State FL Zip Code 33607	Amount of Each Disbursement this Period
	Purpose of Disbursement Web Development/Hosting	<input type="text" value="2885.19"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) GSL Solutions, Inc.	Transaction ID: SB21B.82255 Date of Disbursement
	Mailing Address 1411 N. Westshore Boulevard Suite 204	<input type="text" value="03"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Tampa State FL Zip Code 33607	Amount of Each Disbursement this Period
	Purpose of Disbursement Web Development/Hosting	<input type="text" value="3329.13"/>
	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)	<input type="text" value="7714.32"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A.	Full Name (Last, First, Middle Initial) GSL Solutions, Inc.	Transaction ID: SB21B.82266 Date of Disbursement
	Mailing Address 1411 N. Westshore Boulevard Suite 204	<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Tampa State FL Zip Code 33607	Amount of Each Disbursement this Period
	Purpose of Disbursement Web Development/Hosting	<input type="text" value="5841.30"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Katherine E. Harris	Transaction ID: SB21B.67576 Date of Disbursement
	Mailing Address 3226 Stonepine	<input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City Bryant State AR Zip Code 72022	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="1201.67"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Katherine E. Harris	Transaction ID: SB21B.67577 Date of Disbursement
	Mailing Address 3226 Stonepine	<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City Bryant State AR Zip Code 72022	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="1201.67"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8244.64"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Katherine E. Harris Mailing Address 3226 Stonepine City State Zip Code Bryant AR 72022 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) ▼	Transaction ID: SB21B.67578 Date of Disbursement 02 / 12 / 2010 Amount of Each Disbursement this Period 1201.67 Category/Type
B.	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 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.67467 Date of Disbursement 02 / 18 / 2010 Amount of Each Disbursement this Period 130.75 Category/Type
C.	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 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.67579 Date of Disbursement 03 / 01 / 2010 Amount of Each Disbursement this Period 1201.67 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

2534.09

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Katherine E. Harris	Transaction ID: SB21B.82223
	Mailing Address 3226 Stonepine	Date of Disbursement 03 / 15 / 2010
	City Bryant State AR Zip Code 72022	Amount of Each Disbursement this Period 1201.67
	Purpose of Disbursement Payroll	Category/Type
	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 <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Katherine E. Harris	Transaction ID: SB21B.82169
	Mailing Address 3226 Stonepine	Date of Disbursement 03 / 24 / 2010
	City Bryant State AR Zip Code 72022	Amount of Each Disbursement this Period 130.75
	Purpose of Disbursement Health & Dental Insurance Reimbursement	Category/Type
	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 <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Holtzman Vogel, PLLC	Transaction ID: SB21B.67471
	Mailing Address 98 Alexandria Pike Suite 53	Date of Disbursement 02 / 18 / 2010
	City Warrenton State VA Zip Code 20186	Amount of Each Disbursement this Period 2723.75
	Purpose of Disbursement Consulting - Legal	Category/Type
	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 <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	4056.17
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Holtzman Vogel, PLLC	Transaction ID: SB21B.82182
	Mailing Address 98 Alexandria Pike Suite 53	Date of Disbursement MM / DD / YYYY 03 / 30 / 2010
	City Warrenton State VA Zip Code 20186	Amount of Each Disbursement this Period 1931.25
	Purpose of Disbursement Consulting - Legal	Category/ Type
	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.	Full Name (Last, First, Middle Initial) Sarah Huckabee	Transaction ID: SB21B.67580
	Mailing Address 703 Cedar Ridge Drive	Date of Disbursement MM / DD / YYYY 01 / 15 / 2010
	City Little Rock State AR Zip Code 72211	Amount of Each Disbursement this Period 2317.50
	Purpose of Disbursement Payroll	Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Sarah Huckabee	Transaction ID: SB21B.67581
	Mailing Address 703 Cedar Ridge Drive	Date of Disbursement MM / DD / YYYY 02 / 01 / 2010
	City Little Rock State AR Zip Code 72211	Amount of Each Disbursement this Period 2317.50
	Purpose of Disbursement Payroll	Category/ Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	6566.25
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Sarah Huckabee	Transaction ID: SB21B.67582 Date of Disbursement MM / DD / YYYY 02 / 12 / 2010
	Mailing Address 703 Cedar Ridge Drive	Amount of Each Disbursement this Period 2317.50
	City Little Rock State AR Zip Code 72211	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Sarah Huckabee	Transaction ID: SB21B.67583 Date of Disbursement MM / DD / YYYY 03 / 01 / 2010
	Mailing Address 703 Cedar Ridge Drive	Amount of Each Disbursement this Period 2317.50
	City Little Rock State AR Zip Code 72211	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) J&K Aviation	Transaction ID: SB21B.82268 Date of Disbursement MM / DD / YYYY 03 / 30 / 2010
	Mailing Address P.O. Box 1228	Amount of Each Disbursement this Period 5750.00
	City Mountain View State AR Zip Code 72560	
	Purpose of Disbursement Travel - Charter 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)	10385.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A.	Full Name (Last, First, Middle Initial) David M. John	Transaction ID: SB21B.67584 Date of Disbursement
	Mailing Address 15 Thankful Bradley Road	<input type="text" value="01"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City West Redding State CT Zip Code 06896	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="1751.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) David M. John	Transaction ID: SB21B.67585 Date of Disbursement
	Mailing Address 15 Thankful Bradley Road	<input type="text" value="02"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City West Redding State CT Zip Code 06896	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="1751.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) David M. John	Transaction ID: SB21B.67586 Date of Disbursement
	Mailing Address 15 Thankful Bradley Road	<input type="text" value="02"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City West Redding State CT Zip Code 06896	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="1751.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5253.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A.	Full Name (Last, First, Middle Initial) David M. John	Transaction ID: SB21B.67588 Date of Disbursement MM / DD / YYYY 03 / 01 / 2010
	Mailing Address 15 Thankful Bradley Road	Amount of Each Disbursement this Period 1751.00
	City West Redding State CT Zip Code 06896	
	Purpose of Disbursement Payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) David M. John	Transaction ID: SB21B.82224 Date of Disbursement MM / DD / YYYY 03 / 15 / 2010
	Mailing Address 15 Thankful Bradley Road	Amount of Each Disbursement this Period 1751.00
	City West Redding State CT Zip Code 06896	
	Purpose of Disbursement Payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) JPMS Cox	Transaction ID: SB21B.82247 Date of Disbursement MM / DD / YYYY 01 / 14 / 2010
	Mailing Address 11300 Cantrell Road Suite 301	Amount of Each Disbursement this Period 5000.00
	City Little Rock State AR Zip Code 72212	
	Purpose of Disbursement Accounting & Compliance Fees	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	8502.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A.	Full Name (Last, First, Middle Initial) JPMS Cox	Transaction ID: SB21B.82248 Date of Disbursement 01 / 21 / 2010
	Mailing Address 11300 Cantrell Road Suite 301 City Little Rock State AR Zip Code 72212 Purpose of Disbursement Accounting & Compliance Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 6564.52

B.	Full Name (Last, First, Middle Initial) JPMS Cox	Transaction ID: SB21B.82249 Date of Disbursement 02 / 26 / 2010
	Mailing Address 11300 Cantrell Road Suite 301 City Little Rock State AR Zip Code 72212 Purpose of Disbursement Accounting & Compliance Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 4339.98

C.	Full Name (Last, First, Middle Initial) JPMS Cox	Transaction ID: SB21B.82250 Date of Disbursement 03 / 05 / 2010
	Mailing Address 11300 Cantrell Road Suite 301 City Little Rock State AR Zip Code 72212 Purpose of Disbursement Accounting & Compliance Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 6000.00

SUBTOTAL of Disbursements This Page (optional) ▶

16904.50

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)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

<p>A. Full Name (Last, First, Middle Initial) JPMS Cox</p> <p>Mailing Address 11300 Cantrell Road Suite 301</p> <p>City Little Rock State AR Zip Code 72212</p> <p>Purpose of Disbursement Accounting & Compliance Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.82265 Date of Disbursement 03 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 6000.00</p>
<p>B. 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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.67451 Date of Disbursement 01 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 3500.00</p>
<p>C. 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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.67479 Date of Disbursement 02 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

11000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A.	Full Name (Last, First, Middle Initial) LCM Strategies	Transaction ID: SB21B.67484 Date of Disbursement 03 / 05 / 2010
	Mailing Address 3409 Hopkins Street	Amount of Each Disbursement this Period 2000.00
	City Nashville State TN Zip Code 37215	
	Purpose of Disbursement Direct Mail -PAC Fundraising	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LCM Strategies	Transaction ID: SB21B.67485 Date of Disbursement 03 / 05 / 2010
	Mailing Address 3409 Hopkins Street	Amount of Each Disbursement this Period 1500.00
	City Nashville State TN Zip Code 37215	
	Purpose of Disbursement Direct Mail -PAC Fundraising	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) LCM Strategies	Transaction ID: SB21B.82177 Date of Disbursement 03 / 30 / 2010
	Mailing Address 3409 Hopkins Street	Amount of Each Disbursement this Period 2000.00
	City Nashville State TN Zip Code 37215	
	Purpose of Disbursement Direct Mail -PAC Fundraising	
	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)	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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Charles Levine	Transaction ID: SB21B.67505 Date of Disbursement 01 / 27 / 2010
	Mailing Address P.O. BOx 7834	
	City Jerusalem State ZZ Zip Code	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Consulting-Public Relations	Category/ Type
	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.	Full Name (Last, First, Middle Initial) Charles Levine	Transaction ID: SB21B.82267 Date of Disbursement 03 / 30 / 2010
	Mailing Address P.O. BOx 7834	
	City Jerusalem State ZZ Zip Code	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Consulting-Public Relations	Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) LOUPAC	Transaction ID: SB21B.82336 Date of Disbursement 03 / 24 / 2010
	Mailing Address P.O. Box 280	
	City Oxford State MS Zip Code 38655	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Event Expense - PAC Fundraising	Category/ Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	10000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A.	Full Name (Last, First, Middle Initial) M.E. Black Farms, Inc.	Transaction ID: SB21B.67503 Date of Disbursement 01 / 11 / 2010
	Mailing Address 620 E. 22nd, Suite 206	Amount of Each Disbursement this Period 18648.00
	City Stuttgart State AR Zip Code 72160	
	Purpose of Disbursement Duck Hunt -PAC Fundraising Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Optus, Inc.	Transaction ID: SB21B.67486 Date of Disbursement 03 / 05 / 2010
	Mailing Address P.O. Box 2503	Amount of Each Disbursement this Period 199.31
	City Jonesboro State AR Zip Code 72402	
	Purpose of Disbursement Telephone Equipment Lease Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: SB21B.67543 Date of Disbursement 01 / 15 / 2010
	Mailing Address 12921 Cantrell Road Suite 100	Amount of Each Disbursement this Period 1024.52
	City Little Rock State AR Zip Code 72223	
	Purpose of Disbursement Payroll Taxes 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)	19871.83
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

<p>A. Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 12921 Cantrell Road Suite 100</p> <p>City Little Rock State AR Zip Code 72223</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.67544</p> <p>Date of Disbursement 02 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1024.52</p>
<p>B. Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 12921 Cantrell Road Suite 100</p> <p>City Little Rock State AR Zip Code 72223</p> <p>Purpose of Disbursement Payroll Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.67464</p> <p>Date of Disbursement 02 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 344.60</p>
<p>C. Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 12921 Cantrell Road Suite 100</p> <p>City Little Rock State AR Zip Code 72223</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.67545</p> <p>Date of Disbursement 02 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 892.43</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2261.55

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: SB21B.67549 Date of Disbursement 03 / 01 / 2010
	Mailing Address 12921 Cantrell Road Suite 100 City Little Rock State AR Zip Code 72223 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 865.76 Category/Type

B.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: SB21B.82152 Date of Disbursement 03 / 10 / 2010
	Mailing Address 12921 Cantrell Road Suite 100 City Little Rock State AR Zip Code 72223 Purpose of Disbursement Payroll Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 155.62 Category/Type

C.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: SB21B.82225 Date of Disbursement 03 / 12 / 2010
	Mailing Address 12921 Cantrell Road Suite 100 City Little Rock State AR Zip Code 72223 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 581.26 Category/Type

SUBTOTAL of Disbursements This Page (optional)	1602.64
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 65 / 110

<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.67382 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="01"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="37.64"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.67383 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="31.23"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.67384 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="4.39"/>
	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)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.67385 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="01"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="4.42"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.67386 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="01"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="17.59"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.67387 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="01"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="2.32"/>
	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)	<input type="text" value="24.33"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

<p>A. Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.67388</p> <p>Date of Disbursement 01 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 13.72</p>
<p>B. Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.67389</p> <p>Date of Disbursement 01 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 4.13</p>
<p>C. Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.67390</p> <p>Date of Disbursement 01 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 7.97</p>

SUBTOTAL of Disbursements This Page (optional)	25.82
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

<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.67392
	Mailing Address 4100 Solutions Center #774100	Date of Disbursement 01 / 24 / 2010
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period 2.11
	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
	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.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.67393
	Mailing Address 4100 Solutions Center #774100	Date of Disbursement 01 / 25 / 2010
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period 31.53
	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.67394
	Mailing Address 4100 Solutions Center #774100	Date of Disbursement 01 / 26 / 2010
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period 28.71
	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	62.35
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

<p>A. Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.67395 Date of Disbursement 01 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 4.58</p>
<p>B. Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.67396 Date of Disbursement 01 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 72.51</p>
<p>C. Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.67397 Date of Disbursement 01 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 19.91</p>

SUBTOTAL of Disbursements This Page (optional) ▶

97.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

<p>A. Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.67398 Date of Disbursement 01 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 12.44</p>
<p>B. Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.67399 Date of Disbursement 01 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 3.70</p>
<p>C. Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.67400 Date of Disbursement 02 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 12.75</p>

SUBTOTAL of Disbursements This Page (optional) ▶

28.89

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

<p>A. Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.67401</p> <p>Date of Disbursement 02 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 6.02</p>
<p>B. Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.67402</p> <p>Date of Disbursement 02 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 2.88</p>
<p>C. Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.67403</p> <p>Date of Disbursement 02 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 3.79</p>

SUBTOTAL of Disbursements This Page (optional) ▶

12.69

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

<p>A. Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.67404 Date of Disbursement 02 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 1.92</p>
<p>B. Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.67405 Date of Disbursement 02 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 0.85</p>
<p>C. Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.67406 Date of Disbursement 02 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 32.05</p>

SUBTOTAL of Disbursements This Page (optional) ▶

34.82

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

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

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

FOR LINE NUMBER: (check only one)

<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.67407 Date of Disbursement 02 / 09 / 2010
	Mailing Address 4100 Solutions Center #774100 City Chicago State IL Zip Code 60677 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 56.32 Category/Type

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.67408 Date of Disbursement 02 / 10 / 2010
	Mailing Address 4100 Solutions Center #774100 City Chicago State IL Zip Code 60677 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 115.41 Category/Type

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.67409 Date of Disbursement 02 / 11 / 2010
	Mailing Address 4100 Solutions Center #774100 City Chicago State IL Zip Code 60677 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 375.86 Category/Type

SUBTOTAL of Disbursements This Page (optional)	547.59
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.67410 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="41.66"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.67411 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="02"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="28.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.67412 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="7.73"/>
	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)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.67413 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="0.19"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.67414 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="02"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="26.67"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.67415 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="02"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="80.95"/>
	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)	<input type="text" value="107.81"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.67416 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="02"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="43.20"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.67417 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="02"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="24.61"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.67418 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="5.89"/>
	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)	<input type="text" value="73.70"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.67419 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="02"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="7.82"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.67420 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="02"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="34.51"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.67421 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="345.72"/>
	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)	<input type="text" value="388.05"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.67422 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="02"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="213.59"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.67423 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="51.26"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.67424 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="15.61"/>
	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)	<input type="text" value="280.46"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.67425 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="50.98"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.67426 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="97.38"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.67427 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="43.40"/>
	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)	<input type="text" value="191.76"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A. Full Name (Last, First, Middle Initial) Paypal, Inc. <hr/> Mailing Address 4100 Solutions Center #774100 <hr/> City Chicago State IL Zip Code 60677 <hr/> Purpose of Disbursement Credit Card Processing Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.67429 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 51.50 Category/Type

B. Full Name (Last, First, Middle Initial) Paypal, Inc. <hr/> Mailing Address 4100 Solutions Center #774100 <hr/> City Chicago State IL Zip Code 60677 <hr/> Purpose of Disbursement Credit Card Processing Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.67430 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 1 0
	Amount of Each Disbursement this Period 20.20 Category/Type

C. Full Name (Last, First, Middle Initial) Paypal, Inc. <hr/> Mailing Address 4100 Solutions Center #774100 <hr/> City Chicago State IL Zip Code 60677 <hr/> Purpose of Disbursement Credit Card Processing Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.67431 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 1 0
	Amount of Each Disbursement this Period 3.75 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	75.45
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.67432 Date of Disbursement 03 / 05 / 2010
	Mailing Address 4100 Solutions Center #774100 City Chicago State IL Zip Code 60677 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 17.18

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.67433 Date of Disbursement 03 / 06 / 2010
	Mailing Address 4100 Solutions Center #774100 City Chicago State IL Zip Code 60677 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 3.58

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.67434 Date of Disbursement 03 / 07 / 2010
	Mailing Address 4100 Solutions Center #774100 City Chicago State IL Zip Code 60677 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 7.98

SUBTOTAL of Disbursements This Page (optional)	28.74
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.67435 Date of Disbursement 03 / 08 / 2010
	Mailing Address 4100 Solutions Center #774100 City Chicago State IL Zip Code 60677 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 2.63

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.82151 Date of Disbursement 03 / 10 / 2010
	Mailing Address 4100 Solutions Center #774100 City Chicago State IL Zip Code 60677 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 7.15

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.82153 Date of Disbursement 03 / 11 / 2010
	Mailing Address 4100 Solutions Center #774100 City Chicago State IL Zip Code 60677 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 12.98

SUBTOTAL of Disbursements This Page (optional)	22.76
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)

<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.82154 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="26.52"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.82156 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="9.67"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.82157 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="14.61"/>
	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)	<input type="text" value="50.80"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.82158</p> <p>Date of Disbursement 03 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 30.04</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.82159</p> <p>Date of Disbursement 03 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 54.29</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.82160</p> <p>Date of Disbursement 03 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 14.91</p>

SUBTOTAL of Disbursements This Page (optional) ▶

99.24

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

<p>A. Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.82161</p> <p>Date of Disbursement 03 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 19.87</p>
<p>B. Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.82162</p> <p>Date of Disbursement 03 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 43.30</p>
<p>C. Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.82163</p> <p>Date of Disbursement 03 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 23.48</p>

SUBTOTAL of Disbursements This Page (optional)	86.65
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)

<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.82164 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="47.68"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.82165 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="806.76"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.82166 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="274.01"/>
	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)	<input type="text" value="1128.45"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.82168 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="48.89"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.82170 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="461.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.82171 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="277.63"/>
	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)	<input type="text" value="788.02"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.82172 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="67.70"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.82173 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="44.72"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.82174 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="425.16"/>
	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)	<input type="text" value="537.58"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

<p>A. Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.82175 Date of Disbursement 03 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 292.08</p>
<p>B. Full Name (Last, First, Middle Initial) Paypal, Inc.</p> <p>Mailing Address 4100 Solutions Center #774100</p> <p>City Chicago State IL Zip Code 60677</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.82186 Date of Disbursement 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 324.31</p>
<p>C. Full Name (Last, First, Middle Initial) Premiere Marketing</p> <p>Mailing Address 1000 Corporate Centre Drive Suite 120</p> <p>City Franklin State TN Zip Code 37067</p> <p>Purpose of Disbursement Reimbursement - Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.67504 Date of Disbursement 01 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 450.40</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1066.79

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)

<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) Premiere Marketing	Transaction ID: SB21B.82356 Date of Disbursement
	Mailing Address 1000 Corporate Centre Drive Suite 120	<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City Franklin State TN Zip Code 37067	Amount of Each Disbursement this Period
	Purpose of Disbursement List Brokerage Fee	<input type="text" value="2000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) QualChoice	Transaction ID: SB21B.67460 Date of Disbursement
	Mailing Address 10825 Financial Centre Parkway	<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City Little Rock State AR Zip Code 72211	Amount of Each Disbursement this Period
	Purpose of Disbursement Employee Benefits - Health Insurance	<input type="text" value="1783.76"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) QualChoice	Transaction ID: SB21B.67478 Date of Disbursement
	Mailing Address 10825 Financial Centre Parkway	<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City Little Rock State AR Zip Code 72211	Amount of Each Disbursement this Period
	Purpose of Disbursement Employee Benefits - Health Insurance	<input type="text" value="1783.76"/>
	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)	<input type="text" value="5567.52"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A.

Full Name (Last, First, Middle Initial)
QualChoice

Transaction ID: SB21B.82183
Date of Disbursement

Mailing Address 10825 Financial Centre Parkway

/ /

City Little Rock State AR Zip Code 72211

Amount of Each Disbursement this Period

Purpose of Disbursement
Employee Benefits - Health Insurance

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

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

Transaction ID: SB21B.67445
Date of Disbursement

Mailing Address 4801 North Shore Drive

/ /

City North Little Rock State AR Zip Code 72118

Amount of Each Disbursement this Period

Purpose of Disbursement
Office Rent

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

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

Transaction ID: SB21B.67463
Date of Disbursement

Mailing Address 4801 North Shore Drive

/ /

City North Little Rock State AR Zip Code 72118

Amount of Each Disbursement this Period

Purpose of Disbursement
Office Rent

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 92 / 110

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A. Full Name (Last, First, Middle Initial) Safe Foods Mailing Address 4801 North Shore Drive City North Little Rock State AR Zip Code 72118 Purpose of Disbursement Office Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.67488 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 750.00 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Safe Foods Mailing Address 4801 North Shore Drive City North Little Rock State AR Zip Code 72118 Purpose of Disbursement Office Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.82176 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 750.00 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Twin City Printing Mailing Address P.O. Box 15368 City North Little Rock State AR Zip Code 72231 Purpose of Disbursement Invitation Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.67477 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 217.67 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

1717.67

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)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

<p>A. Full Name (Last, First, Middle Initial) Visa</p> <p>Mailing Address P.O. Box 8999</p> <p>City San Francisco State CA Zip Code 94128</p> <p>Purpose of Disbursement Credit Card Payment -See Memos</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.67493 Date of Disbursement 01 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 2186.13</p> <p>Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address P.O. Box 20706</p> <p>City Atlanta State GA Zip Code 30320</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.67493.0 Date of Disbursement 01 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 446.90</p> <p>[MEMO ITEM]</p> <p>Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Orbitz Worldwide, Inc.</p> <p>Mailing Address 500 W. Madison</p> <p>City Chicago State IL Zip Code 60661</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.67493.1 Date of Disbursement 01 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 576.22</p> <p>[MEMO ITEM]</p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2186.13

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)

<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)
Academy Sports

Mailing Address 11400 West Markham Street

City Little Rock State AR Zip Code 72211

Purpose of Disbursement Event Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B.67493.6
Date of Disbursement 01 / 27 / 2010

Amount of Each Disbursement this Period 725.46

[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 -See Memos

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B.67494
Date of Disbursement 01 / 27 / 2010

Amount of Each Disbursement this Period 1646.30

C. Full Name (Last, First, Middle Initial)
AT&T Bricktown Ballpark

Mailing Address 2 S. Mickey Mantle Drive

City Oklahoma City State OK Zip Code 73104

Purpose of Disbursement Event Catering - PAC Fundraising

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B.67494.2
Date of Disbursement 01 / 27 / 2010

Amount of Each Disbursement this Period 1513.90

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ► 1646.30

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

<p>A. Full Name (Last, First, Middle Initial) Visa</p> <p>Mailing Address P.O. Box 8999</p> <p>City San Francisco State CA Zip Code 94128</p> <p>Purpose of Disbursement Credit Card Payment -See Memos</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.67495 Date of Disbursement 01 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 2002.22</p> <p>Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Hilton New Orleans Riverside</p> <p>Mailing Address 2 Poydras Street</p> <p>City New Orleans State LA Zip Code 70130</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.67495.2 Date of Disbursement 01 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 410.54</p> <p>[MEMO ITEM]</p> <p>Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address P.O. Box 20706</p> <p>City Atlanta State GA Zip Code 30320</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.67495.3 Date of Disbursement 01 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 860.60</p> <p>[MEMO ITEM]</p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2002.22

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 96 / 110

<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) Renaissance Hotels	Transaction ID: SB21B.67495.4 Date of Disbursement 01 / 31 / 2010
	Mailing Address 714 Seventh Avenue	Amount of Each Disbursement this Period 638.32
	City New York State NY Zip Code 10036	
	Purpose of Disbursement Travel	
	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) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: SB21B.67496 Date of Disbursement 01 / 31 / 2010
	Mailing Address P.O. Box 8999	Amount of Each Disbursement this Period 5515.93
	City San Francisco State CA Zip Code 94128	
	Purpose of Disbursement Credit Card Payment -See Memos	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Staples Direct	Transaction ID: SB21B.67496.2 Date of Disbursement 01 / 31 / 2010
	Mailing Address 500 Staples Drive	Amount of Each Disbursement this Period 263.48
	City Farmington State MA Zip Code 01702	
	Purpose of Disbursement Office Supplies	
	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) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	5515.93
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

<p>A. Full Name (Last, First, Middle Initial) Apple Online Store</p> <p>Mailing Address 1 Infinite Loop</p> <p>City Cupertino State CA Zip Code 95014</p> <p>Purpose of Disbursement Computer</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.67496.5</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <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="1389.93"/></p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Southern Republican Leadership Conference</p> <p>Mailing Address 12232 Industriplex Boulevard Suite 1</p> <p>City Baton Rouge State LA Zip Code 70809</p> <p>Purpose of Disbursement Conference Registration 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>Transaction ID: SB21B.67496.6</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <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="3500.00"/></p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Visa</p> <p>Mailing Address P.O. Box 8999</p> <p>City San Francisco State CA Zip Code 94128</p> <p>Purpose of Disbursement Credit Card Payment -See Memos</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.67497</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <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="440.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A. Full Name (Last, First, Middle Initial) US Post Office Mailing Address 600 E. Capitol Avenue City Little Rock State AR Zip Code 72202 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.67497.0 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 1 0
	Amount of Each Disbursement this Period 440.00 [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 -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) ▼	Transaction ID: SB21B.67498 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 611.03

C. Full Name (Last, First, Middle Initial) Renaissance Hotels Mailing Address 714 Seventh Avenue City New York State NY Zip Code 10036 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.67498.1 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 601.23 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	611.03
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: SB21B.82263 Date of Disbursement																			
	Mailing Address P.O. Box 8999	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>4</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	3		2	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	4		2	0	1	0												
	City San Francisco State CA Zip Code 94128	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit Card Payment - See Memos	<table border="1"><tr><td>2363.30</td></tr></table>	2363.30																		
2363.30																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: SB21B.82263.1 Date of Disbursement																			
	Mailing Address P.O. Box 36647 - 1CR	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>4</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	3		2	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	4		2	0	1	0												
	City Dallas State TX Zip Code 75235	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel	<table border="1"><tr><td>455.10</td></tr></table>	455.10																		
455.10																					
	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) ▼																			

C.	Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: SB21B.82263.2 Date of Disbursement																			
	Mailing Address P.O. Box 36647 - 1CR	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>4</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	3		2	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	4		2	0	1	0												
	City Dallas State TX Zip Code 75235	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel	<table border="1"><tr><td>567.40</td></tr></table>	567.40																		
567.40																					
	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)	<table border="1"><tr><td>2363.30</td></tr></table>	2363.30
2363.30		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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) Washington Marriott Wardman Park	Transaction ID: SB21B.82263.3
	Mailing Address 2660 Woodley Road Northwest	Date of Disbursement MM / DD / YYYY 03 / 24 / 2010
	City Washington State DC Zip Code 20008	Amount of Each Disbursement this Period 570.22
	Purpose of Disbursement Travel	[MEMO ITEM]
	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 <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: SB21B.82263.4
	Mailing Address P.O. Box 20706	Date of Disbursement MM / DD / YYYY 03 / 24 / 2010
	City Atlanta State GA Zip Code 30320	Amount of Each Disbursement this Period 554.90
	Purpose of Disbursement Travel	[MEMO ITEM]
	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 <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: SB21B.82264
	Mailing Address P.O. Box 8999	Date of Disbursement MM / DD / YYYY 03 / 24 / 2010
	City San Francisco State CA Zip Code 94128	Amount of Each Disbursement this Period 3326.84
	Purpose of Disbursement Credit Card Payments - See Memos	[MEMO ITEM]
	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 <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	3326.84
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)

PAGE 101 / 110

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A.	Full Name (Last, First, Middle Initial) Delta Airlines Mailing Address P.O. Box 20706 City Atlanta State GA Zip Code 30320 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.82264.0 Date of Disbursement 03 / 24 / 2010	Amount of Each Disbursement this Period 650.80 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) American Airlines Mailing Address P.O. Box 619612 MD 2400 City DFW Airport State TX Zip Code 75261 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.82264.1 Date of Disbursement 03 / 24 / 2010	Amount of Each Disbursement this Period 665.80 [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 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.82264.2 Date of Disbursement 03 / 24 / 2010	Amount of Each Disbursement this Period 94.72 [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) Hilton Hotels	Transaction ID: SB21B.82264.7
	Mailing Address 1 Park Avenue	Date of Disbursement 03 / 24 / 2010
	City Oklahoma City State OK Zip Code 73102	Amount of Each Disbursement this Period 382.88
	Purpose of Disbursement Travel	[MEMO ITEM]
	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 <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) US Post Office	Transaction ID: SB21B.82264.9
	Mailing Address 600 E. Capitol Avenue	Date of Disbursement 03 / 24 / 2010
	City Little Rock State AR Zip Code 72202	Amount of Each Disbursement this Period 14.55
	Purpose of Disbursement Postage	[MEMO ITEM]
	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 <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) US Post Office	Transaction ID: SB21B.82264.11
	Mailing Address 600 E. Capitol Avenue	Date of Disbursement 03 / 24 / 2010
	City Little Rock State AR Zip Code 72202	Amount of Each Disbursement this Period 16.40
	Purpose of Disbursement Postage	[MEMO ITEM]
	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 <input type="checkbox"/> Other (specify) ▼	
	State: District:	

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 103 / 110

<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) Intermarkets Inc.			Transaction ID: SB21B.82264.12		
	Mailing Address 344 Maple Avenue West Suite 318			Date of Disbursement MM / DD / YYYY 03 / 24 / 2010		
	City Vienna	State VA	Zip Code 22180	Amount of Each Disbursement this Period 1000.00		
	Purpose of Disbursement Marketing		Category/ Type	[MEMO ITEM]		
	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 <input type="checkbox"/> Other (specify) ▼				
	State:	District:				

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

209475.70

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

<p>A. Full Name (Last, First, Middle Initial) CHUCK FLEISCHMANN FOR CONGRESS COMMITTEE</p> <p>Mailing Address P.O. Box 11091 SUITE 1000 JAMES BUILDING</p> <p>City Chattanooga State TN Zip Code 37401</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name CHARLES J FLEISCHMANN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.82195 Date of Disbursement 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) CRAWFORD FOR CONGRESS</p> <p>Mailing Address PO BOX 16956</p> <p>City JONESBORO State AR Zip Code 72403</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name ERIC ALAN RICK CRAWFORD</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.82198 Date of Disbursement 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) HOEVEN FOR SENATE</p> <p>Mailing Address PO BOX 15114</p> <p>City ARLINGTON State VA Zip Code 22215</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name JOHN HOEVEN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.82200 Date of Disbursement 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A.	Full Name (Last, First, Middle Initial) MARCO RUBIO FOR US SENATE	Transaction ID: SB23.82218 Date of Disbursement
	Mailing Address 4027 SOUTH LEJEUNE ROAD	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City CORAL GABLES State FL Zip Code 33146	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Contribution	<input type="text" value="500.00"/>
	Candidate Name MARCO RUBIO	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MATAYO ELECTION COMMITTEE	Transaction ID: SB23.82366 Date of Disbursement
	Mailing Address PO BOX 8052	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City SPRINGDALE State AR Zip Code 72762	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Contribution	<input type="text" value="2000.00"/>
	Candidate Name DOUG MATAYO	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) NUNNELEE FOR CONGRESS	Transaction ID: SB23.82209 Date of Disbursement
	Mailing Address 438 EAST MAIN ST PO BOX 7092	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City TUPELO State MS Zip Code 38802	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Contribution	<input type="text" value="2000.00"/>
	Candidate Name PATRICK ALAN NUNNELEE	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HUCK PAC

A.	Full Name (Last, First, Middle Initial) PAT MEEHAN FOR CONGRESS	Transaction ID: SB23.82190 Date of Disbursement MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 5035 TOWNSHIP LINE ROAD PO BOX 308	Amount of Each Disbursement this Period 2000.00
	City DREXEL HILL State PA Zip Code 19026	
	Purpose of Disbursement Campaign Contribution	Category/Type
	Candidate Name PATRICK L MEEHAN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) REX RICE FOR CONGRESS	Transaction ID: SB23.82213 Date of Disbursement MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 301 PROVIDENCE WAY PO BOX 1706	Amount of Each Disbursement this Period 2000.00
	City EASLEY State SC Zip Code 29642	
	Purpose of Disbursement Campaign Contribution	Category/Type
	Candidate Name REX FONTAINE RICE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

13500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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

<p>A. Full Name (Last, First, Middle Initial) Andre Bauer for Governor</p> <p>Mailing Address P.O. Box 5088</p> <p>City Columbia State SC Zip Code 29250</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Andre Bauer</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB29.82217</p> <p>Date of Disbursement 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Sam Teasley</p> <p>Mailing Address P.O. Box 670051</p> <p>City Marietta State GA Zip Code 30066</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Sam Teasley</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB29.82210</p> <p>Date of Disbursement 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Holly Turner for State Representative Campaign</p> <p>Mailing Address P.O. Box 91235</p> <p>City Austin State TX Zip Code 78709</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Holly Turner</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB29.82206</p> <p>Date of Disbursement 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>

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

<p>A. Full Name (Last, First, Middle Initial) John Parke for State Representative Campaign</p> <p>Mailing Address P.O. Box 241734</p> <p>City Little Rock State AR Zip Code 72223</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name John Parke</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB29.82203</p> <p>Date of Disbursement 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Mike Cox for Governor</p> <p>Mailing Address P.O. Box 530970</p> <p>City Livonia State MI Zip Code 48153</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Mike Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB29.82187</p> <p>Date of Disbursement 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Scott Pruitt for Attorney General</p> <p>Mailing Address P.O. Box 30356</p> <p>City Edmond State OK Zip Code 73003</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name Scott Pruitt</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB29.82214</p> <p>Date of Disbursement 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>4500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

**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)
Team Vander Plaats

Mailing Address P.O. Box 2010

City Sioux City State IA Zip Code 51104

Purpose of Disbursement Campaign Contribution

Candidate Name Bob Vander Plaats

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.82219
Date of Disbursement: 03 / 31 / 2010

Amount of Each Disbursement this Period: 1000.00

Category/Type

B. Full Name (Last, First, Middle Initial)
Wes Enos for Iowa Senate

Mailing Address 409 5th Street NW

City Bondurant State IA Zip Code 50035

Purpose of Disbursement Campaign Contribution

Candidate Name Wes Enos

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.82226
Date of Disbursement: 03 / 10 / 2010

Amount of Each Disbursement this Period: 500.00

Category/Type

SUBTOTAL of Disbursements This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	8000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
HUCK PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Capitol Resources, Inc.			Nature of Debt (Purpose): Telemarketing - PAC Fundraising
Mailing Address 3213 Duke Street #672			
City Alexandria	State VA	ZIP Code 22314	

Outstanding Balance Beginning This Period 822.43		Transaction ID: SD10.67305	
Amount Incurred This Period 8231.82	Payment This Period 9054.25	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor GSL Solutions, Inc.			Nature of Debt (Purpose): Web Development/Hosting
Mailing Address 1411 N. Westshore Boulevard Suite 204			
City Tampa	State FL	ZIP Code 33607	

Outstanding Balance Beginning This Period 6885.19		Transaction ID: SD10.42477	
Amount Incurred This Period 20332.84	Payment This Period 20199.53	Outstanding Balance at Close of This Period 7018.50	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor JPMS Cox			Nature of Debt (Purpose): Accounting & Compliance Fees
Mailing Address 11300 Cantrell Road Suite 301			
City Little Rock	State AR	ZIP Code 72212	

Outstanding Balance Beginning This Period 11564.52		Transaction ID: SD10.67304	
Amount Incurred This Period 22339.98	Payment This Period 27904.50	Outstanding Balance at Close of This Period 6000.00	

1) SUBTOTALS This Period This Page (optional).....	▶	13018.50
2) TOTALS This Period (last page this line number only).....	▶	13018.50
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	13018.50