

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

Office Use Only

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

HillPAC

ADDRESS (number and street)

1825 K Street, NW

Suite 1000

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20006

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00363994

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☒Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2009

through

06

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Allison Wright

Signature of Treasurer

Electronically Filed by Allison Wright

Date

07

31

2009

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

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

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name  
HillPAC

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2009	732877.33
(b) Cash on Hand at Beginning of Reporting Period .....	732877.33	
(c) Total Receipts (from Line 19) .....	787130.21	787130.21
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1520007.54	1520007.54
7. Total Disbursements (from Line 31) .....	1520007.54	1520007.54
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	0.00	0.00
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

### For further information contact:

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

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

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

HillPAC

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	690550.00	690550.00
(ii) Unitemized .....	4377.50	4377.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	694927.50	694927.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	89000.00	89000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	783927.50	783927.50
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) .....	3202.71	3202.71
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)) .....	787130.21	787130.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	787130.21	787130.21

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1499659.19	1499659.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	1499659.19	1499659.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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 .....	15348.35	15348.35
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	5000.00	5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	20348.35	20348.35
29. Other Disbursements.....	0.00	0.00
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))..	1520007.54	1520007.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1520007.54	1520007.54

**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) .....	783927.50	783927.50
34. Total Contribution Refunds (from Line 28(d)) .....	20348.35	20348.35
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	763579.15	763579.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1499659.19	1499659.19
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	3202.71	3202.71
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1496456.48	1496456.48

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 6 / 257

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
HillPAC**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Mayfield Strategy GroupNature of Debt (Purpose):  
Consulting/Website

Mailing Address 961 Ilima Way

City State ZIP Code  
Palo Alto CA 94306

Outstanding Balance Beginning This Period

28139.59

Transaction ID: SD-118

Amount Incurred This Period

18795.14

Payment This Period

46934.73

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Carefirst Bluecross BlueshieldNature of Debt (Purpose):  
Employee Benefits

Mailing Address Post Office Box 79749

City State ZIP Code  
Baltimore MD 21279-0749

Outstanding Balance Beginning This Period

4449.94

Transaction ID: SD-119

Amount Incurred This Period

5049.55

Payment This Period

9499.49

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Comfort InnNature of Debt (Purpose):  
Travel

Mailing Address 321 17th Street

City State ZIP Code  
Denver CO 80202

Outstanding Balance Beginning This Period

1729.27

Transaction ID: SD-120

Amount Incurred This Period

0.00

Payment This Period

1729.27

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

0.00

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

0.00

**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)

0.00

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

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

FOR LINE NUMBER: PAGE 7 / 257

(check only one)

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

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

NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Mark Asofsky

Mailing Address 10247 El Caballo Court

City

Delray Beach

State

FL

Zip Code

33446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Twin-Star International,

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C69291

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Melike Ayan

Mailing Address 1401 Pheasantwoods Road

City

Briarcliff Manor

State

NY

Zip Code

10510-2074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Turkish American Heritage  
Association

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C69222

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

James W. Babcock

Mailing Address 236 Deer Haven Drive

City

Ponte Vedra Beach

State

FL

Zip Code

32082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69223

Amount of Each Receipt this Period

5000.00

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

8000.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Claudine Bacher

Mailing Address 54 Tarpon Lane

City

State

Zip Code

Key Largo

FL

33037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation

Fundraiser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69298

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Claudine Bacher

Mailing Address 54 Tarpon Lane

City

State

Zip Code

Key Largo

FL

33037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation

Fundraiser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69338

Amount of Each Receipt this Period

4000.00

**C.**

Full Name (Last, First, Middle Initial)

Judith Barnett

Mailing Address 4373 Embassy Park Dr. N.W.

City

State

Zip Code

Washington

DC

20016-3625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Barnett Group LLC

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C69155

Amount of Each Receipt this Period

500.00

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

5500.00

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



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

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

FOR LINE NUMBER: PAGE 9 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Kenneth G. Bartels

Mailing Address 595 Madison Avenue

City

New York

State

NY

Zip Code

10022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Paxton Properties

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C69238

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Bernard Bergreen

Mailing Address 1060 Fifth Avenue  
Apartment 4B

City

New York

State

NY

Zip Code

10128

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 ▼

5000.00

Date of Receipt

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

Transaction ID: C69336

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Barbara W. Bernstein

Mailing Address 10815 Burbank Drive

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: C69146

Amount of Each Receipt this Period

1000.00

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

7000.00

**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 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Barbara W. Bernstein

Mailing Address 10815 Burbank Drive

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: C69276

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Matthew C. Bernstein

Mailing Address 10815 Burbank Drive

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DLA Piper

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C69145

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Matthew C. Bernstein

Mailing Address 10815 Burbank Drive

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DLA Piper

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C69147

Amount of Each Receipt this Period

1000.00

**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 11 / 257

(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)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

James Blanchard

Mailing Address 22326 Valley Oaks

City

Franklin

State

MI

Zip Code

48025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Verner Lipfert Bernhard  
McPherson & HaOccupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID: C69142

Amount of Each Receipt this Period

3500.00

**B.**

Full Name (Last, First, Middle Initial)

Paul N. Bontempo

Mailing Address 8 Carla Court

City

Morristown

State

NJ

Zip Code

07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MBI-GluckshawOccupation  
Government Relations Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C69225

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Barry L. Booth, DMD

Mailing Address Post Office Box 7406

City

Spanish Fort

State

AL

Zip Code

36577-7406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employedOccupation  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C69224

Amount of Each Receipt this Period

2000.00

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

6000.00

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

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

FOR LINE NUMBER: PAGE 12 / 257

(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)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Edgar M. Bronfman, Sr.

Mailing Address 375 Park Avenue  
17th FloorCity State Zip Code  
New York NY 10022FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Not EmployedOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69227

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Binta Niambi Brown

Mailing Address 10 Mountain Brook Road

City State Zip Code  
Cornwall NY 12518-1809FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Kirkland & EllisOccupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69228

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Robert M. Browne

Mailing Address 660 Madison Avenue

City State Zip Code  
New York NY 10065FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Corcoran GroupOccupation  
Real Estate Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69126

Amount of Each Receipt this Period

5000.00

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

15000.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Mark Buell

Mailing Address Post Office Box 29921

City

San Francisco

State

CA

Zip Code

94129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69327

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Susie Buell

Mailing Address Post Office Box 29921

City

San Francisco

State

CA

Zip Code

94129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69326

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Alonzo Cantu

Mailing Address 5221 North McColl Road

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cantu Construction

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69229

Amount of Each Receipt this Period

5000.00

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

15000.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Yolanda R Cantu

Mailing Address 1200 East Jasmine

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
McAllen Stained Glass

Occupation  
Glass Artist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69230

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas Chen

Mailing Address 31-10 Whitestone Expressway

City

Flushing

State

NY

Zip Code

11354

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Crystal Window & Door Sys-  
tems

Occupation  
CEO & President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69125

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Stanley M. Chesley

Mailing Address Fourth & Vine Streets  
1513 Central Trust Tower

City

Cincinnati

State

OH

Zip Code

45202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Waite, Schneider, Bayless  
& Chesley

Occupation  
Attorney at Law

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69231

Amount of Each Receipt this Period

5000.00

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

15000.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Daniel I. A. Cohen

Mailing Address 420 East 54th Street  
Apartment 11H

City State Zip Code  
New York NY 10022-5151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hunter College

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69233

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Andrea A. Collins

Mailing Address 384 New Rochelle Road

City State Zip Code  
Bronxville NY 10708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69235

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Timothy C. Collins

Mailing Address 384 New Rochelle Road

City State Zip Code  
Bronxville NY 10708-4413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ripplewood Holdings

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69234

Amount of Each Receipt this Period

5000.00

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

15000.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Jane Condon

Mailing Address 38 Close Road

City

Greenwich

State

CT

Zip Code

06831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Comedian

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C69240

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Frank M Conner, III

Mailing Address 412 Prince Street

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alston J Bird LLP

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C69144

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Johnny Cope

Mailing Address Box 905

City

Hobbs

State

NM

Zip Code

88240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hobbs Rental Corp

Occupation  
Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69237

Amount of Each Receipt this Period

5000.00

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

7000.00

**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 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Jon Corzine

Mailing Address 1 Riverfront Plaza  
Post Office Box 200419

City State Zip Code  
Newark NY 07102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The State of New Jersey

Occupation  
Governor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69308

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Stephenn Coslik

Mailing Address 6200 Westover Drive

City State Zip Code  
Fort Worth TX 76107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Woodmont Company

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: C69339

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Betty Cotton

Mailing Address 86 Sheldrake Road

City State Zip Code  
Scarsdale NY 10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Non for Profit Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C69331

Amount of Each Receipt this Period

1000.00

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

8500.00

**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 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Jerry Crawford

Mailing Address 1701 Ruan Center

City

Des Moines

State

IA

Zip Code

50309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Crawford & Quilty Law Fi

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69305

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Bal G. Das

Mailing Address 52 East End Avenue  
Number 4AB

City

New York

State

NY

Zip Code

10169

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
InsCap Management, LLC

Occupation  
Senior Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69270

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Lynn Forester de Rothschild

Mailing Address 435 East 52nd Street  
Apartment 18C

City

New York

State

NY

Zip Code

10022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ELR Holdings

Occupation  
Co-Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69094

Amount of Each Receipt this Period

5000.00

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

15000.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Beth Rudin DeWoody

Mailing Address 345 Park Avenue  
33rd Floor

City State Zip Code  
New York NY 10154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rudin Management Co.

Occupation  
Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69122

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Barbaralee Diamonstein-Spielvog

Mailing Address 720 Park Avenue

City State Zip Code  
New York NY 10021-4954

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Historical Landmarks Pres-  
ervation Ctr.

Occupation  
Chairwoman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69267

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Jan G. Drago

Mailing Address 526 First Avenue South  
Number 417

City State Zip Code  
Seattle WA 98104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
City of Seattle

Occupation  
Legislator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C69249

Amount of Each Receipt this Period

200.00

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

10200.00

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

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

FOR LINE NUMBER: PAGE 20 / 257

(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)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Jan G. Drago

Mailing Address 526 First Avenue South  
Number 417City State Zip Code  
Seattle WA 98104FEC ID number of contributing  
federal political committee.

C

Name of Employer  
City of SeattleOccupation  
Legislator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C69275

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Patrick C. Dunican, Jr.

Mailing Address 11 Margo Court

City State Zip Code  
Suffern NY 10901FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gibbons P.C.Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C69172

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Ronald Edelson

Mailing Address 11 Upland Road

City State Zip Code  
Great Neck NY 11020FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Zimmerman/Edelson Inc.Occupation  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C69199

Amount of Each Receipt this Period

1000.00

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 21 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Jamshid Ehsani

Mailing Address 13 Wyckham Hill Lane

City

Greenwich

State

CT

Zip Code

06831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69273

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Nahshid Ehsani

Mailing Address 13 Wyckham Hill Lane

City

Greenwich

State

CT

Zip Code

06831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69274

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Matthew K. Entenza

Mailing Address 1647 Portland Avenue

City

Saint Paul

State

MN

Zip Code

55104-6838

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 ▼

5000.00

Date of Receipt

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

Transaction ID: C69076

Amount of Each Receipt this Period

2300.00

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

12300.00

**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 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Matthew K. Entenza

Mailing Address 1647 Portland Avenue

City

Saint Paul

State

MN

Zip Code

55104-6838

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 ▼

5000.00

Date of Receipt

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

Transaction ID: C69263

Amount of Each Receipt this Period

2700.00

**B.**

Full Name (Last, First, Middle Initial)

Bryan Erwin

Mailing Address 280 East 2nd Street  
Apartment 4-D

City

New York

State

NY

Zip Code

10009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Goldman Sachs

Occupation  
Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C69268

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Debra Farar

Mailing Address 545 Amalfi Drive

City

Pacific Palisades

State

CA

Zip Code

90272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CSU Trustees Secretariat

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69120

Amount of Each Receipt this Period

5000.00

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

8200.00

**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 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Sim Farar

Mailing Address 545 Amalfi Drive

City

Pacific Palisades

State

CA

Zip Code

90272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Trifer Investments

Occupation  
Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69119

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Ramsey Farouki

Mailing Address 9005 Old Dominion Drive

City

McLean

State

VA

Zip Code

22102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unitrans International,

Occupation  
Corporate Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69333

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Samia Farouki

Mailing Address 9005 Old Dominion Drive

City

Mc Lean

State

VA

Zip Code

22102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HAI Finance Corporation

Occupation  
Corporate Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69330

Amount of Each Receipt this Period

5000.00

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

15000.00

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

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

FOR LINE NUMBER: PAGE 24 / 257

(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)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Marc Felgoise

Mailing Address 7139 Sheaff Lane

City

Fort Washington

State

PA

Zip Code

19034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TEB AssociatesOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: C69077

Amount of Each Receipt this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Rajiv Fernando

Mailing Address 141 West Jackson Boulevard  
Suite 2201A

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chopper TradingOccupation  
President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69075

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Irial Finan

Mailing Address 3230 Glen Arden Drive, Northwest

City

Atlanta

State

GA

Zip Code

30305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coca ColaOccupation  
President/ Bottling Invest.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69078

Amount of Each Receipt this Period

5000.00

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

11500.00

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 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

John W. Fitzpatrick

Mailing Address 45 Bayview Court

City

Sag Harbor

State

NY

Zip Code

11963

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fitzpatrick Hotel Group

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C69200

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Michael E Fox, Sr

Mailing Address 14751 Quito Road

City

Saratoga

State

CA

Zip Code

95070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
M.E.Fox & Co., Inc

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: C69079

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Patricia Geoghegan

Mailing Address 655 Park Avenue  
Apartment 3-B

City

New York

State

NY

Zip Code

10021-5937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cravath, Swaine & Moore  
LLP

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69201

Amount of Each Receipt this Period

5000.00

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

9500.00

**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 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

John F. Graham

Mailing Address 25 Fairview Avenue

City

Verona

State

NJ

Zip Code

07044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fairview Insurance Associ-  
ation

Occupation

Insurance Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: C69269

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Francis Greenburger

Mailing Address 55 Fifth Avenue  
15th Floor

City

New York

State

NY

Zip Code

10003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Time Equities, Inc.

Occupation

Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C69309

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Aaron Gural

Mailing Address 125 Park Avenue

City

New York

State

NY

Zip Code

10017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Newmark and Company Real  
Estate

Occupation

Chairman Emeritus

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C69203

Amount of Each Receipt this Period

1000.00

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

4500.00

**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 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey Gural

Mailing Address 125 Park Avenue

City

New York

State

NY

Zip Code

10017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Newmark Knight Frank

Occupation  
Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C69204

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Craig M. Hatkoff

Mailing Address 1 West 72nd Street

City

New York

State

NY

Zip Code

10023-3425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Turtle Pond Publications

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69152

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Richard M. Hills

Mailing Address 50 Marcela Avenue

City

San Francisco

State

CA

Zip Code

94116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Vanguard Properties

Occupation  
Attorney/ Broker Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: C69080

Amount of Each Receipt this Period

2300.00

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

8300.00

**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 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Seema Hingorani

Mailing Address 4 Nutmeg Lane

City

Darien

State

CT

Zip Code

06820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Investment Professional

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: C69239

Amount of Each Receipt this Period

2300.00

**B.**

Full Name (Last, First, Middle Initial)

Robert E. Hunter

Mailing Address 4732 Foxhall Cresents, Northwest

City

Washington

State

DC

Zip Code

20007-1050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RAND Corporation

Occupation

Foreign Policy

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C69081

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Jill Iscol

Mailing Address 63 Lyndel Road

City

Pound Ridge

State

NY

Zip Code

10576

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation

Philanthropist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69082

Amount of Each Receipt this Period

5000.00

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

8300.00

**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 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Jay S. Jacobs

Mailing Address 1362 Ridge Road

City

Laurel Hollow

State

NY

Zip Code

11791

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TLC Kids Group, LLC

Occupation

Camp Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69083

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Jessica Jacobs

Mailing Address 1362 Ridge Road

City

Laurel Hollow

State

NY

Zip Code

11791

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TLC Kid Group, LLC

Occupation

Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69159

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Mindy Jacobs

Mailing Address 1362 Ridge Road

City

Laurel Hollow

State

NY

Zip Code

11791

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TLC Kids Group, LLC

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69084

Amount of Each Receipt this Period

5000.00

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

15000.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Robert L. Johnson

Mailing Address c/o The RLJ Companies  
3 Bethesda Metro Center

City State Zip Code  
Bethesda MD 20814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The RLJ Companies

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69206

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Peter A. Joseph

Mailing Address 1270 Avenue of the Americas

City State Zip Code  
New York NY 10020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Palladium Equify

Occupation  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69085

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Howard Kagan

Mailing Address 1085 Park Avenue

City State Zip Code  
New York NY 10128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69340

Amount of Each Receipt this Period

5000.00

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

15000.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Janet Kagan

Mailing Address 1085 Park Avenue

City

New York

State

NY

Zip Code

10128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation

Not Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69341

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Alice Kandell

Mailing Address 130 East 75th Street  
Penthouse C

City

New York

State

NY

Zip Code

10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69115

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Lionel Kaplan

Mailing Address 671 Rosedale Road

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Joseph D. Kaplan & Son

Occupation

Attorney

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID: C69086

Amount of Each Receipt this Period

3000.00

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

13000.00

**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 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Suzanne Kayne

Mailing Address 10100 Santa Monica Boulevard  
Suite 10

City State Zip Code  
Los Angeles CA 90067-4143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69207

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Paul B. Keary

Mailing Address 2 Jane Street  
Apartment 6B

City State Zip Code  
New York NY 10014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Financial Dynamics

Occupation  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69087

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Janet Keller

Mailing Address 321 Emerald Bay

City State Zip Code  
Laguna Beach CA 92651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69265

Amount of Each Receipt this Period

5000.00

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

15000.00

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



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

FOR LINE NUMBER: PAGE 33 / 257

(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)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Patricia A. Kemer

Mailing Address 720 Park Avenue

City

New York

State

NY

Zip Code

10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Campus Coach LinesOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69241

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Michael Kempner

Mailing Address One Meadowlands Plaza

City

East Rutherford

State

NJ

Zip Code

07073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MWW GroupOccupation  
CEO/ President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69322

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Mark Kim

Mailing Address 61 East 77th Street  
Number 4B

City

New York

State

NY

Zip Code

10075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not EmployedOccupation  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69303

Amount of Each Receipt this Period

5000.00

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

15000.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Herbert C. Klein

Mailing Address 10 Oak Crescent

City

Little Falls

State

NJ

Zip Code

07424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nowell Klein Berman

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69208

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Victor A. Kovner

Mailing Address 1633 Broadway  
27th Floor

City

New York

State

NY

Zip Code

10019-6708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Davis Wright Tremaine LLP

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: C69209

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Deborah Larkin

Mailing Address Post Office Box 672

City

Pelham

State

NY

Zip Code

10803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69174

Amount of Each Receipt this Period

5000.00

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

12500.00

**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 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Cathy Lasry

Mailing Address 4 East 74th St.

City

New York

State

NY

Zip Code

10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not employed

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69211

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Marc Lasry

Mailing Address 4 East 74th Street

City

New York

State

NY

Zip Code

10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Avenue Capital Group

Occupation

Founder/Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69210

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Leonard Lauder

Mailing Address 767 5th Avenue

City

New York

State

NY

Zip Code

10153

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Estee Lauder

Occupation

Chairman and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69212

Amount of Each Receipt this Period

5000.00

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

15000.00

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

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

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

FOR LINE NUMBER: PAGE 36 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Henry B. Laufer

Mailing Address 178 Old Field Road

City

East Setauket

State

NY

Zip Code

11733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Renaissance Technologies,  
Inc.

Occupation

Financial Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69272

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Marsha Laufer

Mailing Address 178 Old Field Road

City

Setauket

State

NY

Zip Code

11733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation

Volunteer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69271

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Miguel D. Lausell-Marxuach

Mailing Address Old San Juan  
259 Calle San Sebastian

City

San Juan

State

PR

Zip Code

00901

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 ▼

5000.00

Date of Receipt

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

Transaction ID: C69151

Amount of Each Receipt this Period

5000.00

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

15000.00

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

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

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

FOR LINE NUMBER: PAGE 37 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Barbara Fish Lee

Mailing Address 131 Mount Auburn Street  
Number 2

City State Zip Code  
Cambridge MA 02138-5752

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Philanthropist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69213

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

James Lefrak

Mailing Address 40 West 57th Street  
23rd Floor

City State Zip Code  
New York NY 10019

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LeFrank Organization

Occupation  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C69214

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Loida Nicolas Lewis

Mailing Address 115 East 57th Street  
Suite 1430

City State Zip Code  
New York NY 10022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TLC Beatrice LLC

Occupation  
Chairman/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69127

Amount of Each Receipt this Period

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 38 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Ricki Lieberman

Mailing Address 610 West End Avenue

City

New York

State

NY

Zip Code

10024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Consultant to Nonprofit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69296

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Gerald Lundergan

Mailing Address 5 Deepwood Drive

City

Lexington

State

KY

Zip Code

40505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Business

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69118

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Matthew Mallow

Mailing Address 1 West 72 Street  
Apartment 25

City

Manhattan

State

NY

Zip Code

10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Skadden, Arps, Slate

Occupation

Attorney Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: C69175

Amount of Each Receipt this Period

2500.00

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

12500.00

**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 39 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Catherine Marron

Mailing Address 720 Park Ave 6a

City

New York

State

NY

Zip Code

10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69176

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Hani H. Masri

Mailing Address 6862 Elm Street  
Suite 720

City

McLean

State

VA

Zip Code

22210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Capital Investment Manage-  
ment Corp.

Occupation

Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69088

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Judith McGrath

Mailing Address 15 West 89th Street

City

New York

State

NY

Zip Code

10024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Viacom

Occupation

Chairman/CEO MTV Network

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69310

Amount of Each Receipt this Period

5000.00

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

15000.00

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

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

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

FOR LINE NUMBER: PAGE 40 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Donna Cochran McLarty

Mailing Address 1824 24th Street, Northwest

City

Washington

State

DC

Zip Code

20008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C69157

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas F. McLarty III

Mailing Address 1824 24th Street, Northwest

City

Washington

State

DC

Zip Code

20008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
McLarty Companies

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C69156

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Marty McVey

Mailing Address 1 Saddlewood Estates Drive

City

Houston

State

TX

Zip Code

77024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
McVey & Co. Investments

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C69262

Amount of Each Receipt this Period

1000.00

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

3000.00

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



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

FOR LINE NUMBER: PAGE 41 / 257

(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)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Dennis Mehiel

Mailing Address 115 Stevens Avenue

City

Valhalla

State

NY

Zip Code

10595

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Four M CorporationOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69177

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

John Merrigan

Mailing Address 7839 Old Dominion Dr

City

McLean

State

VA

Zip Code

22102-2425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DLA PiperOccupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID: C69148

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

John Merrigan

Mailing Address 7839 Old Dominion Dr

City

McLean

State

VA

Zip Code

22102-2425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DLA PiperOccupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID: C69150

Amount of Each Receipt this Period

1000.00

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 42 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Melissa Merrill

Mailing Address 3 Jane Street  
Number 6B

City State Zip Code  
New York NY 10014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Edelman

Occupation  
PR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69107

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Lee I. Miller

Mailing Address 228 East Saint Andrews Lane

City State Zip Code  
Deerfield IL 60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DLA Piper Rudnick

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C69140

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Sally Minard

Mailing Address 133 East 62nd Street

City State Zip Code  
New York NY 10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69108

Amount of Each Receipt this Period

5000.00

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

12000.00

**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 43 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Nazee Moinian

Mailing Address 1045 Park Avenue

City

New York

State

NY

Zip Code

10028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69285

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Sara Morgan

Mailing Address 2121 Kirby Drive  
Number 99

City

Houston

State

TX

Zip Code

77019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69300

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Philip R. Munger

Mailing Address 40 5th Avenue  
Apartment 11C

City

New York

State

NY

Zip Code

10011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: C69106

Amount of Each Receipt this Period

2500.00

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

12500.00

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

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

FOR LINE NUMBER: PAGE 44 / 257

(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)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Charles Myers

Mailing Address 32 Circuit Court Road

City

Tuxedo Park

State

NY

Zip Code

10987

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fox-Pitt Kelton

Occupation

Senior Vice President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69293

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Brooke Garber Neidich

Mailing Address 120 East End Avenue  
Apartment 7A

City

New York

State

NY

Zip Code

10028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation

Homemaker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69180

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Hassan Nemazee

Mailing Address 136 Mount Holly Road

City

Katonah

State

NY

Zip Code

10536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nemazee Capital Corporati-  
on

Occupation

Chairman

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69181

Amount of Each Receipt this Period

5000.00

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

15000.00

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

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

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

FOR LINE NUMBER: PAGE 45 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Sheila Nemazee

Mailing Address 770 Park Avenue

City

New York

State

NY

Zip Code

10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69163

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Robin Ilgen Neustein

Mailing Address 101 Central Park West  
Number 6E

City

New York

State

NY

Zip Code

10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69091

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Elizabeth A. Newman

Mailing Address 737 Park Avenue  
Number 10-D

City

New York

State

NY

Zip Code

10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: C69183

Amount of Each Receipt this Period

2500.00

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

12500.00

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

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

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

FOR LINE NUMBER: PAGE 46 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Frank N. Newman

Mailing Address 737 Park Avenue  
Number 10-D

City State Zip Code  
New York NY 10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Shenzhen Development Bank

Occupation  
Bank CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: C69184

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Lyndon L. Olson, Jr.

Mailing Address 3812 Greenleaf Drive

City State Zip Code  
Waco TX 76710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Travelers Insurance Holdings Inc.

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

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

Transaction ID: C69315

Amount of Each Receipt this Period

4000.00

**C.**

Full Name (Last, First, Middle Initial)

Jennifer Paolino

Mailing Address 375 Lloyd Avenue  
Apartment 2

City State Zip Code  
Providence RI 02906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RIEDC

Occupation  
Program 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 1 / 0 3 / 2 0 0 9

Transaction ID: C69281

Amount of Each Receipt this Period

250.00

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

6750.00

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

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

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

FOR LINE NUMBER: PAGE 47 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Sharon L. Patrick

Mailing Address 119 East 84th Street  
Penthouse

City State Zip Code  
New York NY 10028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Martha Stewart Living Omn-  
imedia

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69321

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Alan J. Patricof

Mailing Address 830 Park Avenue

City State Zip Code  
New York NY 10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Venture Capital

Occupation  
Self-employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69186

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Leon C. Perry

Mailing Address 812 Sero Pine Lane

City State Zip Code  
Fort Washington MD 20744-5954

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: C69089

Amount of Each Receipt this Period

2300.00

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

12300.00

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

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

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

FOR LINE NUMBER: PAGE 48 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Lisa Perry

Mailing Address One Sutton Place South, Penthouse

City State Zip Code  
 New York NY 10022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69307

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

James Andrew Pickup

Mailing Address 2916 Richmond Lane

City State Zip Code  
 Alexandria VA 22305-1618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DLA Piper LLP

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C69141

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Lester Pollack

Mailing Address 30 Rockefeller Plaza  
Suite 5050

City State Zip Code  
 Manhattan NY 10112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Centre Partners Management  
LLC

Occupation  
Investment Banking

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69187

Amount of Each Receipt this Period

5000.00

**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 49 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Sherwin P. Price

Mailing Address 812 Sero Pine Lane

City

Fort Washington

State

MD

Zip Code

20744-5954

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C69090

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

J.B. Pritzker

Mailing Address 1603 Orrington Ave

City

Evanston

State

IL

Zip Code

60201-3841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Pritzker Group

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69278

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

M.K. Pritzker

Mailing Address 1523 North Dearborn Parkway

City

Chicago

State

IL

Zip Code

60610-1401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69279

Amount of Each Receipt this Period

5000.00

**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 50 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Lois Quam

Mailing Address 1647 Portland Avenue

City

Saint Paul

State

MN

Zip Code

55104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Piper Jaffrey

Occupation

Managing Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69334

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Kirk A. Radke

Mailing Address 210 West 90th Street  
Apartment 8A

City

New York

State

NY

Zip Code

10024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kirkland & Ellis LLP

Occupation

Attorney

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69092

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Recanati

Mailing Address 590 Fifth Avenue  
19th Floor

City

New York

State

NY

Zip Code

10036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
590 Services Corporation

Occupation

Executive

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69112

Amount of Each Receipt this Period

5000.00

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

15000.00

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

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

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

FOR LINE NUMBER: PAGE 51 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Michele Reiner

Mailing Address 255 Chadbourne Avenue

City

Los Angeles

State

CA

Zip Code

90049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69343

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Liz Robbins

Mailing Address 501 Madison Avenue  
Suite 602

City

New York

State

NY

Zip Code

10022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69114

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Jim Robinson

Mailing Address 11 Borelle Square

City

Parlin

State

NJ

Zip Code

08859

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMBARQ

Occupation

Public Affairs Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C69319

Amount of Each Receipt this Period

500.00

**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 52 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Claudia Roeder

Mailing Address 7839 Old Dominion Dr

City

McLean

State

VA

Zip Code

22102-2425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C69149

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Jack Rosen

Mailing Address 18 East 85th Street

City

New York

State

NY

Zip Code

10022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rosen Partners LLC

Occupation

Partner

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69323

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Marvin S. Rosen

Mailing Address 420 Lexington Avenue  
Suite 1718

City

New York

State

NY

Zip Code

10170-0518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fusion Telecommunications

Occupation

Chairman & CEO

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69093

Amount of Each Receipt this Period

5000.00

**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 53 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Jane L. Rosenthal

Mailing Address 1 West 72nd Street

City

New York

State

NY

Zip Code

10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tribeca Productions

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69153

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Howard Rubin

Mailing Address Post Office Box 387

City

Pound Ridge

State

NY

Zip Code

10576

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Management Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69299

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Jack Rudin

Mailing Address Rubin Management Company Inc.  
241 Central Park West

City

New York

State

NY

Zip Code

10024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rudin Management

Occupation

Real Estate Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69190

Amount of Each Receipt this Period

5000.00

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

15000.00

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

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

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

FOR LINE NUMBER: PAGE 54 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Ophelia P. Rudin

Mailing Address 211 East 70th Street  
31H

City State Zip Code  
New York NY 10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69124

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

William C. Rudin

Mailing Address 345 Park Avenue  
33rd Floor

City State Zip Code  
New York NY 10154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rudin Management Company

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69123

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Julie Sakellariadis

Mailing Address 639 West End Ave Apt 14A  
Number 14A

City State Zip Code  
New York NY 10025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69302

Amount of Each Receipt this Period

5000.00

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

15000.00

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

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

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

FOR LINE NUMBER: PAGE 55 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Nicholas J Sakellariadis

Mailing Address 639 West End Ave. Apt 14A  
Number 14A

City State Zip Code  
New York NY 10025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Citigroup

Occupation  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69313

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Philip Schaefer

Mailing Address 12 Peninsula Road

City State Zip Code  
Belvedere CA 94920

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
World Pension Forum

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C69317

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Arthur Schecter

Mailing Address 19A West Lane

City State Zip Code  
Houston TX

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Schecter & B Marshall

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: C69264

Amount of Each Receipt this Period

2500.00

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

8500.00

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

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

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

FOR LINE NUMBER: PAGE 56 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Elaine Schuster

Mailing Address 132 Yarmouth Road

City

Chestnut Hill

State

MA

Zip Code

02467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Continental Wingate Compa-  
ny

Occupation

Director, Community Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69117

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Bernard L. Schwartz

Mailing Address 745 5th Avenue  
Floor 31

City

New York

State

NY

Zip Code

10151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BLS Investments

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69095

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Irene Schwartz

Mailing Address 944 5th Avenue

City

New York

State

NY

Zip Code

10021-2656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69261

Amount of Each Receipt this Period

5000.00

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

15000.00

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



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

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

FOR LINE NUMBER: PAGE 57 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Jodi J. Schwartz

Mailing Address 51 West 52nd Street

City

New York

State

NY

Zip Code

10019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wachtell Lipton

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69191

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

David Max Scolnic

Mailing Address 717 Sussex Road

City

Wynnewood

State

PA

Zip Code

19096

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hansley Arshchick

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C69096

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Alan Sheriff

Mailing Address 390 Woodhill Road

City

Newtown

State

PA

Zip Code

18940

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Solebury Capital LLC

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: C69328

Amount of Each Receipt this Period

1500.00

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

7000.00

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

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

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

FOR LINE NUMBER: PAGE 58 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Stanley S. Shuman

Mailing Address 711 Fifth Avenue  
9th Floor

City State Zip Code  
New York NY 10022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allen & Company LLC

Occupation  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69192

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Harvey Sloane

Mailing Address 3631 39th Street, Northwest

City State Zip Code  
Washington DC 20016

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Eurasion Medical Program

Occupation  
Medicine

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

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

Transaction ID: C69167

Amount of Each Receipt this Period

3000.00

**C.**

Full Name (Last, First, Middle Initial)

Harvey Sloane

Mailing Address 3631 39th Street, Northwest

City State Zip Code  
Washington DC 20016

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Eurasion Medical Program

Occupation  
Medicine

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

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

Transaction ID: C69168

Amount of Each Receipt this Period

1000.00

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

9000.00

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

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

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

FOR LINE NUMBER: PAGE 59 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Marva Smalls

Mailing Address 1515 Broadway

City

New York

State

NY

Zip Code

10036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MTV Networks

Occupation

Entertainment Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: C69324

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Jay Thomas Snyder

Mailing Address 1020 Fifth Avenue

City

New York

State

NY

Zip Code

10028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HBJ Investments

Occupation

Financier

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69109

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Tracy Snyder

Mailing Address 1020 Fifth Avenue

City

New York

State

NY

Zip Code

10028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69110

Amount of Each Receipt this Period

5000.00

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

12500.00

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

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

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

FOR LINE NUMBER: PAGE 60 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Jack Sommer

Mailing Address 2820 West Charleston

City

Las Vegas

State

NV

Zip Code

89102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Real Estate Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C69301

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Maurice Sonnenberg

Mailing Address 45 East 66 Street

City

New York

State

NY

Zip Code

10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation

Investment Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C69193

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Jeffery B. Soref

Mailing Address 7 Gramercy Park West  
Apartment 7B/C

City

New York

State

NY

Zip Code

10003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Soref Associates, Inc

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C69312

Amount of Each Receipt this Period

2000.00

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

4000.00

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

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

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

FOR LINE NUMBER: PAGE 61 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Martin T. Sosnoff

Mailing Address 1 West 72nd Street

City

New York

State

NY

Zip Code

10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Atalanta Sosnoff Capital  
Corporation

Occupation

Investment Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69097

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Toni Sosnoff

Mailing Address 101 Park Avenue  
6th Floor

City

New York

State

NY

Zip Code

10178

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Atalanta Sosnoff Capital  
Corporation

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69098

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Karen Spar Kasner

Mailing Address 17 Murray Hill Road

City

Scarsdale

State

NY

Zip Code

10583-2829

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C69337

Amount of Each Receipt this Period

2000.00

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

12000.00

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

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

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

FOR LINE NUMBER: PAGE 62 / 257

(check only one)

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

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

NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Beth Sperber

Mailing Address One Piper Lane

City

State

Zip Code

Head Of The Harbor

NY

11780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: C69116

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Carl Spielvogel

Mailing Address 720 Park Avenue

City

State

Zip Code

New York

NY

10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69266

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Charles A. Stanziale

Mailing Address 3 Gateway Center, 100 Mulberry Str

City

State

Zip Code

Newark

NJ

07102-4079

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
McCarter & English

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C69195

Amount of Each Receipt this Period

1000.00

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

8500.00

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Ira J. Statfeld

Mailing Address 502 Park Avenue

City

New York

State

NY

Zip Code

10022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
590 Services Corporation

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69111

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Susan K. Stern

Mailing Address 39 Park Road

City

Scarsdale

State

NY

Zip Code

10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: C69196

Amount of Each Receipt this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

Sribala Subramanian

Mailing Address 10 East 87th Street

City

New York

State

NY

Zip Code

10128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C69318

Amount of Each Receipt this Period

500.00

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

7000.00

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

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

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

FOR LINE NUMBER: PAGE 64 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Gavin R. Sword

Mailing Address 531 Carpenter Court

City

Naples

State

FL

Zip Code

34110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Automated Shading

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: C69073

Amount of Each Receipt this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Curtis Thomsen

Mailing Address 284 Fox Hound Drive

City

Doylestown

State

PA

Zip Code

18901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C69286

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Johnathan M. Tisch

Mailing Address 655 Madison Avenue  
19th Floor

City

New York

State

NY

Zip Code

10065-8068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Loews Hotels

Occupation  
Chairman & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69170

Amount of Each Receipt this Period

5000.00

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

7500.00

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



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

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

FOR LINE NUMBER: PAGE 65 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Laurie Tisch

Mailing Address 655 Madison Avenue

City

New York

State

NY

Zip Code

10065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation

Not Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69325

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

John Tishman

Mailing Address 666 Fifth Avenue

City

New York

State

NY

Zip Code

10103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tishman Realty and Constr-  
uction

Occupation

Real Estate/Construction Executive

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69100

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

David Turock

Mailing Address Box 244

City

Cedar Grove

State

NJ

Zip Code

07009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation

Not Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69320

Amount of Each Receipt this Period

5000.00

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

15000.00

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

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

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

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

J. Volk

Mailing Address 205 East 63rd Street

City

New York

State

NY

Zip Code

10065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C69306

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Maria Vullo

Mailing Address 40 West 77th Street  
Number 16A

City

New York

State

NY

Zip Code

10024-5128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Paul Weiss et al.

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69113

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Todd Weiler

Mailing Address 2720 South Arlington Mill Drive  
Number 106

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C69295

Amount of Each Receipt this Period

2000.00

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Mark S. Weiner

Mailing Address 140 Fox Run

City

East Greenwich

State

RI

Zip Code

02818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Financial Innovations

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69101

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Susan Weiner

Mailing Address 140 Fox Run

City

East Greenwich

State

RI

Zip Code

02818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69102

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Harvey Weinstein

Mailing Address 375 Greenwich Street

City

New York

State

NY

Zip Code

10013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Weinstein Company

Occupation

Film Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69121

Amount of Each Receipt this Period

5000.00

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

15000.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

David A. Weiss

Mailing Address 8021 Park Overlook Drive

City

Bethesda

State

MD

Zip Code

20817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DLA Piper Rudnick

Occupation

Director of Trade Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C69143

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

P. Maureen White

Mailing Address 998 Fifth Avenue

City

New York

State

NY

Zip Code

10028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69103

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Marc Winkelman

Mailing Address 6411 Burleson Road

City

Austin

State

TX

Zip Code

78744

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Calendar Club

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C69311

Amount of Each Receipt this Period

1000.00

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

6500.00

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

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

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Bronson Van Wyck

Mailing Address 224 West 30th Street

City

New York

State

NY

Zip Code

10001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C69104

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Daphna Ziman

Mailing Address 10940 Wilshire Boulevard  
Suite 1950

City

Los Angeles

State

CA

Zip Code

90024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69197

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Zimmerman

Mailing Address 160 Middleneck Road  
Apartment 6G

City

Great Neck

State

NY

Zip Code

11021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Zimmerman/Edelson Inc.

Occupation  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C69198

Amount of Each Receipt this Period

1000.00

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

7000.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 70 / 257

(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)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Landen Associates, LLC

Mailing Address Post Office Box 151

City

Niagara Falls

State

NY

Zip Code

14304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69160

Amount of Each Receipt this Period

5000.00

LLC - Members below if it-  
emized. Permissible funds.**B.**

Full Name (Last, First, Middle Initial)

Gary Parenti

Mailing Address 955 Harrison Avenue

City

Niagara Falls

State

NY

Zip Code

14305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Parenti Accounting Group,  
Inc.

Occupation

Business Development

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: C69161

Amount of Each Receipt this Period

2500.00

[MEMO ITEM]

\*

**C.**

Full Name (Last, First, Middle Initial)

Steven Pigeon

Mailing Address 101 Reo Avenue

City

Buffalo

State

NY

Zip Code

14211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Underberg & Kessler LLP

Occupation

Attorney

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: C69162

Amount of Each Receipt this Period

2500.00

[MEMO ITEM]

\*

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

5000.00

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

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

FOR LINE NUMBER: PAGE 71 / 257

(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)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

AC I Manahawkin LLC

Mailing Address 20 East Sunrise Highway  
Suite 202City State Zip Code  
Valley Stream NY 11581FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69217

Amount of Each Receipt this Period

5000.00

LLC - Members below if it-  
emized. Permissible funds.**B.**

Full Name (Last, First, Middle Initial)

Tabor Klein

Mailing Address 20 East Sunrise Highway  
Suite 202City State Zip Code  
Valley Stream NY 11581FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AC I Manahawkin LLCOccupation  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69218

Amount of Each Receipt this Period

5000.00

[MEMO ITEM]

\*

**C.**

Full Name (Last, First, Middle Initial)

AC I Toms River, LLC

Mailing Address 20 East Sunrise Highway  
Suite 202City State Zip Code  
Valley Stream NY 11581FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69219

Amount of Each Receipt this Period

5000.00

PARTNERSHIP--partners bel-  
ow if itemized

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

10000.00

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Benjamin Ringel

Mailing Address 20 East Sunrise Highway  
Suite 202

City State Zip Code  
Valley Stream NY 11581

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AC I Toms River, LLC

Occupation  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69220

Amount of Each Receipt this Period

5000.00

**[MEMO ITEM]**

\*

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

0.00

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

690550.00



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

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for each category of the  
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FOR LINE NUMBER: PAGE 73 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

AFSCME PAC

Mailing Address 1625 L Street, N.W.

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

**C** C00011114

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69105

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Amalgamated Transit Union COPE

Mailing Address 5025 Wisconsin Avenue, Northwest

City

Washington

State

DC

Zip Code

20016-4139

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69221

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Border Health Federal PAC

Mailing Address 1210 W Expressway 83 Suite 10

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing  
federal political committee.

**C** C00415752

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69226

Amount of Each Receipt this Period

5000.00

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

15000.00

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

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

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

FOR LINE NUMBER: PAGE 74 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Bricklayers & Allied Craftworkers PAC

Mailing Address 620 F Street, Northwest

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

**C**

C00003632

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69154

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Committee on Letter Carriers Political Education Na

Mailing Address 100 Indiana Ave., NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69236

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Crowley for Congress

Mailing Address 84-56 Grand Avenue

City

Elmhurst

State

NY

Zip Code

11373

FEC ID number of contributing  
federal political committee.

**C**

C00338954

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69216

Amount of Each Receipt this Period

5000.00

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

15000.00

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

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

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

FOR LINE NUMBER: PAGE 75 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)  
Int'l Union of Painters and

Mailing Address Allied Trades, AFL-CIO  
1750 New York Avenue, N.W.

City State Zip Code  
Washington DC 20006

FEC ID number of contributing  
federal political committee. **C** C00000885

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69158

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
International Association of Fire Fighters PAC

Mailing Address 1750 New York Avenue, N.W.

City State Zip Code  
Washington DC 20006

FEC ID number of contributing  
federal political committee. **C** C00029447

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: C69205

Amount of Each Receipt this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)  
MacAndrews & Forbes Holdings Inc. PAC

Mailing Address 35 East 62nd Street

City State Zip Code  
New York NY 10065

FEC ID number of contributing  
federal political committee. **C** C00432856

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69215

Amount of Each Receipt this Period

5000.00

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

11500.00

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

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

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

FOR LINE NUMBER: PAGE 76 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Machinists Non-Partisan Political Lge.

Mailing Address 9000 Machinists Place

City

Upper Marlboro

State

MD

Zip Code

20772-2687

FEC ID number of contributing  
federal political committee.

**C**

C00002469

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69173

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Nadler for Congress

Mailing Address 18 East 16th Street  
Suite 401

City

New York

State

NY

Zip Code

10013

FEC ID number of contributing  
federal political committee.

**C**

C00290825

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69179

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

New York Life Insurance PAC

Mailing Address 51 Madison Avenue  
Room 117 M

City

New York

State

NY

Zip Code

10010

FEC ID number of contributing  
federal political committee.

**C**

C00158881

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69182

Amount of Each Receipt this Period

5000.00

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

15000.00

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

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

FOR LINE NUMBER: PAGE 77 / 257

(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)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

NRG Energy PAC

Mailing Address 211 Carnegie Center

City

Princeton

State

NJ

Zip Code

08540-6213

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

C00366559

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: C69185

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Plumbers Local Union #1 NYC PAC

Mailing Address 158-29 George Meany Boulevard

City

Howard Beach

State

NY

Zip Code

11414

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

C00327478

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69188

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

REALPAC

Mailing Address 801 Pennsylvania Avenue, Northwest  
STE 720

City

Washington

State

DC

Zip Code

20004

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

C00033779

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69165

Amount of Each Receipt this Period

5000.00

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

12500.00

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

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

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

FOR LINE NUMBER: PAGE 78 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Retail Wholesale & Department Store Union

Mailing Address 30 East 29th Street

City

New York

State

NY

Zip Code

10016

FEC ID number of contributing  
federal political committee.

**C**

C00174011

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69189

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Searchlight Leadership Fund

Mailing Address 607 14th Street, Northwest  
Suite 800

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

**C**

C00327395

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69164

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Sheet Metal Workers' International Association PAC

Mailing Address 1750 New York Avenue, N.W.

City

Washington

State

DC

Zip Code

20006

FEC ID number of contributing  
federal political committee.

**C**

C00007542

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69166

Amount of Each Receipt this Period

5000.00

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

15000.00

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

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

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

FOR LINE NUMBER: PAGE 79 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

The National Leadership PAC

Mailing Address Post Office Box 5577  
Manhattanville Station

City State Zip Code  
New York NY 10027

FEC ID number of contributing  
federal political committee.

**C** C00302588

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C69178

Amount of Each Receipt this Period

5000.00

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

5000.00

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

89000.00

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

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

FOR LINE NUMBER: PAGE 80 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Simon & Schuster, Inc.

Mailing Address 100 Front Street

City

Riverside

State

NJ

Zip Code

08075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1820.85

Date of Receipt

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

Transaction ID: C69348

Amount of Each Receipt this Period

1820.85

**B.**

Full Name (Last, First, Middle Initial)

State Insurance Fund

Mailing Address Post Office Box 4779

City

Syracuse

State

NY

Zip Code

13221-4788

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

108.26

Date of Receipt

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

Transaction ID: C69351

Amount of Each Receipt this Period

108.26

Tax Refund

**C.**

Full Name (Last, First, Middle Initial)

United Parcel Service

Mailing Address 1335 Northmeadow Parkway  
Suite 119

City

Roswell

State

GA

Zip Code

30076

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

172.18

Date of Receipt

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

Transaction ID: C69349

Amount of Each Receipt this Period

172.18

Shipping Refund

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

2101.29

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



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

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

FOR LINE NUMBER: PAGE 81 / 257

(check only one)

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

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NAME OF COMMITTEE (In Full)

HillPAC

**A.**

Full Name (Last, First, Middle Initial)

US Bank

Mailing Address Post Office Box 790429

City

St. Louis

State

MO

Zip Code

63179-0429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1101.42

Date of Receipt

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

Transaction ID: C69350

Amount of Each Receipt this Period

1101.42

Phone Service Refund

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

1101.42

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

3202.71

# **SCHEDULE 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 82 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address 7450 Tilghman Street Suite 107</p> <p>City Allentown State PA Zip Code 18106</p> <p>Purpose of Disbursement Payroll Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1462</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 377.47</p> <p>001 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Electronic Transaction Systems</p> <p>Mailing Address 10 Pidgeon Hill Drive</p> <p>City Sterling State VA Zip Code 20165</p> <p>Purpose of Disbursement Credit Card Process Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1439</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 503.73</p> <p>002 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) CyberSource</p> <p>Mailing Address 1295 Charleston Road</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement Credit Card Process Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1454</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 72.05</p> <p>002 Category/ Type</p>

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

953.25

**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)

PAGE 83 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Europ Assistance USA Inc</p> <p>Mailing Address 4330 East West Highway Suite 1000</p> <p>City Bethesda State MD Zip Code 20814</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1178</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="12500.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Mayfield Strategy Group</p> <p>Mailing Address 961 Ilima Way</p> <p>City Palo Alto State CA Zip Code 94306</p> <p>Purpose of Disbursement Consulting/Website</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1179</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="7500.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Mayfield Strategy Group</p> <p>Mailing Address 961 Ilima Way</p> <p>City Palo Alto State CA Zip Code 94306</p> <p>Purpose of Disbursement Consulting/Website</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1180</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>

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

**20500.00**

**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 84 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mayfield Strategy Group	<b>Transaction ID:</b> SB21B-1181 <b>Date of Disbursement</b>																				
Mailing Address 961 Ilima Way	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	0	9												
City Palo Alto State CA Zip Code 94306	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Website	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table>	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Mayfield Strategy Group	<b>Transaction ID:</b> SB21B-1182 <b>Date of Disbursement</b>																				
Mailing Address 961 Ilima Way	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	0	9												
City Palo Alto State CA Zip Code 94306	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Internet Service	<table border="1"> <tr> <td colspan="10">7639.59</td> </tr> </table>	7639.59																			
7639.59																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table>	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Mayfield Strategy Group	<b>Transaction ID:</b> SB21B-1183 <b>Date of Disbursement</b>																				
Mailing Address 961 Ilima Way	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	0	9												
City Palo Alto State CA Zip Code 94306	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement License Fee	<table border="1"> <tr> <td colspan="10">7500.00</td> </tr> </table>	7500.00																			
7500.00																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table>	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

20139.59

**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)

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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)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address Post Office Box 1270	<b>Transaction ID:</b> SB21B-1643 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 6 / 2 0 0 9</div> </div>
City State Zip Code Newark NJ 07101 Purpose of Disbursement Printing 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>Amount of Each Disbursement this Period</b> <div>5488.78</div> See Attached Memo Entry
<b>B.</b> Full Name (Last, First, Middle Initial) Simon & Schuster Mailing Address 1230 Avenue of the Americas, 1 City State Zip Code New York NY 10020 Purpose of Disbursement Printing 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>Transaction ID:</b> SB21B-1643-10000 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>5488.78</div> <b>[MEMO ITEM]</b> Memo Entry
<b>C.</b> Full Name (Last, First, Middle Initial) Comfort Inn Mailing Address 321 17th Street City State Zip Code Denver CO 80202 Purpose of Disbursement Travel 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>Transaction ID:</b> SB21B-1184 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 7 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1729.27</div>

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

**7218.05**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
HILLPAC

<b>A.</b> Full Name (Last, First, Middle Initial) US Bank Mailing Address PO Box 790408	<b>Transaction ID:</b> SB21B-1647 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 7 / 2 0 0 9</div> </div>
City State Zip Code St. Louis MO 63179-0408 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) ▼	<b>Amount of Each Disbursement this Period</b> <div>453.72</div> <b>See Attached Memo Entry</b>
<b>B.</b> Full Name (Last, First, Middle Initial) US Bank Mailing Address PO Box 1270 City State Zip Code Newark NJ 07101 Purpose of Disbursement Banking 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) ▼	<b>Transaction ID:</b> SB21B-1647-10000 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>39.00</div> <b>[MEMO ITEM]</b> Memo Entry
<b>C.</b> Full Name (Last, First, Middle Initial) US Bank Mailing Address PO Box 1270 City State Zip Code Newark NJ 07101 Purpose of Disbursement Banking 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) ▼	<b>Transaction ID:</b> SB21B-1647-20000 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 3 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>39.00</div> <b>[MEMO ITEM]</b> Memo Entry

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

453.72

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 87 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) US Bank Mailing Address PO Box 1270	<b>Transaction ID:</b> SB21B-1647-30000 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 1 / 2 0 0 8</div> </div>
City Newark State NJ Zip Code 07101 Purpose of Disbursement Banking 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) ▼	<b>Amount of Each Disbursement this Period</b> <div>206.72</div> <b>[MEMO ITEM]</b> Memo Entry
<b>B.</b> Full Name (Last, First, Middle Initial) US Bank Mailing Address PO Box 1270 City Newark State NJ Zip Code 07101 Purpose of Disbursement Banking 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) ▼	<b>Transaction ID:</b> SB21B-1647-40000 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 5 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>39.00</div> <b>[MEMO ITEM]</b> Memo Entry
<b>C.</b> Full Name (Last, First, Middle Initial) CATO Mailing Address 1800 North Kent Street, Suite City Arlington State VA Zip Code 22209 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) ▼	<b>Transaction ID:</b> SB21B-1647-50000 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 6 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>25.00</div> <b>[MEMO ITEM]</b> Memo Entry

**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)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Tzell Travel Group	<b>Transaction ID:</b> SB21B-1647-60000 <b>Date of Disbursement</b>																				
Mailing Address 40th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	7		2	0	0	8												
City New York State NY Zip Code 10018	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td>35.00</td> </tr> </table>	35.00																			
35.00																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Memo Entry																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>B.</b> Full Name (Last, First, Middle Initial) Tzell Travel Group	<b>Transaction ID:</b> SB21B-1647-70000 <b>Date of Disbursement</b>																				
Mailing Address 40th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	4		2	0	0	8												
City New York State NY Zip Code 10018	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td>35.00</td> </tr> </table>	35.00																			
35.00																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Memo Entry																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>C.</b> Full Name (Last, First, Middle Initial) Tzell Travel Group	<b>Transaction ID:</b> SB21B-1647-80000 <b>Date of Disbursement</b>																				
Mailing Address 40th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	4		2	0	0	8												
City New York State NY Zip Code 10018	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td>35.00</td> </tr> </table>	35.00																			
35.00																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Memo Entry																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

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

0.00

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



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

PAGE 89 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC**A.**Full Name (Last, First, Middle Initial)  
US Bank

Mailing Address PO Box 790408

City State Zip Code  
St. Louis MO 63179-0408Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-1648

Date of Disbursement

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

Amount of Each Disbursement this Period

10004.58

See Attached Memo Entry

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

Mailing Address 60 Massachusetts Avenue, N.E.

City State Zip Code  
Washington DC 20002Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-1648-10000

Date of Disbursement

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

Amount of Each Disbursement this Period

206.00

**[MEMO ITEM]**

Memo Entry

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

Mailing Address 60 Massachusetts Avenue, N.E.

City State Zip Code  
Washington DC 20002Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-1648-20000

Date of Disbursement

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

Amount of Each Disbursement this Period

103.00

**[MEMO ITEM]**

Memo Entry

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

10004.58

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 90 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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)  
HillPAC

**A.**

Full Name (Last, First, Middle Initial)  
Amtrak

Mailing Address 60 Massachusetts Avenue, N.E.

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B-1648-30000  
Date of Disbursement

12 / 12 / 2008

Amount of Each Disbursement this Period

103.00

**[MEMO ITEM]**  
Memo Entry

**B.**

Full Name (Last, First, Middle Initial)  
Dav El Services

Mailing Address 200 2nd Street

City Chelsea State MA Zip Code 02150

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B-1648-40000  
Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

248.64

**[MEMO ITEM]**  
Memo Entry

**C.**

Full Name (Last, First, Middle Initial)  
Dav El Services

Mailing Address 200 2nd Street

City Chelsea State MA Zip Code 02150

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B-1648-50000  
Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

312.05

**[MEMO ITEM]**  
Memo Entry

**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 91 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Dav El Services <hr/> Mailing Address    200 2nd Street	<b>Transaction ID:</b> SB21B-1648-60000 <b>Date of Disbursement</b> <div> <div>10</div> <div>31</div> <div>2008</div> </div>
<div> <div>City Chelsea</div> <div>State MA</div> <div>Zip Code 02150</div> </div> <div> <div>Purpose of Disbursement Travel</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State:                      District:</div> </div> <div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>313.80</div> <b>[MEMO ITEM]</b> Memo Entry
<b>B.</b> Full Name (Last, First, Middle Initial) Dav El Services <hr/> Mailing Address    200 2nd Street	<b>Transaction ID:</b> SB21B-1648-70000 <b>Date of Disbursement</b> <div> <div>10</div> <div>31</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>333.27</div> <b>[MEMO ITEM]</b> Memo Entry
<b>C.</b> Full Name (Last, First, Middle Initial) Dav El Services <hr/> Mailing Address    200 2nd Street	<b>Transaction ID:</b> SB21B-1648-80000 <b>Date of Disbursement</b> <div> <div>11</div> <div>06</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>404.40</div> <b>[MEMO ITEM]</b> Memo Entry

**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 92 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Dav El Services Mailing Address 200 2nd Street	<b>Transaction ID:</b> SB21B-1648-90000 <b>Date of Disbursement</b> <div> <div>11</div> <div>06</div> <div>2008</div> </div>
City Chelsea State MA Zip Code 02150 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) ▼	<b>Amount of Each Disbursement this Period</b> <div>268.11</div> <b>[MEMO ITEM]</b> Memo Entry
<b>B.</b> Full Name (Last, First, Middle Initial) Dav El Services Mailing Address 200 2nd Street City Chelsea State MA Zip Code 02150 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) ▼	<b>Transaction ID:</b> SB21B-1648-100000 <b>Date of Disbursement</b> <div> <div>11</div> <div>07</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>248.64</div> <b>[MEMO ITEM]</b> Memo Entry
<b>C.</b> Full Name (Last, First, Middle Initial) Dav El Services Mailing Address 200 2nd Street City Chelsea State MA Zip Code 02150 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) ▼	<b>Transaction ID:</b> SB21B-1648-110000 <b>Date of Disbursement</b> <div> <div>11</div> <div>07</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>248.64</div> <b>[MEMO ITEM]</b> Memo Entry

**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)  
HillPAC

**A.**

Full Name (Last, First, Middle Initial)  
Dav El Services

Mailing Address 200 2nd Street

City Chelsea State MA Zip Code 02150

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B-1648-120000  
Date of Disbursement

11 / 25 / 2008

Amount of Each Disbursement this Period

170.76

**[MEMO ITEM]**  
Memo Entry

**B.**

Full Name (Last, First, Middle Initial)  
Dav El Services

Mailing Address 200 2nd Street

City Chelsea State MA Zip Code 02150

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B-1648-130000  
Date of Disbursement

12 / 01 / 2008

Amount of Each Disbursement this Period

248.64

**[MEMO ITEM]**  
Memo Entry

**C.**

Full Name (Last, First, Middle Initial)  
Dav El Services

Mailing Address 200 2nd Street

City Chelsea State MA Zip Code 02150

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B-1648-140000  
Date of Disbursement

12 / 01 / 2008

Amount of Each Disbursement this Period

248.64

**[MEMO ITEM]**  
Memo Entry

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

0.00

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

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

PAGE 94 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC**A.**Full Name (Last, First, Middle Initial)  
Delta Airlines

Mailing Address Post Office Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement  
Travel

Candidate Name

002

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

State: District:

Transaction ID: SB21B-1648-150000  
Date of Disbursement

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

Amount of Each Disbursement this Period

1509.00

**[MEMO ITEM]**  
Memo Entry**B.**Full Name (Last, First, Middle Initial)  
Delta Airlines

Mailing Address Post Office Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement  
Travel

Candidate Name

002

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

State: District:

Transaction ID: SB21B-1648-160000  
Date of Disbursement

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

Amount of Each Disbursement this Period

1509.00

**[MEMO ITEM]**  
Memo Entry**C.**Full Name (Last, First, Middle Initial)  
Hotel Monaco

Mailing Address 15 West 200 South

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement  
Travel

Candidate Name

002

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

State: District:

Transaction ID: SB21B-1648-170000  
Date of Disbursement

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

Amount of Each Disbursement this Period

212.72

**[MEMO ITEM]**  
Memo Entry

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 95 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Hotel Monaco	<b>Transaction ID:</b> SB21B-1648-180000 <b>Date of Disbursement</b>
Mailing Address 15 West 200 South	<div> <div>10</div> <div>27</div> <div>2008</div> </div>
City Salt Lake City State UT Zip Code 84101	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel	<div>212.72</div>
Candidate Name	<div>002</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Memo Entry
<b>B.</b> Full Name (Last, First, Middle Initial) Hotel Monaco	<b>Transaction ID:</b> SB21B-1648-190000 <b>Date of Disbursement</b>
Mailing Address 15 West 200 South	<div> <div>10</div> <div>27</div> <div>2008</div> </div>
City Salt Lake City State UT Zip Code 84101	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel	<div>268.99</div>
Candidate Name	<div>002</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Memo Entry
<b>C.</b> Full Name (Last, First, Middle Initial) Hotel Monaco	<b>Transaction ID:</b> SB21B-1648-200000 <b>Date of Disbursement</b>
Mailing Address 15 West 200 South	<div> <div>10</div> <div>27</div> <div>2008</div> </div>
City Salt Lake City State UT Zip Code 84101	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel	<div>212.72</div>
Candidate Name	<div>002</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Memo Entry

**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)  
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Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 96 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) JetBlue	<b>Transaction ID:</b> SB21B-1648-210000 <b>Date of Disbursement</b>																				
Mailing Address 11829 Queen's Boulevard	<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>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	7		2	0	0	8												
City Flushing State NY Zip Code 11375	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td colspan="10">149.50</td> </tr> </table>	149.50																			
149.50																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Memo Entry																				
<b>B.</b> Full Name (Last, First, Middle Initial) Professional Livery	<b>Transaction ID:</b> SB21B-1648-220000 <b>Date of Disbursement</b>																				
Mailing Address 521-D Progress Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	4		2	0	0	8												
City Linthicum State MD Zip Code 21090	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td colspan="10">293.34</td> </tr> </table>	293.34																			
293.34																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Memo Entry																				
<b>C.</b> Full Name (Last, First, Middle Initial) Southwest Airlines	<b>Transaction ID:</b> SB21B-1648-230000 <b>Date of Disbursement</b>																				
Mailing Address Post Office 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>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	2		2	0	0	8												
City Dallas State TX Zip Code 75235-1647	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td colspan="10">385.00</td> </tr> </table>	385.00																			
385.00																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Memo Entry																				

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)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Southwest Airlines Mailing Address Post Office Box 36647 - 1CR	<b>Transaction ID:</b> SB21B-1648-240000 <b>Date of Disbursement</b> <div> <div>10</div> <div>23</div> <div>2008</div> </div>
City Dallas State TX Zip Code 75235-1647 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) ▼	<b>Amount of Each Disbursement this Period</b> <div>404.00</div> <b>[MEMO ITEM]</b> Memo Entry
<b>B.</b> Full Name (Last, First, Middle Initial) Southwest Airlines Mailing Address Post Office Box 36647 - 1CR City Dallas State TX Zip Code 75235-1647 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) ▼	<b>Transaction ID:</b> SB21B-1648-250000 <b>Date of Disbursement</b> <div> <div>10</div> <div>24</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>399.50</div> <b>[MEMO ITEM]</b> Memo Entry
<b>C.</b> Full Name (Last, First, Middle Initial) United Airlines Mailing Address Post Office Box 66100 City Chicago State IL Zip Code 60666 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) ▼	<b>Transaction ID:</b> SB21B-1648-260000 <b>Date of Disbursement</b> <div> <div>10</div> <div>27</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>651.00</div> <b>[MEMO ITEM]</b> Memo Entry

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

0.00

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

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

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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)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) US Airways	<b>Transaction ID:</b> SB21B-1648-270000 <b>Date of Disbursement</b>																				
Mailing Address 111 West Rio Salado Parkway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	6		2	0	0	8												
City Tempe State AZ Zip Code 85281	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td>339.50</td> </tr> </table>	339.50																			
339.50																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) US Bank	<b>Transaction ID:</b> SB21B-1649 <b>Date of Disbursement</b>																				
Mailing Address PO Box 790408	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	7		2	0	0	9												
City St. Louis State MO Zip Code 63179-0408	Amount of Each Disbursement this Period																				
Purpose of Disbursement Telephone Service	<table border="1"> <tr> <td>1152.58</td> </tr> </table>	1152.58																			
1152.58																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Verizon Wireless	<b>Transaction ID:</b> SB21B-1649-10000 <b>Date of Disbursement</b>																				
Mailing Address PO Box 25505	<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>1</td><td>2</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	5		2	0	0	8												
City Lehigh Valley State PA Zip Code 18002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Telephone Service	<table border="1"> <tr> <td>1152.58</td> </tr> </table>	1152.58																			
1152.58																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

1152.58

TOTAL This Period (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 99 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

**A.**

Full Name (Last, First, Middle Initial)  
US Bank

Mailing Address PO Box 790408

City State Zip Code  
St. Louis MO 63179-0408

Purpose of Disbursement  
Printing

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B-1650

Date of Disbursement

01 / 07 / 2009

Amount of Each Disbursement this Period

9.39

See Attached Memo Entry

**B.**

Full Name (Last, First, Middle Initial)  
Fedex Kinko's

Mailing Address 4501 Fairfax Drive

City State Zip Code  
Arlington VA 22203

Purpose of Disbursement  
Printing

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B-1650-10000

Date of Disbursement

11 / 03 / 2008

Amount of Each Disbursement this Period

9.39

**[MEMO ITEM]**

Memo Entry

**C.**

Full Name (Last, First, Middle Initial)  
US Bank

Mailing Address PO Box 790408

City State Zip Code  
St. Louis MO 63179-0408

Purpose of Disbursement  
Event Expense: Catering/Venue

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B-1651

Date of Disbursement

01 / 07 / 2009

Amount of Each Disbursement this Period

2592.89

See Attached Memo Entry

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

2602.28

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 100 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) McCormick Fish House	<b>Transaction ID:</b> SB21B-1651-10000 <b>Date of Disbursement</b>																				
Mailing Address 1659 Wazee Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	3		2	0	0	8												
City Denver State CO Zip Code 80202	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Event Expense: Catering/Venue Candidate Name	<table border="1"> <tr> <td colspan="10">400.00</td> </tr> </table>	400.00																			
400.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Memo Entry																				
<b>B.</b> Full Name (Last, First, Middle Initial) McCormick Fish House	<b>Transaction ID:</b> SB21B-1651-20000 <b>Date of Disbursement</b>																				
Mailing Address 1659 Wazee Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	7		2	0	0	8												
City Denver State CO Zip Code 80202	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Event Expense: Catering/Venue Candidate Name	<table border="1"> <tr> <td colspan="10">2063.25</td> </tr> </table>	2063.25																			
2063.25																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Memo Entry																				
<b>C.</b> Full Name (Last, First, Middle Initial) McCormick Fish House	<b>Transaction ID:</b> SB21B-1651-30000 <b>Date of Disbursement</b>																				
Mailing Address 1659 Wazee Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	7		2	0	0	8												
City Denver State CO Zip Code 80202	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Event Expense: Catering/Venue Candidate Name	<table border="1"> <tr> <td colspan="10">129.64</td> </tr> </table>	129.64																			
129.64																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Memo Entry																				

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

0.00

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

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

PAGE 101 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC**A.**Full Name (Last, First, Middle Initial)  
US Bank

Mailing Address PO Box 790408

City State Zip Code  
St. Louis MO 63179-0408Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-1652

Date of Disbursement

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

Amount of Each Disbursement this Period

1285.11

See Attached Memo Entry

**B.**Full Name (Last, First, Middle Initial)  
Four Seasons

Mailing Address 1300 Lamar Street

City State Zip Code  
Houston TX 77010Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-1652-10000

Date of Disbursement

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

Amount of Each Disbursement this Period

351.00

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

Mailing Address 480 Wakara Way

City State Zip Code  
Salt Lake City UT 84108Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-1652-20000

Date of Disbursement

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

Amount of Each Disbursement this Period

100.28

**[MEMO ITEM]**  
Memo Entry

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

1285.11

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)

PAGE 102 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) The Tudor Hotel New York	<b>Transaction ID:</b> SB21B-1652-30000 <b>Date of Disbursement</b>
Mailing Address 304 East 42nd Street	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 7 / 2 0 0 8</div> </div>
City New York State NY Zip Code 10017	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel	<div>833.83</div>
Candidate Name	<div>002</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Memo Entry
<b>B.</b> Full Name (Last, First, Middle Initial) US Bank	<b>Transaction ID:</b> SB21B-1653 <b>Date of Disbursement</b>
Mailing Address PO Box 790408	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 7 / 2 0 0 9</div> </div>
City St. Louis State MO Zip Code 63179-0408	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Office Maintenance	<div>782.15</div>
Candidate Name	<div>001</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	See Attached Memo Entry
<b>C.</b> Full Name (Last, First, Middle Initial) Atlantic Electric Supply	<b>Transaction ID:</b> SB21B-1653-10000 <b>Date of Disbursement</b>
Mailing Address 3726 10th Street, NE	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 0 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20017	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Office Maintenance	<div>66.54</div>
Candidate Name	<div>001</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Memo Entry

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

782.15

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 103 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Combustioneer	<b>Transaction ID:</b> SB21B-1653-20000 <b>Date of Disbursement</b>
Mailing Address 643 Lofstrand Lane	<div> <div>11</div> <div>17</div> <div>2008</div> </div>
City State Zip Code Rockville MD 20850	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Office Maintenance	<div>715.61</div>
Candidate Name	<div>001</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Memo Entry
<b>B.</b> Full Name (Last, First, Middle Initial) US Bank	<b>Transaction ID:</b> SB21B-1654 <b>Date of Disbursement</b>
Mailing Address PO Box 790408	<div> <div>01</div> <div>07</div> <div>2009</div> </div>
City State Zip Code St. Louis MO 63179-0408	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel	<div>30.00</div>
Candidate Name	<div>002</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	See Attached Memo Entry
<b>C.</b> Full Name (Last, First, Middle Initial) Washington Metropolitan Area T	<b>Transaction ID:</b> SB21B-1654-10000 <b>Date of Disbursement</b>
Mailing Address 600 5th Street, N.W.	<div> <div>11</div> <div>10</div> <div>2008</div> </div>
City State Zip Code Washington DC 20001	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel	<div>30.00</div>
Candidate Name	<div>002</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Memo Entry

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

30.00

**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 104 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) US Bank Mailing Address PO Box 790408	<b>Transaction ID:</b> SB21B-1655 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 7 / 2 0 0 9</div> </div>
City State Zip Code St. Louis MO 63179-0408 Purpose of Disbursement Office Improvements 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>Amount of Each Disbursement this Period</b> <div>445.22</div> <b>See Attached Memo Entry</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Amazon Mailing Address P.O. Box 81226 City State Zip Code Seattle WA 98108-1226 Purpose of Disbursement Office Improvements 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>Transaction ID:</b> SB21B-1655-10000 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 9 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>77.15</div> <b>[MEMO ITEM]</b> Memo Entry
<b>C.</b> Full Name (Last, First, Middle Initial) Suburban Safe & Lock Mailing Address 9571 Braddock Road City State Zip Code Fairfax VA 22032 Purpose of Disbursement Office Improvements 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>Transaction ID:</b> SB21B-1655-20000 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 3 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>368.07</div> <b>[MEMO ITEM]</b> Memo Entry

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

445.22

**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 105 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) US Bank</p> <p>Mailing Address PO Box 790408</p> <p>City St. Louis State MO Zip Code 63179-0408</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1656</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1.00"/></p> <p>See Attached Memo Entry</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) United State Postal Service</p> <p>Mailing Address 2043 Wilson Boulevard</p> <p>City Arlington State VA Zip Code 22201</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1656-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1.00"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) US Bank</p> <p>Mailing Address PO Box 790408</p> <p>City St. Louis State MO Zip Code 63179-0408</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1657</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="105.37"/></p> <p>See Attached Memo Entry</p>

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

**106.37**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 106 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) ESupplyStore.com	<b>Transaction ID:</b> SB21B-1657-10000 <b>Date of Disbursement</b>																				
Mailing Address 13630 Industrial Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	0		2	0	0	8												
City Omaha State NE Zip Code 68137	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Office Supplies	<table border="1"> <tr> <td>63.39</td> </tr> </table>	63.39																			
63.39																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Memo Entry																				
<b>B.</b> Full Name (Last, First, Middle Initial) Staples	<b>Transaction ID:</b> SB21B-1657-20000 <b>Date of Disbursement</b>																				
Mailing Address 3804 Wilson Boulevard	<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>1</td><td>1</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	3		2	0	0	8												
City Arlington State VA Zip Code 22203	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Office Supplies	<table border="1"> <tr> <td>41.98</td> </tr> </table>	41.98																			
41.98																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Memo Entry																				
<b>C.</b> Full Name (Last, First, Middle Initial) US Bank	<b>Transaction ID:</b> SB21B-1658 <b>Date of Disbursement</b>																				
Mailing Address PO Box 790408	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	7		2	0	0	9												
City St. Louis State MO Zip Code 63179-0408	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Subscription	<table border="1"> <tr> <td>2215.11</td> </tr> </table>	2215.11																			
2215.11																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	See Attached Memo Entry																				

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

2215.11

**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)

PAGE 107 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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)  
HillPAC

**A.**

Full Name (Last, First, Middle Initial)  
National Journal Group

Mailing Address 600 New Hampshire Avenue, NW

City Washington State DC Zip Code 20037

Purpose of Disbursement  
Subscription

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B-1658-10000  
Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

2215.11

**[MEMO ITEM]**  
Memo Entry

**B.**

Full Name (Last, First, Middle Initial)  
US Bank

Mailing Address PO Box 790408

City St. Louis State MO Zip Code 63179-0408

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B-1659  
Date of Disbursement

01 / 07 / 2009

Amount of Each Disbursement this Period

72.44

See Attached Memo Entry

**C.**

Full Name (Last, First, Middle Initial)  
Hotel Monaco

Mailing Address 15 West 200 South

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B-1659-10000  
Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

72.44

**[MEMO ITEM]**  
Memo Entry

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

72.44

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 108 / 257

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

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NAME OF COMMITTEE (In Full)  
HILLPAC

<b>A.</b> Full Name (Last, First, Middle Initial) US Bank Mailing Address PO Box 790408	<b>Transaction ID:</b> SB21B-1660 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 7 / 2 0 0 9</div> </div>
City State Zip Code St. Louis MO 63179-0408 Purpose of Disbursement Subscription Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>45.80</div> See Attached Memo Entry
<b>B.</b> Full Name (Last, First, Middle Initial) Tivo Inc. Mailing Address 2160 Gold Street City State Zip Code Alviso CA 95002 Purpose of Disbursement Subscription Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Transaction ID:</b> SB21B-1660-10000 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 8 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>12.95</div> <b>[MEMO ITEM]</b> Memo Entry
<b>C.</b> Full Name (Last, First, Middle Initial) Tivo Inc. Mailing Address 2160 Gold Street City State Zip Code Alviso CA 95002 Purpose of Disbursement Subscription Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Transaction ID:</b> SB21B-1660-20000 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 2 4 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>9.95</div> <b>[MEMO ITEM]</b> Memo Entry

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

45.80

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 109 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Tivo Inc.	<b>Transaction ID:</b> SB21B-1660-30000 <b>Date of Disbursement</b>																				
Mailing Address 2160 Gold Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	8		2	0	0	8												
City State Zip Code Alviso CA 95002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Subscription Candidate Name	<table border="1"> <tr> <td colspan="10">12.95</td> </tr> </table>	12.95																			
12.95																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Memo Entry																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>B.</b> Full Name (Last, First, Middle Initial) Tivo Inc.	<b>Transaction ID:</b> SB21B-1660-40000 <b>Date of Disbursement</b>																				
Mailing Address 2160 Gold Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	3		2	0	0	8												
City State Zip Code Alviso CA 95002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Subscription Candidate Name	<table border="1"> <tr> <td colspan="10">9.95</td> </tr> </table>	9.95																			
9.95																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Memo Entry																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>C.</b> Full Name (Last, First, Middle Initial) US Bank	<b>Transaction ID:</b> SB21B-1661 <b>Date of Disbursement</b>																				
Mailing Address PO Box 790408	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	7		2	0	0	9												
City State Zip Code St. Louis MO 63179-0408	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Travel Candidate Name	<table border="1"> <tr> <td colspan="10">532.77</td> </tr> </table>	532.77																			
532.77																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	See Attached Memo Entry																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

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

532.77

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 110 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Avis Rent A Car	<b>Transaction ID:</b> SB21B-1661-10000 <b>Date of Disbursement</b>																				
Mailing Address 6 Sylvan Way	<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>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	7		2	0	0	8												
City Parsippany State NJ Zip Code 07054	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td>67.87</td> </tr> </table>	67.87																			
67.87																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Memo Entry																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>B.</b> Full Name (Last, First, Middle Initial) Avis Rent A Car	<b>Transaction ID:</b> SB21B-1661-20000 <b>Date of Disbursement</b>																				
Mailing Address 6 Sylvan Way	<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>1</td><td>1</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	3		2	0	0	8												
City Parsippany State NJ Zip Code 07054	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td>164.38</td> </tr> </table>	164.38																			
164.38																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Memo Entry																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>C.</b> Full Name (Last, First, Middle Initial) Budget Rent-a-Truck	<b>Transaction ID:</b> SB21B-1661-30000 <b>Date of Disbursement</b>																				
Mailing Address 5201 Wilson Blvd	<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>1</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	5		2	0	0	8												
City Arlington State VA Zip Code 22206	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td>300.52</td> </tr> </table>	300.52																			
300.52																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Memo Entry																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

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

0.00

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

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

PAGE 111 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC**A.**Full Name (Last, First, Middle Initial)  
US Bank

Mailing Address PO Box 790408

City State Zip Code  
St. Louis MO 63179-0408Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-1662

Date of Disbursement

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

Amount of Each Disbursement this Period

150.00

See Attached Memo Entry

**B.**Full Name (Last, First, Middle Initial)  
Four Seasons

Mailing Address 1300 Lamar Street

City State Zip Code  
Houston TX 77010Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-1662-10000

Date of Disbursement

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

Amount of Each Disbursement this Period

150.00

**[MEMO ITEM]**

Memo Entry

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

Mailing Address PO Box 6463

City State Zip Code  
Carol Stream IL 60197-6463Purpose of Disbursement  
Telephone Service

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-1185

Date of Disbursement

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

Amount of Each Disbursement this Period

7221.73

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

7371.73

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 112 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

**A.** Full Name (Last, First, Middle Initial)  
Cafritz Company/1825 K Street Parking

Mailing Address 1875 Eye Street, NW  
Suite 250

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID:** SB21B-1186

Date of Disbursement

01 / 12 / 2009

Amount of Each Disbursement this Period

440.61

**B.** Full Name (Last, First, Middle Initial)  
Ricoh Americas Corporation

Mailing Address Post Office Box 4245

City Carol Stream State IL Zip Code 60197-4245

Purpose of Disbursement  
Equipment

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID:** SB21B-1187

Date of Disbursement

01 / 12 / 2009

Amount of Each Disbursement this Period

383.37

**C.** Full Name (Last, First, Middle Initial)  
Verizon Wireless

Mailing Address Post Office Box 25505

City Lehigh Valley State PA Zip Code 18002-5505

Purpose of Disbursement  
Telephone Service

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID:** SB21B-1188

Date of Disbursement

01 / 12 / 2009

Amount of Each Disbursement this Period

1023.57

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

1847.55

**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)

PAGE 113 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon	<b>Transaction ID:</b> SB21B-1189 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 15124	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	2		2	0	0	9												
City Albany State NY Zip Code 12212-5124	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Telephone Service Candidate Name	<table border="1"> <tr> <td colspan="10">709.94</td> </tr> </table>	709.94																			
709.94																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Verizon Wireless	<b>Transaction ID:</b> SB21B-1190 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 15062	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	2		2	0	0	9												
City Albany State NY Zip Code 12212-5062	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Telephone Service Candidate Name	<table border="1"> <tr> <td colspan="10">346.19</td> </tr> </table>	346.19																			
346.19																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) American Express	<b>Transaction ID:</b> SB21B-1453 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 1270	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	2		2	0	0	9												
City Newark State NJ Zip Code 07101	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Credit Card Process Fee Candidate Name	<table border="1"> <tr> <td colspan="10">134.57</td> </tr> </table>	134.57																			
134.57																					
Office Sought: <input type="checkbox"/> House <input 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) .....

1190.70

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 114 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Skadden Arps	<b>Transaction ID:</b> SB21B-1196 <b>Date of Disbursement</b>																				
Mailing Address 4 Times Square	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	0	9												
City New York State NY Zip Code 10036	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Event Expense: Catering/Venue Candidate Name	<table border="1"> <tr> <td colspan="10">1469.57</td> </tr> </table>	1469.57																			
1469.57																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Verizon	<b>Transaction ID:</b> SB21B-1197 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 1100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	0	9												
City Albany State NY Zip Code 12250-0001	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Telephone Service Candidate Name	<table border="1"> <tr> <td colspan="10">117.59</td> </tr> </table>	117.59																			
117.59																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Internal Revenue Service	<b>Transaction ID:</b> SB21B-1482 <b>Date of Disbursement</b>																				
Mailing Address Service Center	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City Ogden State UT Zip Code 84201	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Taxes Candidate Name	<table border="1"> <tr> <td colspan="10">11196.61</td> </tr> </table>	11196.61																			
11196.61																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

12783.77

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 115 / 257

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

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NAME OF COMMITTEE (In Full)  
HILLPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Internal Revenue Service	<b>Transaction ID:</b> SB21B-1488 <b>Date of Disbursement</b>																				
Mailing Address      Service Center	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City      State      Zip Code Ogden      UT      84201	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Taxes	<table border="1"> <tr> <td colspan="10">10968.92</td> </tr> </table>	10968.92																			
10968.92																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Internal Revenue Service	<b>Transaction ID:</b> SB21B-1476 <b>Date of Disbursement</b>																				
Mailing Address      Service Center	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City      State      Zip Code Ogden      UT      84201	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Taxes	<table border="1"> <tr> <td colspan="10">573.53</td> </tr> </table>	573.53																			
573.53																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) DC Office Of Tax and Revenue	<b>Transaction ID:</b> SB21B-1506 <b>Date of Disbursement</b>																				
Mailing Address      Post Office Box 7792 Ben Franklin Station	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City      State      Zip Code Washington      DC      20044	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Taxes	<table border="1"> <tr> <td colspan="10">2165.70</td> </tr> </table>	2165.70																			
2165.70																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

**13708.15**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 116 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

**A.**

Full Name (Last, First, Middle Initial)  
Comptroller of MD - WH Tax

Mailing Address Post Office Box 37272

City Baltimore State MD Zip Code 21297-3272

Purpose of Disbursement  
Taxes

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B-1470

Date of Disbursement

01 / 15 / 2009

Amount of Each Disbursement this Period

650.24

**B.**

Full Name (Last, First, Middle Initial)  
New York State Employment

Mailing Address Post Office Box 4119

City Binghamton State NY Zip Code 13902

Purpose of Disbursement  
Taxes

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B-1496

Date of Disbursement

01 / 15 / 2009

Amount of Each Disbursement this Period

546.95

**C.**

Full Name (Last, First, Middle Initial)  
Virginia Dept of Taxation

Mailing Address Post Office Box 177

City Richmond State VA Zip Code 23218

Purpose of Disbursement  
Taxes

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B-1500

Date of Disbursement

01 / 15 / 2009

Amount of Each Disbursement this Period

543.00

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

1740.19

**TOTAL** This Period (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 117 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) New York State Employment	<b>Transaction ID:</b> SB21B-1498 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 4119	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City Binghamton State NY Zip Code 13902	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Taxes	<table border="1"> <tr> <td colspan="10">153.00</td> </tr> </table>	153.00																			
153.00																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) New York State Employment	<b>Transaction ID:</b> SB21B-1494 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 4119	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City Binghamton State NY Zip Code 13902	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Taxes	<table border="1"> <tr> <td colspan="10">277.59</td> </tr> </table>	277.59																			
277.59																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Bank of America	<b>Transaction ID:</b> SB21B-1465 <b>Date of Disbursement</b>																				
Mailing Address 730 15th Street, N.W.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City Washington State DC Zip Code 20005	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Banking Fee	<table border="1"> <tr> <td colspan="10">291.54</td> </tr> </table>	291.54																			
291.54																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

**722.13**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 118 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Jon Lovett	<b>Transaction ID:</b> SB21B-1540 <b>Date of Disbursement</b>																				
Mailing Address 1743 18th Street NW Basement	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City Washington State DC Zip Code 20009	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">192.39</td> </tr> </table>	192.39																			
192.39																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Lindsey Katherine Jack	<b>Transaction ID:</b> SB21B-1541 <b>Date of Disbursement</b>																				
Mailing Address 2601 Woodley Place, N.W. Apartment 915	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City Washington State DC Zip Code 20008	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">261.00</td> </tr> </table>	261.00																			
261.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Emily Aden	<b>Transaction ID:</b> SB21B-1542 <b>Date of Disbursement</b>																				
Mailing Address 1101 New Hampshire Avenue, NW Apartment 311	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City Washington State DC Zip Code 20037	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">291.60</td> </tr> </table>	291.60																			
291.60																					
Office Sought: <input type="checkbox"/> House <input 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) .....

**744.99**

**TOTAL** This Period (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 119 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Tamera Luzzatto	<b>Transaction ID:</b> SB21B-1543 <b>Date of Disbursement</b>																				
Mailing Address 3014 32nd Street, N.W.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City Washington State DC Zip Code 20008	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">542.23</td> </tr> </table>	542.23																			
542.23																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Philippe Reines	<b>Transaction ID:</b> SB21B-1544 <b>Date of Disbursement</b>																				
Mailing Address 1545 18th Street, N.W. Apartment 822	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City Washington State DC Zip Code 20036	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">613.07</td> </tr> </table>	613.07																			
613.07																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Ann Lewis	<b>Transaction ID:</b> SB21B-1545 <b>Date of Disbursement</b>																				
Mailing Address 4550 North Park Avenue #708	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City Chevy Chase State MD Zip Code 20815	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">623.76</td> </tr> </table>	623.76																			
623.76																					
Office Sought: <input type="checkbox"/> House <input 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) .....

1779.06

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 120 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Nalinee Darmrong	<b>Transaction ID:</b> SB21B-1546 <b>Date of Disbursement</b>																				
Mailing Address 5511 Blair Road, NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City Washington State DC Zip Code 20011	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">670.53</td> </tr> </table>	670.53																			
670.53																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Kelly Mehlenbacher	<b>Transaction ID:</b> SB21B-1547 <b>Date of Disbursement</b>																				
Mailing Address 902 South Quincy Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City Arlington State VA Zip Code 22204	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">777.81</td> </tr> </table>	777.81																			
777.81																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) John Osterholt	<b>Transaction ID:</b> SB21B-1548 <b>Date of Disbursement</b>																				
Mailing Address 4740 Sarazen Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City Hollywood State FL Zip Code 33021	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">818.29</td> </tr> </table>	818.29																			
818.29																					
Office Sought: <input type="checkbox"/> House <input 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) .....

**2266.63**

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 121 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

**A.**

Full Name (Last, First, Middle Initial)  
Kate Sokolov

Mailing Address 2000 N Street NW  
Apartment 806

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B-1549

Date of Disbursement

01 / 15 / 2009

Amount of Each Disbursement this Period

984.92

**B.**

Full Name (Last, First, Middle Initial)  
Donna Camellia Meehan

Mailing Address 1682 North Quinn Street

City Arlington State VA Zip Code 22209

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B-1550

Date of Disbursement

01 / 15 / 2009

Amount of Each Disbursement this Period

1038.23

**C.**

Full Name (Last, First, Middle Initial)  
Stephanie Gent

Mailing Address 2000 N Street NW  
Apartment 801

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B-1551

Date of Disbursement

01 / 15 / 2009

Amount of Each Disbursement this Period

1050.66

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

3073.81

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 122 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

**A.**

Full Name (Last, First, Middle Initial)  
Kathryn Balcerzak

Mailing Address 7303 Meadow Wood Way

City State Zip Code  
Clarksville MD 21029

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B-1552

Date of Disbursement

01 / 15 / 2009

Amount of Each Disbursement this Period

1114.95

**B.**

Full Name (Last, First, Middle Initial)  
Abigail Eve Sugrue

Mailing Address 2929 Marshall Street

City State Zip Code  
Falls Church VA 22042

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B-1553

Date of Disbursement

01 / 15 / 2009

Amount of Each Disbursement this Period

1220.75

**C.**

Full Name (Last, First, Middle Initial)  
Huma Abedin

Mailing Address 2020 12th Street, N.W.  
Number 709

City State Zip Code  
Washington DC 20009

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B-1554

Date of Disbursement

01 / 15 / 2009

Amount of Each Disbursement this Period

1385.04

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

3720.74

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

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

NAME OF COMMITTEE (In Full)  
HillPAC

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 124 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Timothy Green	<b>Transaction ID:</b> SB21B-1558 <b>Date of Disbursement</b>																				
Mailing Address 1315 North Van Dorn Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City Alexandria State VA Zip Code 22304	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">1874.62</td> </tr> </table>	1874.62																			
1874.62																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Ali Rubin	<b>Transaction ID:</b> SB21B-1559 <b>Date of Disbursement</b>																				
Mailing Address 1515 O Street NW Apartment 305	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City Washington State DC Zip Code 20005	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">1968.86</td> </tr> </table>	1968.86																			
1968.86																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Dennis Cheng	<b>Transaction ID:</b> SB21B-1560 <b>Date of Disbursement</b>																				
Mailing Address 4 West 21st Street Apartment 7-A	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City New York State NY Zip Code 10010	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">2042.82</td> </tr> </table>	2042.82																			
2042.82																					
Office Sought: <input type="checkbox"/> House <input 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) .....

**5886.30**

**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)

PAGE 125 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Kathleen Dowd</p> <p>Mailing Address 1718 P Street NW Apartment 511</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1561  <b>Date of Disbursement</b>  <div>01 / 15 / 2009</div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>2168.13</div></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Allison Wright</p> <p>Mailing Address 6208 32nd Place, NW</p> <p>City Washington State DC Zip Code 20015</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1562  <b>Date of Disbursement</b>  <div>01 / 15 / 2009</div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>2659.06</div></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Caroline Adler</p> <p>Mailing Address 1021 North Garfield Street Apartment 444</p> <p>City Arlington State VA Zip Code 22201</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1563  <b>Date of Disbursement</b>  <div>01 / 15 / 2009</div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>2858.33</div></p>

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

**7685.52**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 126 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Capricia Marshall	<b>Transaction ID:</b> SB21B-1564 <b>Date of Disbursement</b>																				
Mailing Address 4703 Windom Place, N.W.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City Washington State DC Zip Code 20016	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">2993.94</td> </tr> </table>	2993.94																			
2993.94																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Karen Persichili, Keogh	<b>Transaction ID:</b> SB21B-1565 <b>Date of Disbursement</b>																				
Mailing Address 1630 11th Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City Brooklyn State NY Zip Code 11215	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">3202.60</td> </tr> </table>	3202.60																			
3202.60																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Katherine Corley Kenna	<b>Transaction ID:</b> SB21B-1566 <b>Date of Disbursement</b>																				
Mailing Address 912 F Street, NW Apartment 701	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City Washington State DC Zip Code 20004	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">3321.48</td> </tr> </table>	3321.48																			
3321.48																					
Office Sought: <input type="checkbox"/> House <input 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) .....

**9518.02**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 127 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Laura Pena Mailing Address 125 Old Alice Road	<b>Transaction ID:</b> SB21B-1567 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div>
City State Zip Code Brownsville TX 78552 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>3517.44</div> <div>001</div> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Maura Pally Mailing Address 1757 Q Street, N.W. Apartment F City State Zip Code Washington DC 20009 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-1568 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>3628.27</div> <div>001</div> Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Shelly Moskwa Mailing Address 120 Grafton Street City State Zip Code Chevy Chase MD 20815 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-1569 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 5 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>4153.64</div> <div>001</div> Category/ Type

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

**11299.35**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HillPAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address 7450 Tilghman Street Suite 107</p> <p>City Allentown State PA Zip Code 18106</p> <p>Purpose of Disbursement Payroll Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1463</p> <p>Date of Disbursement 01 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 824.37</p> <p>001 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Hillary Clinton for President</p> <p>Mailing Address 1825 K Street, N.W. Suite 1000</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement List Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1364</p> <p>Date of Disbursement 01 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 822492.35</p> <p>001 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Auburn Quad, Inc.</p> <p>Mailing Address P.O. Box 390728</p> <p>City Cambridge State MA Zip Code 02139</p> <p>Purpose of Disbursement Credit Card Process Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1362</p> <p>Date of Disbursement 01 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 0.10</p> <p>001 Category/ Type</p>

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

823316.82

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HillPAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) LDI/Color Toolbox</p> <p>Mailing Address 50 Jericho Quadrangle</p> <p>City Jericho State NY Zip Code 11753</p> <p>Purpose of Disbursement Equipment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1199</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1087.50"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Auburn Quad, Inc.</p> <p>Mailing Address P.O. Box 390728</p> <p>City Cambridge State MA Zip Code 02139</p> <p>Purpose of Disbursement Credit Card Process Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1361</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="10.87"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) US Bank</p> <p>Mailing Address PO Box 790408</p> <p>City St. Louis State MO Zip Code 63179-0408</p> <p>Purpose of Disbursement Finance Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1644</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="392.36"/></p> <p>See Attached Memo Entry</p>

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

**1490.73**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 130 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) US Bank	<b>Transaction ID:</b> SB21B-1644-10000 <b>Date of Disbursement</b>																				
Mailing Address PO Box 790408	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	0	9												
City St. Louis State MO Zip Code 63179	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Finance Charge	<table border="1"> <tr> <td colspan="10">392.36</td> </tr> </table>	392.36																			
392.36																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Memo Entry																				
<b>B.</b> Full Name (Last, First, Middle Initial) US Bank	<b>Transaction ID:</b> SB21B-1645 <b>Date of Disbursement</b>																				
Mailing Address PO Box 790408	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	0	9												
City St. Louis State MO Zip Code 63179-0408	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Office Maintenance	<table border="1"> <tr> <td colspan="10">1350.00</td> </tr> </table>	1350.00																			
1350.00																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	See Attached Memo Entry																				
<b>C.</b> Full Name (Last, First, Middle Initial) Combustioneer Corp.	<b>Transaction ID:</b> SB21B-1645-10000 <b>Date of Disbursement</b>																				
Mailing Address 643 Lofstrand Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	2		2	0	0	9												
City Rockville State MD Zip Code 20850	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Office Maintenance	<table border="1"> <tr> <td colspan="10">1350.00</td> </tr> </table>	1350.00																			
1350.00																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Memo Entry																				

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

1350.00

**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 131 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

**A.**

Full Name (Last, First, Middle Initial)  
US Bank

Mailing Address PO Box 790408

City State Zip Code  
St. Louis MO 63179-0408

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

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

Transaction ID: SB21B-1646  
Date of Disbursement

01 / 26 / 2009

Amount of Each Disbursement this Period

12.00

See Attached Memo Entry

**B.**

Full Name (Last, First, Middle Initial)  
Washington Metropolitan Area T

Mailing Address 600 5th Street, N.W.

City State Zip Code  
Washington DC 20001

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

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

Transaction ID: SB21B-1646-10000  
Date of Disbursement

01 / 09 / 2009

Amount of Each Disbursement this Period

12.00

[MEMO ITEM]  
Memo Entry

**C.**

Full Name (Last, First, Middle Initial)  
CIT Technology Fin Serv, Inc.

Mailing Address Post Office Box 33076

City State Zip Code  
Newark NJ 07188-0076

Purpose of Disbursement  
Equipment

Candidate Name

001  
Category/  
Type

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

Transaction ID: SB21B-1241  
Date of Disbursement

01 / 27 / 2009

Amount of Each Disbursement this Period

443.20

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

455.20

**TOTAL** This Period (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 132 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ricoh's America's Corp.	<b>Transaction ID:</b> SB21B-1242 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 41602	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	7		2	0	0	9												
City Philadelphia State PA Zip Code 19101-1602	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Equipment Candidate Name	<table border="1"> <tr> <td colspan="10">368.55</td> </tr> </table>	368.55																			
368.55																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) United Parcel Service	<b>Transaction ID:</b> SB21B-1243 <b>Date of Disbursement</b>																				
Mailing Address PO Box 7247-0244	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	7		2	0	0	9												
City Philadelphia State PA Zip Code 19170-0001	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Shipping Candidate Name	<table border="1"> <tr> <td colspan="10">226.58</td> </tr> </table>	226.58																			
226.58																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) United Parcel Service	<b>Transaction ID:</b> SB21B-1244 <b>Date of Disbursement</b>																				
Mailing Address PO Box 7247-0244	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	7		2	0	0	9												
City Philadelphia State PA Zip Code 19170-0001	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Shipping Candidate Name	<table border="1"> <tr> <td colspan="10">78.46</td> </tr> </table>	78.46																			
78.46																					
Office Sought: <input type="checkbox"/> House <input 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) .....

**673.59**

**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)

PAGE 133 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) United Parcel Service Mailing Address PO Box 7247-0244	<b>Transaction ID:</b> SB21B-1245 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 7 / 2 0 0 9</div> </div>
City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>43.26</div> <div>001</div> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) United Business Technologies Mailing Address 9218 Gaither Road City Gaithersburg State MD Zip Code 20877 Purpose of Disbursement Equipment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-1246 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 7 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>268.08</div> <div>001</div> Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) United Business Technologies Mailing Address 9218 Gaither Road City Gaithersburg State MD Zip Code 20877 Purpose of Disbursement Equipment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-1247 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 7 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>596.32</div> <div>001</div> Category/ Type

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

**907.66**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 134 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mayfield Strategy Group	<b>Transaction ID:</b> SB21B-1248 <b>Date of Disbursement</b>																				
Mailing Address 961 Ilima Way	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	7		2	0	0	9												
City Palo Alto State CA Zip Code 94306	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Consulting/Website Candidate Name	<table border="1"> <tr> <td colspan="10">7500.00</td> </tr> </table>	7500.00																			
7500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Mayfield Strategy Group	<b>Transaction ID:</b> SB21B-1249 <b>Date of Disbursement</b>																				
Mailing Address 961 Ilima Way	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	7		2	0	0	9												
City Palo Alto State CA Zip Code 94306	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Consulting/Website Candidate Name	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Mayfield Strategy Group	<b>Transaction ID:</b> SB21B-1250 <b>Date of Disbursement</b>																				
Mailing Address 961 Ilima Way	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	7		2	0	0	9												
City Palo Alto State CA Zip Code 94306	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Website Candidate Name	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

13000.00

**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 135 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mayfield Strategy Group	<b>Transaction ID:</b> SB21B-1251 <b>Date of Disbursement</b>																				
Mailing Address 961 Ilima Way	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	7		2	0	0	9												
City Palo Alto State CA Zip Code 94306	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Internet Service Candidate Name	<table border="1"> <tr> <td colspan="10">45.14</td> </tr> </table>	45.14																			
45.14																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Mayfield Strategy Group	<b>Transaction ID:</b> SB21B-1252 <b>Date of Disbursement</b>																				
Mailing Address 961 Ilima Way	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	7		2	0	0	9												
City Palo Alto State CA Zip Code 94306	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Website Candidate Name	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Carefirst Bluecross Blueshield	<b>Transaction ID:</b> SB21B-1253 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 79749	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	7		2	0	0	9												
City Baltimore State MD Zip Code 21279-0749	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Employee Benefits Candidate Name	<table border="1"> <tr> <td colspan="10">4402.26</td> </tr> </table>	4402.26																			
4402.26																					
Office Sought: <input type="checkbox"/> House <input 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) .....

**9447.40**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 136 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Carefirst Bluecross Blueshield	<b>Transaction ID:</b> SB21B-1254 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 79749	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	7		2	0	0	9												
City Baltimore State MD Zip Code 21279-0749	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Employee Benefits Candidate Name	<table border="1"> <tr> <td colspan="10">47.68</td> </tr> </table>	47.68																			
47.68																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) National Treasure Shop c/o Eric Woodard	<b>Transaction ID:</b> SB21B-1255 <b>Date of Disbursement</b>																				
Mailing Address 2100 M Street, NW #170-267	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	7		2	0	0	9												
City Washington State DC Zip Code 20037	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Consulting/ Operations Candidate Name	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) American Express	<b>Transaction ID:</b> SB21B-1438 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 1270	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	0	9												
City Newark State NJ Zip Code 07101	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Credit Card Process Fee Candidate Name	<table border="1"> <tr> <td colspan="10">1248.75</td> </tr> </table>	1248.75																			
1248.75																					
Office Sought: <input type="checkbox"/> House <input 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) .....

**3796.43**

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 137 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon Wireless	<b>Transaction ID:</b> SB21B-1365 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 15062	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	0	9												
City Albany State NY Zip Code 12212-5062	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Telephone Service Candidate Name	<table border="1"> <tr> <td colspan="10">202.60</td> </tr> </table>	202.60																			
202.60																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) United Parcel Service	<b>Transaction ID:</b> SB21B-1366 <b>Date of Disbursement</b>																				
Mailing Address PO Box 7247-0244	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	9		2	0	0	9												
City Philadelphia State PA Zip Code 19170-0001	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Shipping Candidate Name	<table border="1"> <tr> <td colspan="10">44.03</td> </tr> </table>	44.03																			
44.03																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Department of Employment Svcs.	<b>Transaction ID:</b> SB21B-1367 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 96664	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City Washington State DC Zip Code 20090-6664	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Taxes Candidate Name	<table border="1"> <tr> <td colspan="10">1669.28</td> </tr> </table>	1669.28																			
1669.28																					
Office Sought: <input type="checkbox"/> House <input 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) .....

1915.91

**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)

PAGE 138 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address 7450 Tilghman Street Suite 107</p> <p>City Allentown State PA Zip Code 18106</p> <p>Purpose of Disbursement Payroll Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1464</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>236.67</td> </tr> </table> <p>001 Category/ Type</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9	236.67
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		3	0		2	0	0	9													
236.67																						
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) John Osterholt</p> <p>Mailing Address 4740 Sarazen Drive</p> <p>City Hollywood State FL Zip Code 33021</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1570</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>818.29</td> </tr> </table> <p>001 Category/ Type</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9	818.29
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		3	0		2	0	0	9													
818.29																						
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Nalinee Darmrong</p> <p>Mailing Address 5511 Blair Road, NE</p> <p>City Washington State DC Zip Code 20011</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1571</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>902.82</td> </tr> </table> <p>001 Category/ Type</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9	902.82
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		3	0		2	0	0	9													
902.82																						

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

1957.78

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

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

NAME OF COMMITTEE (In Full)  
HillPAC

State: District:

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 140 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Kelly Mehlenbacher	<b>Transaction ID:</b> SB21B-1575 <b>Date of Disbursement</b>																				
Mailing Address 902 South Quincy Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City Arlington State VA Zip Code 22204	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">1162.69</td> </tr> </table>	1162.69																			
1162.69																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Abigail Eve Sugrue	<b>Transaction ID:</b> SB21B-1576 <b>Date of Disbursement</b>																				
Mailing Address 2929 Marshall Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City Falls Church State VA Zip Code 22042	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">1220.75</td> </tr> </table>	1220.75																			
1220.75																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Sarah Nolan	<b>Transaction ID:</b> SB21B-1577 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 156	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City Concord State NH Zip Code 03302	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">1734.66</td> </tr> </table>	1734.66																			
1734.66																					
Office Sought: <input type="checkbox"/> House <input 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) .....

**4118.10**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 141 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Bryan Pagliano

Mailing Address 1601 Colonial Terrace

City State Zip Code  
Arlington VA 22209

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B-1578

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

1808.09

**B.**

Full Name (Last, First, Middle Initial)

Timothy Green

Mailing Address 1315 North Van Dorn Street

City State Zip Code  
Alexandria VA 22304

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B-1579

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

1848.33

**C.**

Full Name (Last, First, Middle Initial)

Peter Daou

Mailing Address 400 Chambers Street  
Apartment 12D

City State Zip Code  
New York NY 10282

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B-1580

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

1875.00

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

5531.42

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 142 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Kathleen Dowd</p> <p>Mailing Address 1718 P Street NW Apartment 511</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1581  <b>Date of Disbursement</b>  <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 9</div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>2143.39</div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Cheryl Mills</p> <p>Mailing Address 29 Washington Square West Apartment 7-C</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1582  <b>Date of Disbursement</b>  <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 9</div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>2500.00</div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Stephanie Gent</p> <p>Mailing Address 2000 N Street NW Apartment 801</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1583  <b>Date of Disbursement</b>  <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 9</div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>2512.93</div> </p>

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

**7156.32**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 143 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Allison Wright	<b>Transaction ID:</b> SB21B-1584 <b>Date of Disbursement</b>																				
Mailing Address 6208 32nd Place, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City Washington State DC Zip Code 20015	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">2659.06</td> </tr> </table>	2659.06																			
2659.06																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Capricia Marshall	<b>Transaction ID:</b> SB21B-1585 <b>Date of Disbursement</b>																				
Mailing Address 4703 Windom Place, N.W.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City Washington State DC Zip Code 20016	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">2924.46</td> </tr> </table>	2924.46																			
2924.46																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Karen Persichili, Keogh	<b>Transaction ID:</b> SB21B-1586 <b>Date of Disbursement</b>																				
Mailing Address 1630 11th Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City Brooklyn State NY Zip Code 11215	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">3202.60</td> </tr> </table>	3202.60																			
3202.60																					
Office Sought: <input type="checkbox"/> House <input 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) .....

**8786.12**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 144 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Shelly Moskwa	<b>Transaction ID:</b> SB21B-1587 <b>Date of Disbursement</b>																				
Mailing Address 120 Grafton Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City Chevy Chase State MD Zip Code 20815	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">4153.64</td> </tr> </table>	4153.64																			
4153.64																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 001																					
<b>B.</b> Full Name (Last, First, Middle Initial) Dennis Cheng	<b>Transaction ID:</b> SB21B-1588 <b>Date of Disbursement</b>																				
Mailing Address 4 West 21st Street Apartment 7-A	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City New York State NY Zip Code 10010	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">4486.95</td> </tr> </table>	4486.95																			
4486.95																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 001																					
<b>C.</b> Full Name (Last, First, Middle Initial) Ann Lewis	<b>Transaction ID:</b> SB21B-1589 <b>Date of Disbursement</b>																				
Mailing Address 4550 North Park Avenue #708	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City Chevy Chase State MD Zip Code 20815	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">14272.60</td> </tr> </table>	14272.60																			
14272.60																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 001																					

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

22913.19

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



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

NAME OF COMMITTEE (In Full)  
HillPAC

9801.38

10493.84

335.64

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

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

PAGE 146 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC**A.**Full Name (Last, First, Middle Initial)  
DC Office Of Tax and RevenueMailing Address Post Office Box 7792  
Ben Franklin Station

City Washington State DC Zip Code 20044

Purpose of Disbursement  
Taxes

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-1507

Date of Disbursement

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

Amount of Each Disbursement this Period

1311.70

**B.**Full Name (Last, First, Middle Initial)  
Comptroller of MD - WH Tax

Mailing Address Post Office Box 37272

City Baltimore State MD Zip Code 21297-3272

Purpose of Disbursement  
Taxes

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-1471

Date of Disbursement

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

Amount of Each Disbursement this Period

2054.74

**C.**Full Name (Last, First, Middle Initial)  
New York State Employment

Mailing Address Post Office Box 4119

City Binghamton State NY Zip Code 13902

Purpose of Disbursement  
Taxes

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-1497

Date of Disbursement

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

Amount of Each Disbursement this Period

546.64

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

3913.08

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 147 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Virginia Dept of Taxation Mailing Address Post Office Box 177	<b>Transaction ID:</b> SB21B-1501 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 0 9</div> </div>
City Richmond State VA Zip Code 23218 Purpose of Disbursement 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) ▼	<b>Amount of Each Disbursement this Period</b> <div>368.71</div> <div>001</div> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) New York State Employment Mailing Address Post Office Box 4119 City Binghamton State NY Zip Code 13902 Purpose of Disbursement 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) ▼	<b>Transaction ID:</b> SB21B-1499 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>169.00</div> <div>001</div> Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) New York State Employment Mailing Address Post Office Box 4119 City Binghamton State NY Zip Code 13902 Purpose of Disbursement 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) ▼	<b>Transaction ID:</b> SB21B-1495 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>288.04</div> <div>001</div> Category/ Type

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

**825.75**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 148 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) CyberSource</p> <p>Mailing Address 1295 Charleston Road</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement Credit Card Process Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1456</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="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2580.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Europ Assistance USA Inc</p> <p>Mailing Address 4330 East West Highway Suite 1000</p> <p>City Bethesda State MD Zip Code 20814</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1372</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="7500.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Electronic Transaction Systems</p> <p>Mailing Address 10 Pidgeon Hill Drive</p> <p>City Sterling State VA Zip Code 20165</p> <p>Purpose of Disbursement Credit Card Process Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1450</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1678.62"/></p>

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

**11758.62**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 149 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

**A.**

Full Name (Last, First, Middle Initial)

CyberSource

Mailing Address 1295 Charleston Road

City  
Mountain View

State  
CA

Zip Code  
94043

Purpose of Disbursement  
Credit Card Process Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID:** SB21B-1458

Date of Disbursement

02 / 03 / 2009

Amount of Each Disbursement this Period

52.85

**B.**

Full Name (Last, First, Middle Initial)

Utrecht & Phillips, PLLC

Mailing Address 1900 M Street, N.W.  
Suite 500

City  
Washington

State  
DC

Zip Code  
20036

Purpose of Disbursement  
Consulting/Legal

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID:** SB21B-1373

Date of Disbursement

02 / 04 / 2009

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Abigail Eve Sugrue

Mailing Address 2929 Marshall Street

City  
Falls Church

State  
VA

Zip Code  
22042

Purpose of Disbursement  
Event Supplies

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID:** SB21B-1374

Date of Disbursement

02 / 04 / 2009

Amount of Each Disbursement this Period

52.67

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

5105.52

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 150 / 257

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

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NAME OF COMMITTEE (In Full)  
HillPAC

**A.**

Full Name (Last, First, Middle Initial)  
AccuConference by TalkPath LLC

Mailing Address Post Office Box 98607  
Dept 2029

City Las Vegas State NV Zip Code 89193-8607

Purpose of Disbursement  
Telephone Service

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B-1375

Date of Disbursement

02 / 04 / 2009

Amount of Each Disbursement this Period

117.89

**B.**

Full Name (Last, First, Middle Initial)  
Advanced Locksmith, Inc.

Mailing Address 1446 Broadway  
Lower Level

City New York State NY Zip Code 10036

Purpose of Disbursement  
Equipment

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B-1376

Date of Disbursement

02 / 04 / 2009

Amount of Each Disbursement this Period

69.09

**C.**

Full Name (Last, First, Middle Initial)  
First Quality Maintenance

Mailing Address 70 West 36th Street

City New York State NY Zip Code 10018

Purpose of Disbursement  
Office Maintenance

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B-1377

Date of Disbursement

02 / 04 / 2009

Amount of Each Disbursement this Period

35.48

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

222.46

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 151 / 257

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

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NAME OF COMMITTEE (In Full)  
HILLPAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) AVF Consulting</p> <p>Mailing Address 1220-C East Joppa Road Suite 514</p> <p>City Baltimore State MD Zip Code 21286</p> <p>Purpose of Disbursement Consulting/ Accounting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1378</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="43.75"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) AVF Consulting</p> <p>Mailing Address 1220-C East Joppa Road Suite 514</p> <p>City Baltimore State MD Zip Code 21286</p> <p>Purpose of Disbursement Consulting/ Accounting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1379</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="61.87"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Capital Records</p> <p>Mailing Address 44112 Mercure Circle</p> <p>City Sterling State VA Zip Code 20166</p> <p>Purpose of Disbursement Storage Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1380</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="329.11"/></p>

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

**434.73**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 152 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Comcast Mailing Address Post Office Box 3005	<b>Transaction ID:</b> SB21B-1381 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 4 / 2 0 0 9</div> </div>
City State Zip Code Southeastern PA 19398 Purpose of Disbursement Subscription Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>154.57</div>
<b>B.</b> Full Name (Last, First, Middle Initial) DirecTV Mailing Address Post Office Box 60036 City State Zip Code Los Angeles CA 90060 Purpose of Disbursement Subscription Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Transaction ID:</b> SB21B-1382 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 4 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>57.23</div>
<b>C.</b> Full Name (Last, First, Middle Initial) LDI/Color Toolbox Mailing Address 50 Jericho Quadrangle City State Zip Code Jericho NY 11753 Purpose of Disbursement Equipment Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Transaction ID:</b> SB21B-1383 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 4 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>412.50</div>

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

**624.30**

**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)

PAGE 153 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Lexis Nexis Mailing Address Post Office Box 7247-7090	<b>Transaction ID:</b> SB21B-1384 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 4 / 2 0 0 9</div> </div>
City Philadelphia State PA Zip Code 19170-7090 Purpose of Disbursement Subscription Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>1280.90</div> <div>001 Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) NGP Software, Inc. Mailing Address 1225 Eye Street, N.W. Suite 1225 City Washington State DC Zip Code 20005 Purpose of Disbursement Consulting/ Technology Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Transaction ID:</b> SB21B-1385 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 4 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>750.00</div> <div>001 Category/Type</div>
<b>C.</b> Full Name (Last, First, Middle Initial) PingTone Communications Mailing Address 13921 Park Center Road 1st Floor City Herndon State VA Zip Code 20171 Purpose of Disbursement Telephone Service Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Transaction ID:</b> SB21B-1386 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 4 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1674.41</div> <div>001 Category/Type</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**3705.31**

**TOTAL** This Period (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 154 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

**A.**

Full Name (Last, First, Middle Initial)  
SL Green Management, LLC

Mailing Address Post Office Box 5162  
Building 420

City New York State NY Zip Code 10087-5162

Purpose of Disbursement  
Office Utilities

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-1387

Date of Disbursement

02 / 04 / 2009

Amount of Each Disbursement this Period

78.34

**B.**

Full Name (Last, First, Middle Initial)  
SL Green Management, LLC

Mailing Address Post Office Box 5162  
Building 420

City New York State NY Zip Code 10087-5162

Purpose of Disbursement  
Storage Rent

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-1388

Date of Disbursement

02 / 04 / 2009

Amount of Each Disbursement this Period

315.00

**C.**

Full Name (Last, First, Middle Initial)  
Staples Business Advantage

Mailing Address Dept DC 85105  
Post Office Box 30851

City Hartford State CT Zip Code 06150-0851

Purpose of Disbursement  
Office Supplies

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-1389

Date of Disbursement

02 / 04 / 2009

Amount of Each Disbursement this Period

413.80

**SUBTOTAL** of Disbursements This Page (optional) .....

807.14

**TOTAL** This Period (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 155 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon Mailing Address Post Office Box 15124	<b>Transaction ID:</b> SB21B-1390 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	0	9	
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		0	4		2	0	0	9													
City Albany State NY Zip Code 12212-5124 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) ▼	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>134.71</td> </tr> </table>	134.71																				
134.71																						
<b>B.</b> Full Name (Last, First, Middle Initial) Verizon Mailing Address Post Office Box 15124 City Albany State NY Zip Code 12212-5124 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) ▼	<b>Transaction ID:</b> SB21B-1391 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>135.41</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	0	9	135.41
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		0	4		2	0	0	9													
135.41																						
<b>C.</b> Full Name (Last, First, Middle Initial) Verizon Mailing Address Post Office Box 15124 City Albany State NY Zip Code 12212-5124 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) ▼	<b>Transaction ID:</b> SB21B-1392 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>606.26</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	0	9	606.26
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		0	4		2	0	0	9													
606.26																						

**SUBTOTAL** of Disbursements This Page (optional) .....

**876.38**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 156 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Eiring Consulting	<b>Transaction ID:</b> SB21B-1393 <b>Date of Disbursement</b>																				
Mailing Address 1213 Duncan Place, N.E.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	9		2	0	0	9												
City Washington State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Consulting/ Fundraising Candidate Name	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) American Express	<b>Transaction ID:</b> SB21B-1461 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 1270	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	1		2	0	0	9												
City Newark State NJ Zip Code 07101	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Credit Card Process Fee Candidate Name	<table border="1"> <tr> <td colspan="10">2753.10</td> </tr> </table>	2753.10																			
2753.10																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Paychex	<b>Transaction ID:</b> SB21B-1467 <b>Date of Disbursement</b>																				
Mailing Address 7450 Tilghman Street Suite 107	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	3		2	0	0	9												
City Allentown State PA Zip Code 18106	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Fee Candidate Name	<table border="1"> <tr> <td colspan="10">220.95</td> </tr> </table>	220.95																			
220.95																					
Office Sought: <input type="checkbox"/> House <input 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) .....

**3974.05**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 157 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Ann Lewis

Mailing Address 4550 North Park Avenue  
#708

City Chevy Chase State MD Zip Code 20815

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-1590

Date of Disbursement

02 / 13 / 2009

Amount of Each Disbursement this Period

623.76

**B.**

Full Name (Last, First, Middle Initial)

Stephanie Gent

Mailing Address 2000 N Street NW  
Apartment 801

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-1591

Date of Disbursement

02 / 13 / 2009

Amount of Each Disbursement this Period

649.58

**C.**

Full Name (Last, First, Middle Initial)

John Osterholt

Mailing Address 4740 Sarazen Drive

City Hollywood State FL Zip Code 33021

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-1592

Date of Disbursement

02 / 13 / 2009

Amount of Each Disbursement this Period

818.29

**SUBTOTAL** of Disbursements This Page (optional) .....

2091.63

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 158 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Nalinee Darmrong	<b>Transaction ID:</b> SB21B-1593 <b>Date of Disbursement</b>																				
Mailing Address 5511 Blair Road, NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	3		2	0	0	9												
City Washington State DC Zip Code 20011	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">902.82</td> </tr> </table>	902.82																			
902.82																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Kelly Mehlenbacher	<b>Transaction ID:</b> SB21B-1594 <b>Date of Disbursement</b>																				
Mailing Address 902 South Quincy Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	3		2	0	0	9												
City Arlington State VA Zip Code 22204	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">945.62</td> </tr> </table>	945.62																			
945.62																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Ali Rubin	<b>Transaction ID:</b> SB21B-1595 <b>Date of Disbursement</b>																				
Mailing Address 1515 O Street NW Apartment 305	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	3		2	0	0	9												
City Washington State DC Zip Code 20005	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">984.92</td> </tr> </table>	984.92																			
984.92																					
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**SUBTOTAL** of Disbursements This Page (optional) .....

**2833.36**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 159 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Kathryn Balcerzak	<b>Transaction ID:</b> SB21B-1596 <b>Date of Disbursement</b>																				
Mailing Address 7303 Meadow Wood Way	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	3		2	0	0	9												
City Clarksville State MD Zip Code 21029	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary	<table border="1"> <tr> <td colspan="10">1114.95</td> </tr> </table>	1114.95																			
1114.95																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Sarah Nolan	<b>Transaction ID:</b> SB21B-1597 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 156	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	3		2	0	0	9												
City Concord State NH Zip Code 03302	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary	<table border="1"> <tr> <td colspan="10">1760.39</td> </tr> </table>	1760.39																			
1760.39																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Bryan Pagliano	<b>Transaction ID:</b> SB21B-1598 <b>Date of Disbursement</b>																				
Mailing Address 1601 Colonial Terrace	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	3		2	0	0	9												
City Arlington State VA Zip Code 22209	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary	<table border="1"> <tr> <td colspan="10">1834.37</td> </tr> </table>	1834.37																			
1834.37																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

4709.71

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 160 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Timothy Green	<b>Transaction ID:</b> SB21B-1599 <b>Date of Disbursement</b>																				
Mailing Address 1315 North Van Dorn Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	3		2	0	0	9												
City Alexandria State VA Zip Code 22304	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">1874.62</td> </tr> </table>	1874.62																			
1874.62																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Kathleen Dowd	<b>Transaction ID:</b> SB21B-1600 <b>Date of Disbursement</b>																				
Mailing Address 1718 P Street NW Apartment 511	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	3		2	0	0	9												
City Washington State DC Zip Code 20036	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">2168.13</td> </tr> </table>	2168.13																			
2168.13																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Allison Wright	<b>Transaction ID:</b> SB21B-1601 <b>Date of Disbursement</b>																				
Mailing Address 6208 32nd Place, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	3		2	0	0	9												
City Washington State DC Zip Code 20015	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">2659.06</td> </tr> </table>	2659.06																			
2659.06																					
Office Sought: <input type="checkbox"/> House <input 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) .....

**6701.81**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

**A.**

Full Name (Last, First, Middle Initial)  
Capricia Marshall

Mailing Address 4703 Windom Place, N.W.

City Washington State DC Zip Code 20016

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-1602

Date of Disbursement

02 / 13 / 2009

Amount of Each Disbursement this Period

2993.94

**B.**

Full Name (Last, First, Middle Initial)  
Shelly Moskwa

Mailing Address 120 Grafton Street

City Chevy Chase State MD Zip Code 20815

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-1603

Date of Disbursement

02 / 13 / 2009

Amount of Each Disbursement this Period

4153.64

**C.**

Full Name (Last, First, Middle Initial)  
Internal Revenue Service

Mailing Address Service Center

City Ogden State UT Zip Code 84201

Purpose of Disbursement  
Taxes

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-1484

Date of Disbursement

02 / 15 / 2009

Amount of Each Disbursement this Period

5775.52

**SUBTOTAL** of Disbursements This Page (optional) .....

12923.10

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
HillPACFEC Schedule B (Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 163 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Comptroller of MD - WH Tax	<b>Transaction ID:</b> SB21B-1472 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 37272	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	5		2	0	0	9												
City Baltimore State MD Zip Code 21297-3272	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Taxes	<table border="1"> <tr> <td colspan="10">650.24</td> </tr> </table>	650.24																			
650.24																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Virginia Dept of Taxation	<b>Transaction ID:</b> SB21B-1502 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 177	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	5		2	0	0	9												
City Richmond State VA Zip Code 23218	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Taxes	<table border="1"> <tr> <td colspan="10">321.37</td> </tr> </table>	321.37																			
321.37																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Bank of America	<b>Transaction ID:</b> SB21B-1466 <b>Date of Disbursement</b>																				
Mailing Address 730 15th Street, N.W.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	7		2	0	0	9												
City Washington State DC Zip Code 20005	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Banking Fee	<table border="1"> <tr> <td colspan="10">429.39</td> </tr> </table>	429.39																			
429.39																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**1401.00**

**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 164 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Eiring Consulting	<b>Transaction ID:</b> SB21B-1394 <b>Date of Disbursement</b>																				
Mailing Address 1213 Duncan Place, N.E.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	8		2	0	0	9												
City Washington State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Consulting/Website Candidate Name	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) AT&T Mobility	<b>Transaction ID:</b> SB21B-1395 <b>Date of Disbursement</b>																				
Mailing Address PO Box 6463	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	8		2	0	0	9												
City Carol Stream State IL Zip Code 60197-6463	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Telephone Service Candidate Name	<table border="1"> <tr> <td colspan="10">3550.95</td> </tr> </table>	3550.95																			
3550.95																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) United Parcel Service	<b>Transaction ID:</b> SB21B-1396 <b>Date of Disbursement</b>																				
Mailing Address PO Box 7247-0244	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	8		2	0	0	9												
City Philadelphia State PA Zip Code 19170-0001	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Shipping Candidate Name	<table border="1"> <tr> <td colspan="10">29.24</td> </tr> </table>	29.24																			
29.24																					
Office Sought: <input type="checkbox"/> House <input 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) .....

4580.19

**TOTAL** This Period (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 165 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) United Parcel Service	<b>Transaction ID:</b> SB21B-1397 <b>Date of Disbursement</b>																				
Mailing Address PO Box 7247-0244	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	8		2	0	0	9												
<table border="1"> <tr> <td>City Philadelphia</td> <td>State PA</td> <td>Zip Code 19170-0001</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Shipping</td> <td rowspan="2"> <div>001</div>           Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Philadelphia	State PA	Zip Code 19170-0001	Purpose of Disbursement Shipping		<div>001</div> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <div>145.80</div>												
City Philadelphia	State PA	Zip Code 19170-0001																			
Purpose of Disbursement Shipping		<div>001</div> 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>B.</b> Full Name (Last, First, Middle Initial) United Parcel Service	<b>Transaction ID:</b> SB21B-1398 <b>Date of Disbursement</b>																				
Mailing Address PO Box 7247-0244	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	8		2	0	0	9												
<table border="1"> <tr> <td>City Philadelphia</td> <td>State PA</td> <td>Zip Code 19170-0001</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Shipping</td> <td rowspan="2"> <div>001</div>           Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Philadelphia	State PA	Zip Code 19170-0001	Purpose of Disbursement Shipping		<div>001</div> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <div>29.24</div>												
City Philadelphia	State PA	Zip Code 19170-0001																			
Purpose of Disbursement Shipping		<div>001</div> 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>C.</b> Full Name (Last, First, Middle Initial) Jefferson Street Strateg., LLC	<b>Transaction ID:</b> SB21B-1399 <b>Date of Disbursement</b>																				
Mailing Address 428 Jefferson Street, N.W.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	8		2	0	0	9												
<table border="1"> <tr> <td>City Washington</td> <td>State DC</td> <td>Zip Code 20011</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Consulting/Website</td> <td rowspan="2"> <div>001</div>           Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Washington	State DC	Zip Code 20011	Purpose of Disbursement Consulting/Website		<div>001</div> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <div>1000.00</div>												
City Washington	State DC	Zip Code 20011																			
Purpose of Disbursement Consulting/Website		<div>001</div> 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) .....

**1175.04**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 166 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Excel Micro	<b>Transaction ID:</b> SB21B-1400 <b>Date of Disbursement</b>																				
Mailing Address 505 Kedron Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	8		2	0	0	9												
City Folsom State PA Zip Code 19033	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Internet Service Candidate Name	<table border="1"> <tr> <td colspan="10">239.85</td> </tr> </table>	239.85																			
239.85																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Carefirst Bluecross Blueshield	<b>Transaction ID:</b> SB21B-1403 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 79749	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	3		2	0	0	9												
City Baltimore State MD Zip Code 21279-0749	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Employee Benefits Candidate Name	<table border="1"> <tr> <td colspan="10">4135.14</td> </tr> </table>	4135.14																			
4135.14																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Paychex	<b>Transaction ID:</b> SB21B-1468 <b>Date of Disbursement</b>																				
Mailing Address 7450 Tilghman Street Suite 107	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	7		2	0	0	9												
City Allentown State PA Zip Code 18106	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Fee Candidate Name	<table border="1"> <tr> <td colspan="10">223.57</td> </tr> </table>	223.57																			
223.57																					
Office Sought: <input type="checkbox"/> House <input 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) .....

4598.56

**TOTAL** This Period (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 167 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) John Osterholt	<b>Transaction ID:</b> SB21B-1604 <b>Date of Disbursement</b>																				
Mailing Address 4740 Sarazen Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	7		2	0	0	9												
City Hollywood State FL Zip Code 33021	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">818.29</td> </tr> </table>	818.29																			
818.29																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Nalinee Darmrong	<b>Transaction ID:</b> SB21B-1605 <b>Date of Disbursement</b>																				
Mailing Address 5511 Blair Road, NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	7		2	0	0	9												
City Washington State DC Zip Code 20011	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">902.82</td> </tr> </table>	902.82																			
902.82																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Kelly Mehlenbacher	<b>Transaction ID:</b> SB21B-1606 <b>Date of Disbursement</b>																				
Mailing Address 902 South Quincy Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	7		2	0	0	9												
City Arlington State VA Zip Code 22204	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">945.62</td> </tr> </table>	945.62																			
945.62																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**2666.73**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 168 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Lindsey Katherine Jack	<b>Transaction ID:</b> SB21B-1607 <b>Date of Disbursement</b>
Mailing Address 2601 Woodley Place, N.W. Apartment 915	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 7 / 2 0 0 9</div> </div>
City Washington State DC Zip Code 20008	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Salary Candidate Name	<div> <div>1049.65</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Stephanie Gent	<b>Transaction ID:</b> SB21B-1608 <b>Date of Disbursement</b>
Mailing Address 2000 N Street NW Apartment 801	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 7 / 2 0 0 9</div> </div>
City Washington State DC Zip Code 20036	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Salary Candidate Name	<div> <div>1050.66</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Ali Rubin	<b>Transaction ID:</b> SB21B-1609 <b>Date of Disbursement</b>
Mailing Address 1515 O Street NW Apartment 305	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 7 / 2 0 0 9</div> </div>
City Washington State DC Zip Code 20005	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Salary Candidate Name	<div> <div>1099.04</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**3199.35**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 169 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Kathryn Balcerzak	<b>Transaction ID:</b> SB21B-1610 <b>Date of Disbursement</b>																				
Mailing Address 7303 Meadow Wood Way	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	7		2	0	0	9												
City Clarksville State MD Zip Code 21029	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">1114.95</td> </tr> </table>	1114.95																			
1114.95																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Sarah Nolan	<b>Transaction ID:</b> SB21B-1611 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 156	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	7		2	0	0	9												
City Concord State NH Zip Code 03302	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">1734.66</td> </tr> </table>	1734.66																			
1734.66																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Bryan Pagliano	<b>Transaction ID:</b> SB21B-1612 <b>Date of Disbursement</b>																				
Mailing Address 1601 Colonial Terrace	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	7		2	0	0	9												
City Arlington State VA Zip Code 22209	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">1808.09</td> </tr> </table>	1808.09																			
1808.09																					
Office Sought: <input type="checkbox"/> House <input 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) .....

4657.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 170 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Timothy Green	<b>Transaction ID:</b> SB21B-1613 <b>Date of Disbursement</b>																				
Mailing Address 1315 North Van Dorn Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	7		2	0	0	9												
City Alexandria State VA Zip Code 22304	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary	<table border="1"> <tr> <td colspan="10">1848.33</td> </tr> </table>	1848.33																			
1848.33																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Kathleen Dowd	<b>Transaction ID:</b> SB21B-1614 <b>Date of Disbursement</b>																				
Mailing Address 1718 P Street NW Apartment 511	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	7		2	0	0	9												
City Washington State DC Zip Code 20036	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary	<table border="1"> <tr> <td colspan="10">2143.39</td> </tr> </table>	2143.39																			
2143.39																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Cheryl Mills	<b>Transaction ID:</b> SB21B-1615 <b>Date of Disbursement</b>																				
Mailing Address 29 Washington Square West Apartment 7-C	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	7		2	0	0	9												
City New York State NY Zip Code 10011	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6491.72

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 171 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Allison Wright	<b>Transaction ID:</b> SB21B-1616 <b>Date of Disbursement</b>																				
Mailing Address 6208 32nd Place, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	7		2	0	0	9												
City Washington State DC Zip Code 20015	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">2659.06</td> </tr> </table>	2659.06																			
2659.06																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Capricia Marshall	<b>Transaction ID:</b> SB21B-1617 <b>Date of Disbursement</b>																				
Mailing Address 4703 Windom Place, N.W.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	7		2	0	0	9												
City Washington State DC Zip Code 20016	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">2924.46</td> </tr> </table>	2924.46																			
2924.46																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Shelly Moskwa	<b>Transaction ID:</b> SB21B-1618 <b>Date of Disbursement</b>																				
Mailing Address 120 Grafton Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	7		2	0	0	9												
City Chevy Chase State MD Zip Code 20815	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">4153.64</td> </tr> </table>	4153.64																			
4153.64																					
Office Sought: <input type="checkbox"/> House <input 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) .....

9737.16

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
HillPAC

5862.95

5350.59

72.99

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 173 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

**A.**

Full Name (Last, First, Middle Initial)  
DC Office Of Tax and Revenue

Mailing Address Post Office Box 7792  
Ben Franklin Station

City Washington State DC Zip Code 20044

Purpose of Disbursement  
Taxes

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-1509

Date of Disbursement

02 / 28 / 2009

Amount of Each Disbursement this Period

1255.70

**B.**

Full Name (Last, First, Middle Initial)  
Comptroller of MD - WH Tax

Mailing Address Post Office Box 37272

City Baltimore State MD Zip Code 21297-3272

Purpose of Disbursement  
Taxes

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-1473

Date of Disbursement

02 / 28 / 2009

Amount of Each Disbursement this Period

607.84

**C.**

Full Name (Last, First, Middle Initial)  
Virginia Dept of Taxation

Mailing Address Post Office Box 177

City Richmond State VA Zip Code 23218

Purpose of Disbursement  
Taxes

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-1503

Date of Disbursement

02 / 28 / 2009

Amount of Each Disbursement this Period

316.46

**SUBTOTAL** of Disbursements This Page (optional) .....

2180.00

**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 174 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address Post Office Box 1270	<b>Transaction ID:</b> SB21B-1451 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 2 / 2 0 0 9</div> </div>
City Newark State NJ Zip Code 07101 Purpose of Disbursement Credit Card Process 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) ▼	<b>Amount of Each Disbursement this Period</b> <div>2494.17</div> <div>001</div> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Bank of America Mailing Address 730 15th Street, N.W. City Washington State DC Zip Code 20005 Purpose of Disbursement Banking 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) ▼	<b>Transaction ID:</b> SB21B-1460 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 2 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>17.35</div> <div>001</div> Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Electronic Transaction Systems Mailing Address 10 Pidgeon Hill Drive City Sterling State VA Zip Code 20165 Purpose of Disbursement Credit Card Process 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) ▼	<b>Transaction ID:</b> SB21B-1452 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 3 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>32.50</div> <div>001</div> Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) .....

2544.02

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 175 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) CyberSource	<b>Transaction ID:</b> SB21B-1459 <b>Date of Disbursement</b>																				
Mailing Address 1295 Charleston Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	3		2	0	0	9												
City Mountain View State CA Zip Code 94043 Purpose of Disbursement Credit Card Process Fee Candidate Name	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>115.00</td> </tr> </table>	115.00																			
115.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Mayfield Strategy Group	<b>Transaction ID:</b> SB21B-1404 <b>Date of Disbursement</b>																				
Mailing Address 961 Ilima Way	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	4		2	0	0	9												
City Palo Alto State CA Zip Code 94306 Purpose of Disbursement Consulting/Website Candidate Name	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>750.00</td> </tr> </table>	750.00																			
750.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Europ Assistance USA Inc	<b>Transaction ID:</b> SB21B-1405 <b>Date of Disbursement</b>																				
Mailing Address 4330 East West Highway Suite 1000	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	4		2	0	0	9												
City Bethesda State MD Zip Code 20814 Purpose of Disbursement Rent Candidate Name	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>7500.00</td> </tr> </table>	7500.00																			
7500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

8365.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 176 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon Wireless	<b>Transaction ID:</b> SB21B-1407
Mailing Address Post Office Box 25505	Date of Disbursement MM / DD / YYYY 03 / 06 / 2009
City Lehigh Valley State PA Zip Code 18002-5505	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Telephone Service Candidate Name 001 Category/Type	466.19
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Verizon Wireless	<b>Transaction ID:</b> SB21B-1408
Mailing Address Post Office Box 25505	Date of Disbursement MM / DD / YYYY 03 / 06 / 2009
City Lehigh Valley State PA Zip Code 18002-5505	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Telephone Service Candidate Name 001 Category/Type	732.15
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) US Bank	<b>Transaction ID:</b> SB21B-1663
Mailing Address PO Box 790408	Date of Disbursement MM / DD / YYYY 03 / 06 / 2009
City St. Louis State MO Zip Code 63179-0408	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Event Expense: Catering/Venue Candidate Name 003 Category/Type	259.24
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	See Attached Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) .....

1457.58

**TOTAL** This Period (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 177 / 257

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Hilton Hotel	<b>Transaction ID:</b> SB21B-1663-10000 <b>Date of Disbursement</b>
Mailing Address 1919 Connecticut Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 9</div> </div>
City Washington State DC Zip Code 20009	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Event Expense: Catering/Venue Candidate Name	<div> <div>259.24</div> <div>003 Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> Memo Entry
<b>B.</b> Full Name (Last, First, Middle Initial) US Bank	<b>Transaction ID:</b> SB21B-1664 <b>Date of Disbursement</b>
Mailing Address PO Box 790408	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div>
City St. Louis State MO Zip Code 63179-0408	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Event Expense: Catering/Venue Candidate Name	<div> <div>880.00</div> <div>003 Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	See Attached Memo Entry
<b>C.</b> Full Name (Last, First, Middle Initial) Hilton Hotel	<b>Transaction ID:</b> SB21B-1664-10000 <b>Date of Disbursement</b>
Mailing Address 1919 Connecticut Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 9</div> </div>
City Washington State DC Zip Code 20009	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Event Expense: Catering/Venue Candidate Name	<div> <div>880.00</div> <div>003 Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) .....

**880.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) US Bank <hr/> Mailing Address PO Box 790408	<b>Transaction ID:</b> SB21B-1665 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div>
City St. Louis State MO Zip Code 63179-0408 Purpose of Disbursement Travel Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>460.50</div> See Attached Memo Entry
<b>B.</b> Full Name (Last, First, Middle Initial) Fitzpatrick Hotel <hr/> Mailing Address 687 Lexington Avenue City New York State NY Zip Code 10022 Purpose of Disbursement Travel Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Transaction ID:</b> SB21B-1665-10000 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 6 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>460.50</div> <b>[MEMO ITEM]</b> Memo Entry
<b>C.</b> Full Name (Last, First, Middle Initial) US Bank <hr/> Mailing Address PO Box 790408 City St. Louis State MO Zip Code 63179-0408 Purpose of Disbursement Travel Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Transaction ID:</b> SB21B-1666 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>30.00</div> See Attached Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**490.50**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 179 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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)  
HillPAC

**A.**

Full Name (Last, First, Middle Initial)  
Washington Metropolitan Area T

Mailing Address 600 5th Street, N.W.

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-1666-10000  
Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

30.00

**[MEMO ITEM]**  
Memo Entry

**B.**

Full Name (Last, First, Middle Initial)  
US Bank

Mailing Address PO Box 790408

City St. Louis State MO Zip Code 63179-0408

Purpose of Disbursement  
Subscription

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-1667  
Date of Disbursement

03 / 06 / 2009

Amount of Each Disbursement this Period

22.90

See Attached Memo Entry

**C.**

Full Name (Last, First, Middle Initial)  
Tivo Inc.

Mailing Address 2160 Gold Street

City Alviso State CA Zip Code 95002

Purpose of Disbursement  
Subscription

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-1667-10000  
Date of Disbursement

01 / 20 / 2009

Amount of Each Disbursement this Period

12.95

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) .....

22.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 180 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Tivo Inc.	<b>Transaction ID:</b> SB21B-1667-20000 <b>Date of Disbursement</b>																				
Mailing Address 2160 Gold Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City State Zip Code Alviso CA 95002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Subscription	<table border="1"> <tr> <td colspan="10">9.95</td> </tr> </table>	9.95																			
9.95																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Memo Entry																				
<b>B.</b> Full Name (Last, First, Middle Initial) Comcast	<b>Transaction ID:</b> SB21B-1406 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 3005	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	1		2	0	0	9												
City State Zip Code Southeastern PA 19398-3005	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Subscription	<table border="1"> <tr> <td colspan="10">309.15</td> </tr> </table>	309.15																			
309.15																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Automated Signature Technology	<b>Transaction ID:</b> SB21B-1409 <b>Date of Disbursement</b>																				
Mailing Address 112 Oak Grove Road Suite 107	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	2		2	0	0	9												
City State Zip Code Sterling VA 20166	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Equipment	<table border="1"> <tr> <td colspan="10">74.25</td> </tr> </table>	74.25																			
74.25																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**383.40**

**TOTAL** This Period (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)  
HillPAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) AVF Consulting</p> <p>Mailing Address 1220-C East Joppa Road Suite 514</p> <p>City Baltimore State MD Zip Code 21286</p> <p>Purpose of Disbursement Consulting/ Accounting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1410</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="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="65.62"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Cafritz Company/1825 K Street Parking</p> <p>Mailing Address 1875 Eye Street, NW Suite 250</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1411</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="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="352.50"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Capital Records</p> <p>Mailing Address 44112 Mercure Circle</p> <p>City Sterling State VA Zip Code 20166</p> <p>Purpose of Disbursement Storage Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1412</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="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="228.69"/></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**646.81**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 182 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HILLPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Capital Records	<b>Transaction ID:</b> SB21B-1413 <b>Date of Disbursement</b>																				
Mailing Address 44112 Mercure Circle	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	2		2	0	0	9												
City Sterling State VA Zip Code 20166	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Storage Rent Candidate Name	<table border="1"> <tr> <td colspan="10">1013.59</td> </tr> </table>	1013.59																			
1013.59																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) CIT Technology Fin Serv, Inc.	<b>Transaction ID:</b> SB21B-1414 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 33076	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	2		2	0	0	9												
City Newark State NJ Zip Code 07188-0076	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Equipment Candidate Name	<table border="1"> <tr> <td colspan="10">472.59</td> </tr> </table>	472.59																			
472.59																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) CIT Technology Fin Serv, Inc.	<b>Transaction ID:</b> SB21B-1415 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 33076	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	2		2	0	0	9												
City Newark State NJ Zip Code 07188-0076	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Equipment Candidate Name	<table border="1"> <tr> <td colspan="10">443.20</td> </tr> </table>	443.20																			
443.20																					
Office Sought: <input type="checkbox"/> House <input 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) .....

1929.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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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)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Excel Micro	<b>Transaction ID:</b> SB21B-1416 <b>Date of Disbursement</b>
Mailing Address 505 Kedron Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 9</div> </div>
City Folsom State PA Zip Code 19033	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Internet Service Candidate Name	<div> <div>449.55</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Iron Mountain Info. Mgmt., Inc	<b>Transaction ID:</b> SB21B-1417 <b>Date of Disbursement</b>
Mailing Address Post Office Box 27128	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 9</div> </div>
City New York State NY Zip Code 10087	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Software Candidate Name	<div> <div>360.00</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Iron Mountain Info. Mgmt., Inc	<b>Transaction ID:</b> SB21B-1418 <b>Date of Disbursement</b>
Mailing Address Post Office Box 27128	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 0 9</div> </div>
City New York State NY Zip Code 10087	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Software Candidate Name	<div> <div>160.00</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**969.55**

**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)

PAGE 184 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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)  
HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Iron Mountain Info. Mgmt., Inc

Mailing Address Post Office Box 27128

City  
New York

State  
NY

Zip Code  
10087

Purpose of Disbursement  
Software

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-1419

Date of Disbursement

03 / 12 / 2009

Amount of Each Disbursement this Period

160.00

**B.**

Full Name (Last, First, Middle Initial)

JK Moving and Storage, Inc.

Mailing Address 44112 Mercure Circle

City  
Sterling

State  
VA

Zip Code  
20166

Purpose of Disbursement  
Moving Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-1420

Date of Disbursement

03 / 12 / 2009

Amount of Each Disbursement this Period

1106.86

**C.**

Full Name (Last, First, Middle Initial)

Lexis Nexis

Mailing Address Post Office Box 7247-7090

City  
Philadelphia

State  
PA

Zip Code  
19170-7090

Purpose of Disbursement  
Subscription

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-1421

Date of Disbursement

03 / 12 / 2009

Amount of Each Disbursement this Period

540.37

**SUBTOTAL** of Disbursements This Page (optional) .....

1807.23

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 185 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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)  
HillPAC

**A.**

Full Name (Last, First, Middle Initial)  
Lexis Nexis

Mailing Address Post Office Box 7247-7090

City Philadelphia State PA Zip Code 19170-7090

Purpose of Disbursement  
Subscription

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-1422

Date of Disbursement

03 / 12 / 2009

Amount of Each Disbursement this Period

475.87

**B.**

Full Name (Last, First, Middle Initial)  
Lexis Nexis

Mailing Address Post Office Box 7247-7090

City Philadelphia State PA Zip Code 19170-7090

Purpose of Disbursement  
Subscription

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-1423

Date of Disbursement

03 / 12 / 2009

Amount of Each Disbursement this Period

475.87

**C.**

Full Name (Last, First, Middle Initial)  
National Journal Group, Inc.

Mailing Address Post Office Box 64408

City Baltimore State MD Zip Code 21264-4408

Purpose of Disbursement  
Subscription

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-1424

Date of Disbursement

03 / 12 / 2009

Amount of Each Disbursement this Period

1246.12

**SUBTOTAL** of Disbursements This Page (optional) .....

2197.86

**TOTAL** This Period (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 186 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) PingTone Communications</p> <p>Mailing Address 13921 Park Center Road 1st Floor</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Telephone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1425</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="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1670.34"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Ricoh's America's Corp.</p> <p>Mailing Address Post Office Box 41602</p> <p>City Philadelphia State PA Zip Code 19101-1602</p> <p>Purpose of Disbursement Equipment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1426</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="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="368.55"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Ryan, Phillips, Utrecht &amp; MacKinnon</p> <p>Mailing Address 1900 M Street, N.W. Suite 500</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Consulting/Legal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1427</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="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="153.83"/></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**2192.72**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 187 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HILLPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Soundpath Conferencing Svcs.	<b>Transaction ID:</b> SB21B-1428 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 33667	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	2		2	0	0	9												
City Washington State DC Zip Code 20033-3667	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Telephone Service Candidate Name	<table border="1"> <tr> <td colspan="10">464.98</td> </tr> </table>	464.98																			
464.98																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) United Business Technologies	<b>Transaction ID:</b> SB21B-1429 <b>Date of Disbursement</b>																				
Mailing Address 9218 Gaither Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City Gaithersburg State MD Zip Code 20877	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Equipment Candidate Name	<table border="1"> <tr> <td colspan="10">616.20</td> </tr> </table>	616.20																			
616.20																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) United Business Technologies	<b>Transaction ID:</b> SB21B-1430 <b>Date of Disbursement</b>																				
Mailing Address 9218 Gaither Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City Gaithersburg State MD Zip Code 20877	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Equipment Candidate Name	<table border="1"> <tr> <td colspan="10">350.86</td> </tr> </table>	350.86																			
350.86																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1432.04

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 188 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) UPS	<b>Transaction ID:</b> SB21B-1431 <b>Date of Disbursement</b>																				
Mailing Address PO Box 7247-0244	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Shipping Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>20.25</td> </tr> </table>	20.25																			
20.25																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Staples Business Advantage	<b>Transaction ID:</b> SB21B-1432 <b>Date of Disbursement</b>																				
Mailing Address Dept DC PO Box 415256	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City Boston State MA Zip Code 02241-5256 Purpose of Disbursement Office Supplies Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>75.55</td> </tr> </table>	75.55																			
75.55																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) United Parcel Service	<b>Transaction ID:</b> SB21B-1433 <b>Date of Disbursement</b>																				
Mailing Address PO Box 7247-0244	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Shipping Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>22.58</td> </tr> </table>	22.58																			
22.58																					
Office Sought: <input type="checkbox"/> House <input 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) .....

**118.38**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 189 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) United Parcel Service Mailing Address PO Box 7247-0244	<b>Transaction ID:</b> SB21B-1434 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 3 / 2 0 0 9</div> </div>
City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>8.75</div> <div>001</div> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Washington Post Agent 1208 Mailing Address Post Office Box 41265 City Washington State DC Zip Code 20018-0665 Purpose of Disbursement Subscription Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-1435 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 3 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>32.06</div> <div>001</div> Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Mantz Advisory Group, LLC Mailing Address 7131 Arlington Road Apartment 445 City Bethesda State MD Zip Code 20814 Purpose of Disbursement Consulting/ Fundraising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-1436 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 3 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>5000.00</div> <div>003</div> Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) .....

5040.81

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 190 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Mantz Advisory Group, LLC</p> <hr/> <p>Mailing Address 7131 Arlington Road Apartment 445</p> <hr/> <p>City Bethesda State MD Zip Code 20814</p> <hr/> <p>Purpose of Disbursement Consulting/ Fundraising</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1437</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <hr/> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>5000.00</td> </tr> </table> <hr/> <p>003 Category/ Type</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9	5000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	3		2	0	0	9													
5000.00																						
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Paychex</p> <hr/> <p>Mailing Address 7450 Tilghman Street Suite 107</p> <hr/> <p>City Allentown State PA Zip Code 18106</p> <hr/> <p>Purpose of Disbursement Payroll Fee</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1469</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <hr/> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>207.71</td> </tr> </table> <hr/> <p>001 Category/ Type</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9	207.71
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	3		2	0	0	9													
207.71																						
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) John Osterholt</p> <hr/> <p>Mailing Address 4740 Sarazen Drive</p> <hr/> <p>City Hollywood State FL Zip Code 33021</p> <hr/> <p>Purpose of Disbursement Salary</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1619</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <hr/> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>837.17</td> </tr> </table> <hr/> <p>001 Category/ Type</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9	837.17
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	3		2	0	0	9													
837.17																						

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

6044.88

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 191 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Kelly Mehlenbacher	<b>Transaction ID:</b> SB21B-1620 <b>Date of Disbursement</b>																				
Mailing Address 902 South Quincy Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City Arlington State VA Zip Code 22204	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">1020.44</td> </tr> </table>	1020.44																			
1020.44																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Nalinee Darmrong	<b>Transaction ID:</b> SB21B-1621 <b>Date of Disbursement</b>																				
Mailing Address 5511 Blair Road, NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City Washington State DC Zip Code 20011	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">1035.94</td> </tr> </table>	1035.94																			
1035.94																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Stephanie Gent	<b>Transaction ID:</b> SB21B-1622 <b>Date of Disbursement</b>																				
Mailing Address 2000 N Street NW Apartment 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City Washington State DC Zip Code 20036	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">1069.54</td> </tr> </table>	1069.54																			
1069.54																					
Office Sought: <input type="checkbox"/> House <input 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) .....**3125.92****TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 192 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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)  
HillPAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Ali Rubin</p> <p>Mailing Address 1515 O Street NW Apartment 305</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1623  <b>Date of Disbursement</b>  <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 3 / 2 0 0 9</div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>1147.19</div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Kathryn Balcerzak</p> <p>Mailing Address 7303 Meadow Wood Way</p> <p>City Clarksville State MD Zip Code 21029</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1624  <b>Date of Disbursement</b>  <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 3 / 2 0 0 9</div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>1322.80</div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Sarah Nolan</p> <p>Mailing Address P.O. Box 156</p> <p>City Concord State NH Zip Code 03302</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1625  <b>Date of Disbursement</b>  <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 3 / 2 0 0 9</div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>1782.60</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**4252.59**

**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)

PAGE 193 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Bryan Pagliano	<b>Transaction ID:</b> SB21B-1626 <b>Date of Disbursement</b>																				
Mailing Address 1601 Colonial Terrace	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City Arlington State VA Zip Code 22209	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">1856.57</td> </tr> </table>	1856.57																			
1856.57																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Kathleen Dowd	<b>Transaction ID:</b> SB21B-1627 <b>Date of Disbursement</b>																				
Mailing Address 1718 P Street NW Apartment 511	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City Washington State DC Zip Code 20036	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">2175.06</td> </tr> </table>	2175.06																			
2175.06																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Allison Wright	<b>Transaction ID:</b> SB21B-1628 <b>Date of Disbursement</b>																				
Mailing Address 6208 32nd Place, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												
City Washington State DC Zip Code 20015	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">2692.39</td> </tr> </table>	2692.39																			
2692.39																					
Office Sought: <input type="checkbox"/> House <input 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) .....

**6724.02**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 194 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC**A.**Full Name (Last, First, Middle Initial)  
Capricia Marshall

Mailing Address 4703 Windom Place, N.W.

City Washington State DC Zip Code 20016

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-1629

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	0	9

Amount of Each Disbursement this Period

3024.93

**B.**Full Name (Last, First, Middle Initial)  
Shelly Moskwa

Mailing Address 120 Grafton Street

City Chevy Chase State MD Zip Code 20815

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-1630

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	0	9

Amount of Each Disbursement this Period

4153.64

**C.**Full Name (Last, First, Middle Initial)  
Internal Revenue Service

Mailing Address Service Center

City Ogden State UT Zip Code 84201

Purpose of Disbursement  
Taxes

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-1486

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	0	9

Amount of Each Disbursement this Period

5283.03

SUBTOTAL of Disbursements This Page (optional) .....

12461.60

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
HillPAC

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 196 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Comptroller of MD - WH Tax	<b>Transaction ID:</b> SB21B-1474 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 37272	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	5		2	0	0	9												
City Baltimore State MD Zip Code 21297-3272	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Taxes	<table border="1"> <tr> <td colspan="10">632.68</td> </tr> </table>	632.68																			
632.68																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Virginia Dept of Taxation	<b>Transaction ID:</b> SB21B-1504 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 177	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	5		2	0	0	9												
City Richmond State VA Zip Code 23218	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Taxes	<table border="1"> <tr> <td colspan="10">193.27</td> </tr> </table>	193.27																			
193.27																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Bank of America	<b>Transaction ID:</b> SB21B-1668 <b>Date of Disbursement</b>																				
Mailing Address 730 15th Street, N.W.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	6		2	0	0	9												
City Washington State DC Zip Code 20005	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Banking Fee	<table border="1"> <tr> <td colspan="10">267.75</td> </tr> </table>	267.75																			
267.75																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1093.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 197 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) US Bank	<b>Transaction ID:</b> SB21B-1669 <b>Date of Disbursement</b>																				
Mailing Address PO Box 790408	<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>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	0		2	0	0	9												
City St. Louis State MO Zip Code 63179-0408	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Office Utilities Candidate Name	<table border="1"> <tr> <td colspan="10">380.15</td> </tr> </table>	380.15																			
380.15																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 001	See Attached Memo Entry																				
<b>B.</b> Full Name (Last, First, Middle Initial) SaveOnLighting.com	<b>Transaction ID:</b> SB21B-1669-10000 <b>Date of Disbursement</b>																				
Mailing Address PO Box 190399	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	3		2	0	0	9												
City Brooklyn State NY Zip Code 11219	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Office Utilities Candidate Name	<table border="1"> <tr> <td colspan="10">380.15</td> </tr> </table>	380.15																			
380.15																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 001	<b>[MEMO ITEM]</b> Memo Entry																				
<b>C.</b> Full Name (Last, First, Middle Initial) US Bank	<b>Transaction ID:</b> SB21B-1670 <b>Date of Disbursement</b>																				
Mailing Address PO Box 790408	<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>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	0		2	0	0	9												
City St. Louis State MO Zip Code 63179-0408	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Telephone Service Candidate Name	<table border="1"> <tr> <td colspan="10">1198.34</td> </tr> </table>	1198.34																			
1198.34																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 001	See Attached Memo Entry																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1578.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 4009	<b>Transaction ID:</b> SB21B-1670-10000 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 0 9</div> </div>
City Silver Spring State MD Zip Code 20914-4009 Purpose of Disbursement Telephone Service Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>1198.34</div> <b>[MEMO ITEM]</b> Memo Entry
<b>B.</b> Full Name (Last, First, Middle Initial) US Bank Mailing Address PO Box 790408 City St. Louis State MO Zip Code 63179-0408 Purpose of Disbursement Subscription Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Transaction ID:</b> SB21B-1671 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 0 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>22.90</div> See Attached Memo Entry
<b>C.</b> Full Name (Last, First, Middle Initial) Tivo Inc. Mailing Address 2160 Gold Street City Alviso State CA Zip Code 95002 Purpose of Disbursement Subscription Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Transaction ID:</b> SB21B-1671-10000 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 7 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>12.95</div> <b>[MEMO ITEM]</b> Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) .....

**22.90**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 199 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

**A.**

Full Name (Last, First, Middle Initial)  
Tivo Inc.

Mailing Address 2160 Gold Street

City State Zip Code  
Alviso CA 95002

Purpose of Disbursement  
Subscription  
Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-1671-20000  
Date of Disbursement

02 / 23 / 2009

Amount of Each Disbursement this Period

9.95

**[MEMO ITEM]**  
Memo Entry

**B.**

Full Name (Last, First, Middle Initial)  
Carefirst Bluecross Blueshield

Mailing Address Post Office Box 79749

City State Zip Code  
Baltimore MD 21279-0749

Purpose of Disbursement  
Employee Benefits  
Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-1445  
Date of Disbursement

03 / 26 / 2009

Amount of Each Disbursement this Period

914.41

**C.**

Full Name (Last, First, Middle Initial)  
Aircraft Services Group, Inc.

Mailing Address 300 Corporate Drive

City State Zip Code  
Mahwah NJ 07430-3605

Purpose of Disbursement  
Travel  
Candidate Name

002  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-1446  
Date of Disbursement

03 / 26 / 2009

Amount of Each Disbursement this Period

28992.29

**SUBTOTAL** of Disbursements This Page (optional) .....

29906.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 200 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Aircraft Services Group, Inc.	<b>Transaction ID:</b> SB21B-1447 <b>Date of Disbursement</b>																				
Mailing Address 300 Corporate Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	0	9												
City Mahwah State NJ Zip Code 07430-3605	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td colspan="10">883.32</td> </tr> </table>	883.32																			
883.32																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Internal Revenue Service	<b>Transaction ID:</b> SB21B-1487 <b>Date of Disbursement</b>																				
Mailing Address Service Center	<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>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City Ogden State UT Zip Code 84201	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Taxes	<table border="1"> <tr> <td colspan="10">5773.85</td> </tr> </table>	5773.85																			
5773.85																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Internal Revenue Service	<b>Transaction ID:</b> SB21B-1493 <b>Date of Disbursement</b>																				
Mailing Address Service Center	<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>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City Ogden State UT Zip Code 84201	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Taxes	<table border="1"> <tr> <td colspan="10">5455.48</td> </tr> </table>	5455.48																			
5455.48																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

12112.65

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 201 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

**A.**

Full Name (Last, First, Middle Initial)  
Internal Revenue Service

Mailing Address Service Center

City Ogden State UT Zip Code 84201

Purpose of Disbursement  
Taxes

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-1481

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

24.00

**B.**

Full Name (Last, First, Middle Initial)  
DC Office Of Tax and Revenue

Mailing Address Post Office Box 7792  
Ben Franklin Station

City Washington State DC Zip Code 20044

Purpose of Disbursement  
Taxes

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-1511

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

1454.70

**C.**

Full Name (Last, First, Middle Initial)  
Comptroller of MD - WH Tax

Mailing Address Post Office Box 37272

City Baltimore State MD Zip Code 21297-3272

Purpose of Disbursement  
Taxes

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-1475

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

632.68

**SUBTOTAL** of Disbursements This Page (optional) .....

2111.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 202 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Virginia Dept of Taxation Mailing Address Post Office Box 177	<b>Transaction ID:</b> SB21B-1505 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 9</div> </div>
City Richmond State VA Zip Code 23218 Purpose of Disbursement 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) ▼	<b>Amount of Each Disbursement this Period</b> <div>190.81</div> <div>001</div> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Paychex Mailing Address 7450 Tilghman Street Suite 107 City Allentown State PA Zip Code 18106 Purpose of Disbursement Payroll 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) ▼	<b>Transaction ID:</b> SB21B-1672 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>222.21</div> <div>001</div> Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) John Osterholt Mailing Address 4740 Sarazen Drive City Hollywood State FL Zip Code 33021 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-1631 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>837.17</div> <div>001</div> Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1250.19

**TOTAL** This Period (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)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Kelly Mehlenbacher	<b>Transaction ID:</b> SB21B-1632 <b>Date of Disbursement</b>																				
Mailing Address 902 South Quincy Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City Arlington State VA Zip Code 22204	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary	<table border="1"> <tr> <td colspan="10">1020.44</td> </tr> </table>	1020.44																			
1020.44																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Nalinee Darmrong	<b>Transaction ID:</b> SB21B-1633 <b>Date of Disbursement</b>																				
Mailing Address 5511 Blair Road, NE	<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>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City Washington State DC Zip Code 20011	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary	<table border="1"> <tr> <td colspan="10">1035.94</td> </tr> </table>	1035.94																			
1035.94																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Stephanie Gent	<b>Transaction ID:</b> SB21B-1634 <b>Date of Disbursement</b>																				
Mailing Address 2000 N Street NW Apartment 801	<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>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
City Washington State DC Zip Code 20036	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary	<table border="1"> <tr> <td colspan="10">1069.54</td> </tr> </table>	1069.54																			
1069.54																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3125.92**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 204 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Kathryn Balcerzak	<b>Transaction ID:</b> SB21B-1635																				
Mailing Address 7303 Meadow Wood Way	Date of Disbursement																				
City Clarksville State MD Zip Code 21029	<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>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
Purpose of Disbursement Salary	Amount of Each Disbursement this Period																				
Candidate Name	<table border="1"> <tr> <td>1322.80</td> </tr> </table>	1322.80																			
1322.80																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Bryan Pagliano	<b>Transaction ID:</b> SB21B-1636																				
Mailing Address 1601 Colonial Terrace	Date of Disbursement																				
City Arlington State VA Zip Code 22209	<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>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
Purpose of Disbursement Salary	Amount of Each Disbursement this Period																				
Candidate Name	<table border="1"> <tr> <td>1830.30</td> </tr> </table>	1830.30																			
1830.30																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Kathleen Dowd	<b>Transaction ID:</b> SB21B-1637																				
Mailing Address 1718 P Street NW Apartment 511	Date of Disbursement																				
City Washington State DC Zip Code 20036	<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>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
Purpose of Disbursement Salary	Amount of Each Disbursement this Period																				
Candidate Name	<table border="1"> <tr> <td>2151.61</td> </tr> </table>	2151.61																			
2151.61																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**5304.71**

**TOTAL** This Period (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)  
HillPAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Ali Rubin</p> <p>Mailing Address 1515 O Street NW Apartment 305</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1638  <b>Date of Disbursement</b>  <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 9</div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>2265.84</div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Allison Wright</p> <p>Mailing Address 6208 32nd Place, NW</p> <p>City Washington State DC Zip Code 20015</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1639  <b>Date of Disbursement</b>  <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 9</div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>2692.39</div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Capricia Marshall</p> <p>Mailing Address 4703 Windom Place, N.W.</p> <p>City Washington State DC Zip Code 20016</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1640  <b>Date of Disbursement</b>  <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 9</div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>2957.79</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**7916.02**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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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)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Sarah Nolan Mailing Address P.O. Box 156	<b>Transaction ID:</b> SB21B-1641 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 9</div> </div>
City Concord State NH Zip Code 03302 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>3539.48</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Shelly Moskwa Mailing Address 120 Grafton Street City Chevy Chase State MD Zip Code 20815 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-1642 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>4153.64</div>
<b>C.</b> Full Name (Last, First, Middle Initial) PNC Mailing Address PO Box 609 City Pittsburgh State PA Zip Code 15230 Purpose of Disbursement Banking 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) ▼	<b>Transaction ID:</b> SB21B-1682 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 1 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>21.90</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**7715.02**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 207 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Electronic Transaction Systems</p> <p>Mailing Address 10 Pidgeon Hill Drive</p> <p>City Sterling State VA Zip Code 20165</p> <p>Purpose of Disbursement Credit Card Process Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1684</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="32.50"/></p> <p>003 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) U.S. Postmaster</p> <p>Mailing Address 1050 Connecticut Avenue, N.W.</p> <p>City Washington State DC Zip Code 20036-5303</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1440</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="210.00"/></p> <p>001 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Europ Assistance USA Inc</p> <p>Mailing Address 4330 East West Highway Suite 1000</p> <p>City Bethesda State MD Zip Code 20814</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1441</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="7500.00"/></p> <p>001 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**7742.50**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 208 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

**A.**

Full Name (Last, First, Middle Initial)  
Cafritz Company/1825 K Street Parking

Mailing Address 1875 Eye Street, NW  
Suite 250

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Parking

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-1442

Date of Disbursement

04 / 02 / 2009

Amount of Each Disbursement this Period

390.00

**B.**

Full Name (Last, First, Middle Initial)  
Cafritz Company/1825 K Street Parking

Mailing Address 1875 Eye Street, NW  
Suite 250

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Parking

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-1443

Date of Disbursement

04 / 02 / 2009

Amount of Each Disbursement this Period

390.00

**C.**

Full Name (Last, First, Middle Initial)  
Verizon Wireless

Mailing Address Post Office Box 25505

City Lehigh Valley State PA Zip Code 18002-5505

Purpose of Disbursement  
Telephone Service

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-1444

Date of Disbursement

04 / 02 / 2009

Amount of Each Disbursement this Period

735.08

**SUBTOTAL** of Disbursements This Page (optional) .....

1515.08

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 209 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) CyberSource</p> <p>Mailing Address 1295 Charleston Road</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement Credit Card Process Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1683</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="115.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) New York Workers Compensation</p> <p>Mailing Address 20 Park Street</p> <p>City Albany State NY Zip Code 12207</p> <p>Purpose of Disbursement Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1448</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4420.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) AT&amp;T Mobility</p> <p>Mailing Address PO Box 6463</p> <p>City Carol Stream State IL Zip Code 60197-6463</p> <p>Purpose of Disbursement Telephone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1449</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1230.05"/></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**5765.05**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
HillPACFEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 211 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HILLPAC**A.** Full Name (Last, First, Middle Initial)  
DC Office Of Tax and RevenueMailing Address Post Office Box 7792  
Ben Franklin Station

City Washington State DC Zip Code 20044

Purpose of Disbursement  
Taxes

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-1712

Date of Disbursement

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 9

Amount of Each Disbursement this Period

1023.70

**B.** Full Name (Last, First, Middle Initial)  
Virginia Dept of Taxation

Mailing Address Post Office Box 177

City Richmond State VA Zip Code 23218

Purpose of Disbursement  
Taxes

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-1713

Date of Disbursement

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 9

Amount of Each Disbursement this Period

193.27

**C.** Full Name (Last, First, Middle Initial)  
Comptroller of MD - WH Tax

Mailing Address Post Office Box 37272

City Baltimore State MD Zip Code 21297-3272

Purpose of Disbursement  
Taxes

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-1714

Date of Disbursement

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 9

Amount of Each Disbursement this Period

632.68

SUBTOTAL of Disbursements This Page (optional) .....

1849.65

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
HillPAC

202.47

310.89

837.17

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 213 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Nalinee Darmrong	<b>Transaction ID:</b> SB21B-1721 <b>Date of Disbursement</b>																				
Mailing Address 5511 Blair Road, NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	5		2	0	0	9												
City Washington State DC Zip Code 20011	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary	<table border="1"> <tr> <td colspan="10">1035.94</td> </tr> </table>	1035.94																			
1035.94																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Kelly Mehlenbacher	<b>Transaction ID:</b> SB21B-1722 <b>Date of Disbursement</b>																				
Mailing Address 902 South Quincy Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	5		2	0	0	9												
City Arlington State VA Zip Code 22204	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary	<table border="1"> <tr> <td colspan="10">1020.44</td> </tr> </table>	1020.44																			
1020.44																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Stephanie Gent	<b>Transaction ID:</b> SB21B-1723 <b>Date of Disbursement</b>																				
Mailing Address 2000 N Street NW Apartment 801	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	5		2	0	0	9												
City Washington State DC Zip Code 20036	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary	<table border="1"> <tr> <td colspan="10">1069.54</td> </tr> </table>	1069.54																			
1069.54																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3125.92**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 214 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

**A.**

Full Name (Last, First, Middle Initial)  
Kathryn Balcerzak

Mailing Address 7303 Meadow Wood Way

City State Zip Code  
Clarksville MD 21029

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-1724  
Date of Disbursement

04 / 15 / 2009

Amount of Each Disbursement this Period

1322.80

**B.**

Full Name (Last, First, Middle Initial)  
Bryan Pagliano

Mailing Address 1601 Colonial Terrace

City State Zip Code  
Arlington VA 22209

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-1725  
Date of Disbursement

04 / 15 / 2009

Amount of Each Disbursement this Period

1856.57

**C.**

Full Name (Last, First, Middle Initial)  
Kathleen Dowd

Mailing Address 1718 P Street NW  
Apartment 511

City State Zip Code  
Washington DC 20036

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-1726  
Date of Disbursement

04 / 15 / 2009

Amount of Each Disbursement this Period

2175.06

**SUBTOTAL** of Disbursements This Page (optional) .....

5354.43

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 215 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Allison Wright

Mailing Address 6208 32nd Place, NW

City Washington State DC Zip Code 20015

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-1727

Date of Disbursement

04 / 15 / 2009

Amount of Each Disbursement this Period

2692.39

**B.**

Full Name (Last, First, Middle Initial)

Capricia Marshall

Mailing Address 4703 Windom Place, N.W.

City Washington State DC Zip Code 20016

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-1728

Date of Disbursement

04 / 15 / 2009

Amount of Each Disbursement this Period

3024.93

**C.**

Full Name (Last, First, Middle Initial)

Shelly Moskwa

Mailing Address 120 Grafton Street

City Chevy Chase State MD Zip Code 20815

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-1729

Date of Disbursement

04 / 15 / 2009

Amount of Each Disbursement this Period

4153.64

**SUBTOTAL** of Disbursements This Page (optional) .....

9870.96

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 216 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Allied Telecom	<b>Transaction ID:</b> SB21B-1512 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 758792	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	0		2	0	0	9												
City Baltimore State MD Zip Code 21275-8792	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Internet Service Candidate Name	<table border="1"> <tr> <td colspan="10">262.50</td> </tr> </table>	262.50																			
262.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Allied Telecom	<b>Transaction ID:</b> SB21B-1513 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 758792	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	0		2	0	0	9												
City Baltimore State MD Zip Code 21275-8792	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Internet Service Candidate Name	<table border="1"> <tr> <td colspan="10">262.50</td> </tr> </table>	262.50																			
262.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) NGP Software, Inc.	<b>Transaction ID:</b> SB21B-1514 <b>Date of Disbursement</b>																				
Mailing Address 1225 Eye Street, N.W. Suite 1225	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	0		2	0	0	9												
City Washington State DC Zip Code 20005	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Consulting/ Technology Candidate Name	<table border="1"> <tr> <td colspan="10">5625.00</td> </tr> </table>	5625.00																			
5625.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**6150.00**

**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 217 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HILLPAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) NGP Software, Inc.</p> <p>Mailing Address 1225 Eye Street, N.W. Suite 1225</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Consulting/ Technology</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1515</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1101.56"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) NGP Software, Inc.</p> <p>Mailing Address 1225 Eye Street, N.W. Suite 1225</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Consulting/ Technology</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1516</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="796.88"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) NGP Software, Inc.</p> <p>Mailing Address 1225 Eye Street, N.W. Suite 1225</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Consulting/ Technology</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1517</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="750.00"/></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**2648.44**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 218 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Soundpath Conferencing Svcs.	<b>Transaction ID:</b> SB21B-1518 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 33667	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	0		2	0	0	9												
City Washington State DC Zip Code 20033-3667	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Telephone Service Candidate Name	<table border="1"> <tr> <td colspan="10">106.16</td> </tr> </table>	106.16																			
106.16																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Soundpath Conferencing Svcs.	<b>Transaction ID:</b> SB21B-1519 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 33667	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	0		2	0	0	9												
City Washington State DC Zip Code 20033-3667	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Telephone Service Candidate Name	<table border="1"> <tr> <td colspan="10">644.91</td> </tr> </table>	644.91																			
644.91																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Soundpath Conferencing Svcs.	<b>Transaction ID:</b> SB21B-1520 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 33667	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	0		2	0	0	9												
City Washington State DC Zip Code 20033-3667	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Telephone Service Candidate Name	<table border="1"> <tr> <td colspan="10">1042.85</td> </tr> </table>	1042.85																			
1042.85																					
Office Sought: <input type="checkbox"/> House <input 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) .....

1793.92

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
HillPAC

4.77

104.34

98.71

FEC Schedule B ( Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
HillPAC

72.23

5084.33

5080.12

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 221 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

**A.**

Full Name (Last, First, Middle Initial)  
AT&T Mobility

Mailing Address PO Box 6463

City State Zip Code  
Carol Stream IL 60197-6463

Purpose of Disbursement  
Telephone Service

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-1527  
Date of Disbursement

04 / 20 / 2009

Amount of Each Disbursement this Period

1146.02

**B.**

Full Name (Last, First, Middle Initial)  
Automated Signature Technology

Mailing Address 112 Oak Grove Road  
Suite 107

City State Zip Code  
Sterling VA 20166

Purpose of Disbursement  
Equipment

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-1528  
Date of Disbursement

04 / 20 / 2009

Amount of Each Disbursement this Period

74.25

**C.**

Full Name (Last, First, Middle Initial)  
AVF Consulting

Mailing Address 1220-C East Joppa Road  
Suite 514

City State Zip Code  
Baltimore MD 21286

Purpose of Disbursement  
Consulting/ Accounting

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-1529  
Date of Disbursement

04 / 20 / 2009

Amount of Each Disbursement this Period

67.50

**SUBTOTAL** of Disbursements This Page (optional) .....

1287.77

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 222 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Capital Records	<b>Transaction ID:</b> SB21B-1530 <b>Date of Disbursement</b>
Mailing Address 44112 Mercure Circle	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 0 / 2 0 0 9</div> </div>
City Sterling State VA Zip Code 20166 Purpose of Disbursement Storage Rent Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>313.85</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) CIT Technology Fin Serv, Inc.	<b>Transaction ID:</b> SB21B-1531 <b>Date of Disbursement</b>
Mailing Address Post Office Box 33076	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 0 / 2 0 0 9</div> </div>
City Newark State NJ Zip Code 07188-0076 Purpose of Disbursement Equipment Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>472.59</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Comcast	<b>Transaction ID:</b> SB21B-1532 <b>Date of Disbursement</b>
Mailing Address Post Office Box 3005	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 0 / 2 0 0 9</div> </div>
City Southeastern State PA Zip Code 19398-3005 Purpose of Disbursement Internet Service Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>151.07</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**937.51**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 223 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Deer Park	<b>Transaction ID:</b> SB21B-1533 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 856192	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	0		2	0	0	9												
City Louisville State KY Zip Code 40285	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Food & Beverage Candidate Name	<table border="1"> <tr> <td colspan="10">93.63</td> </tr> </table>	93.63																			
93.63																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) JK Moving and Storage, Inc.	<b>Transaction ID:</b> SB21B-1534 <b>Date of Disbursement</b>																				
Mailing Address 44112 Mercure Circle	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	0		2	0	0	9												
City Sterling State VA Zip Code 20166	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Moving Fees Candidate Name	<table border="1"> <tr> <td colspan="10">761.25</td> </tr> </table>	761.25																			
761.25																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) PingTone Communications	<b>Transaction ID:</b> SB21B-1535 <b>Date of Disbursement</b>																				
Mailing Address 13921 Park Center Road 1st Floor	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	0		2	0	0	9												
City Herndon State VA Zip Code 20171	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Internet Service Candidate Name	<table border="1"> <tr> <td colspan="10">1120.25</td> </tr> </table>	1120.25																			
1120.25																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1975.13

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 224 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

**A.**

Full Name (Last, First, Middle Initial)  
United Business Technologies

Mailing Address 9218 Gaither Road

City Gaithersburg State MD Zip Code 20877

Purpose of Disbursement  
Equipment

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-1536

Date of Disbursement

04 / 20 / 2009

Amount of Each Disbursement this Period

284.42

**B.**

Full Name (Last, First, Middle Initial)  
US21 Global Services

Mailing Address 2721 Prosperity Avenue  
Suite # 300

City Fairfax State VA Zip Code 22031

Purpose of Disbursement  
Office Supplies

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-1537

Date of Disbursement

04 / 20 / 2009

Amount of Each Disbursement this Period

345.00

**C.**

Full Name (Last, First, Middle Initial)  
William Thach Studios, Inc.

Mailing Address 2822 East 17th Avenue

City Denver State CO Zip Code 80206-1504

Purpose of Disbursement  
Event Expense: Photography

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-1538

Date of Disbursement

04 / 20 / 2009

Amount of Each Disbursement this Period

150.00

**SUBTOTAL** of Disbursements This Page (optional) .....

779.42

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 225 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) EMC Corporation</p> <p>Mailing Address 4246 Collections Center Drive</p> <p>City Chicago State IL Zip Code 60693</p> <p>Purpose of Disbursement Software</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1539</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="137.70"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Department of Employment Svcs.</p> <p>Mailing Address Post Office Box 96664</p> <p>City Washington State DC Zip Code 20090-6664</p> <p>Purpose of Disbursement Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1673</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4363.31"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Internal Revenue Service</p> <p>Mailing Address Service Center</p> <p>City Ogden State UT Zip Code 84201</p> <p>Purpose of Disbursement Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1715</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4775.67"/></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**9276.68**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
HillPAC

4393.72

632.68

974.70

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 227 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Virginia Dept of Taxation</p> <p>Mailing Address Post Office Box 177</p> <p>City Richmond State VA Zip Code 23218</p> <p>Purpose of Disbursement Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1719</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="279.54"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address 7450 Tilghman Street Suite 107</p> <p>City Allentown State PA Zip Code 18106</p> <p>Purpose of Disbursement Payroll Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1686</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="202.47"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Stephanie Gent</p> <p>Mailing Address 2000 N Street NW Apartment 801</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1730</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="668.45"/></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**1150.46**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 228 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

A.

Full Name (Last, First, Middle Initial)  
John Osterholt

Mailing Address 4740 Sarazen Drive

City Hollywood State FL Zip Code 33021

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-1731

Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

837.17

B.

Full Name (Last, First, Middle Initial)  
Nalinee Darmrong

Mailing Address 5511 Blair Road, NE

City Washington State DC Zip Code 20011

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-1732

Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

1035.94

C.

Full Name (Last, First, Middle Initial)  
Kelly Mehlenbacher

Mailing Address 902 South Quincy Street

City Arlington State VA Zip Code 22204

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-1733

Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

1005.44

SUBTOTAL of Disbursements This Page (optional) .....

2878.55

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)

PAGE 229 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Kathryn Balcerzak	<b>Transaction ID:</b> SB21B-1734 <b>Date of Disbursement</b>																				
Mailing Address 7303 Meadow Wood Way	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	0	9												
City Clarksville State MD Zip Code 21029	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">1322.80</td> </tr> </table>	1322.80																			
1322.80																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Kathleen Dowd	<b>Transaction ID:</b> SB21B-1735 <b>Date of Disbursement</b>																				
Mailing Address 1718 P Street NW Apartment 511	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	0	9												
City Washington State DC Zip Code 20036	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">2151.61</td> </tr> </table>	2151.61																			
2151.61																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Allison Wright	<b>Transaction ID:</b> SB21B-1736 <b>Date of Disbursement</b>																				
Mailing Address 6208 32nd Place, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	0	9												
City Washington State DC Zip Code 20015	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">2692.39</td> </tr> </table>	2692.39																			
2692.39																					
Office Sought: <input type="checkbox"/> House <input 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) .....

**6166.80**

**TOTAL** This Period (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 230 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Bryan Pagliano	<b>Transaction ID:</b> SB21B-1737																				
Mailing Address 1601 Colonial Terrace	Date of Disbursement																				
City State Zip Code Arlington VA 22209	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	0	9												
Purpose of Disbursement Salary	Amount of Each Disbursement this Period																				
Candidate Name	<table border="1"> <tr> <td>3032.38</td> </tr> </table>	3032.38																			
3032.38																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<table border="1"> <tr> <td>001</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	001	Category/ Type																		
001																					
Category/ Type																					
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Capricia Marshall	<b>Transaction ID:</b> SB21B-1738																				
Mailing Address 4703 Windom Place, N.W.	Date of Disbursement																				
City State Zip Code Washington DC 20016	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	0	9												
Purpose of Disbursement Salary	Amount of Each Disbursement this Period																				
Candidate Name	<table border="1"> <tr> <td>2957.79</td> </tr> </table>	2957.79																			
2957.79																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<table border="1"> <tr> <td>001</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	001	Category/ Type																		
001																					
Category/ Type																					
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Shelly Moskwa	<b>Transaction ID:</b> SB21B-1739																				
Mailing Address 120 Grafton Street	Date of Disbursement																				
City State Zip Code Chevy Chase MD 20815	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	0	9												
Purpose of Disbursement Salary	Amount of Each Disbursement this Period																				
Candidate Name	<table border="1"> <tr> <td>4153.64</td> </tr> </table>	4153.64																			
4153.64																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<table border="1"> <tr> <td>001</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	001	Category/ Type																		
001																					
Category/ Type																					
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**10143.81**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 231 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) PNC Mailing Address PO Box 609	<b>Transaction ID:</b> SB21B-1743 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 1 / 2 0 0 9</div> </div>
City Pittsburgh State PA Zip Code 15230 Purpose of Disbursement Banking 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) ▼	<b>Amount of Each Disbursement this Period</b> <div>23.04</div> <div>001</div> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Electronic Transaction Systems Mailing Address 10 Pidgeon Hill Drive City Sterling State VA Zip Code 20165 Purpose of Disbursement Credit Card Process 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) ▼	<b>Transaction ID:</b> SB21B-1760 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 4 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>32.50</div> <div>003</div> Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address Post Office Box 15062 City Albany State NY Zip Code 12212-5062 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) ▼	<b>Transaction ID:</b> SB21B-1674 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 5 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>71.93</div> <div>001</div> Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) .....

127.47

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 232 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

**A.**

Full Name (Last, First, Middle Initial)

Ricoh Americas Corporation

Mailing Address Post Office Box 4245

City Carol Stream State IL Zip Code 60197-4245

Purpose of Disbursement  
Equipment

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-1675

Date of Disbursement

05 / 05 / 2009

Amount of Each Disbursement this Period

869.43

**B.**

Full Name (Last, First, Middle Initial)

Europ Assistance USA Inc

Mailing Address 4330 East West Highway  
Suite 1000

City Bethesda State MD Zip Code 20814

Purpose of Disbursement  
Rent

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-1676

Date of Disbursement

05 / 05 / 2009

Amount of Each Disbursement this Period

7500.00

**C.**

Full Name (Last, First, Middle Initial)

NGP Software, Inc.

Mailing Address 1225 Eye Street, N.W.  
Suite 1225

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Consulting/ Technology

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-1688

Date of Disbursement

05 / 11 / 2009

Amount of Each Disbursement this Period

656.25

**SUBTOTAL** of Disbursements This Page (optional) .....

9025.68

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 233 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) New York Post	<b>Transaction ID:</b> SB21B-1689 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 7247-0291	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	1		2	0	0	9												
City Philadelphia State PA Zip Code 19170-0291	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Subscription Candidate Name	<table border="1"> <tr> <td colspan="10">40.39</td> </tr> </table>	40.39																			
40.39																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Congressional Quarterly, Inc.	<b>Transaction ID:</b> SB21B-1690 <b>Date of Disbursement</b>																				
Mailing Address 1255 22nd Street, NW Suite 700	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	1		2	0	0	9												
City Washington State DC Zip Code 20037	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Subscription Candidate Name	<table border="1"> <tr> <td colspan="10">967.50</td> </tr> </table>	967.50																			
967.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) AT&T Mobility	<b>Transaction ID:</b> SB21B-1679 <b>Date of Disbursement</b>																				
Mailing Address PO Box 6463	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	1		2	0	0	9												
City Carol Stream State IL Zip Code 60197-6463	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Telephone Service Candidate Name	<table border="1"> <tr> <td colspan="10">952.66</td> </tr> </table>	952.66																			
952.66																					
Office Sought: <input type="checkbox"/> House <input 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) .....

1960.55

**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)

PAGE 234 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon Wireless	<b>Transaction ID:</b> SB21B-1680 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	1		2	0	0	9												
City Lehigh Valley State PA Zip Code 18002-5505	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Telephone Service Candidate Name	<table border="1"> <tr> <td colspan="10">755.38</td> </tr> </table>	755.38																			
755.38																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Bank of America	<b>Transaction ID:</b> SB21B-1741 <b>Date of Disbursement</b>																				
Mailing Address 730 15th Street, N.W.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	5		2	0	0	9												
City Washington State DC Zip Code 20005	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Banking Fee Candidate Name	<table border="1"> <tr> <td colspan="10">300.25</td> </tr> </table>	300.25																			
300.25																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Paychex	<b>Transaction ID:</b> SB21B-1740 <b>Date of Disbursement</b>																				
Mailing Address 7450 Tilghman Street Suite 107	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	9		2	0	0	9												
City Allentown State PA Zip Code 18106	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Fee Candidate Name	<table border="1"> <tr> <td colspan="10">202.11</td> </tr> </table>	202.11																			
202.11																					
Office Sought: <input type="checkbox"/> House <input 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) .....

1257.74

**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)

PAGE 235 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Allied Telecom	<b>Transaction ID:</b> SB21B-1691 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 758792	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	2		2	0	0	9												
City Baltimore State MD Zip Code 21275-8792	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Internet Service Candidate Name	<table border="1"> <tr> <td colspan="10">262.50</td> </tr> </table>	262.50																			
262.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Allied Telecom	<b>Transaction ID:</b> SB21B-1692 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 758792	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	2		2	0	0	9												
City Baltimore State MD Zip Code 21275-8792	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Internet Service Candidate Name	<table border="1"> <tr> <td colspan="10">262.50</td> </tr> </table>	262.50																			
262.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) PingTone Communications	<b>Transaction ID:</b> SB21B-1693 <b>Date of Disbursement</b>																				
Mailing Address 13921 Park Center Road 1st Floor	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	2		2	0	0	9												
City Herndon State VA Zip Code 20171	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Internet Service Candidate Name	<table border="1"> <tr> <td colspan="10">1285.26</td> </tr> </table>	1285.26																			
1285.26																					
Office Sought: <input type="checkbox"/> House <input 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) .....

1810.26

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
HillPAC

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 237 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Deer Park	<b>Transaction ID:</b> SB21B-1697 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 856192	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	6		2	0	0	9												
City Louisville State KY Zip Code 40285	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Food & Beverage Candidate Name	<table border="1"> <tr> <td colspan="10">56.08</td> </tr> </table>	56.08																			
56.08																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Staples Business Advantage	<b>Transaction ID:</b> SB21B-1698 <b>Date of Disbursement</b>																				
Mailing Address Dept DC PO Box 415256	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	6		2	0	0	9												
City Boston State MA Zip Code 02241-5256	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Office Supplies Candidate Name	<table border="1"> <tr> <td colspan="10">108.73</td> </tr> </table>	108.73																			
108.73																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Utrecht & Phillips, PLLC	<b>Transaction ID:</b> SB21B-1699 <b>Date of Disbursement</b>																				
Mailing Address 1900 M Street, N.W. Suite 500	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	6		2	0	0	9												
City Washington State DC Zip Code 20036	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Consulting/Legal Candidate Name	<table border="1"> <tr> <td colspan="10">123.80</td> </tr> </table>	123.80																			
123.80																					
Office Sought: <input type="checkbox"/> House <input 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) .....

**288.61**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 238 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address Post Office Box 15124</p> <p>City Albany State NY Zip Code 12212-5124</p> <p>Purpose of Disbursement Telephone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1700</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="17.71"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address Post Office Box 1100</p> <p>City Albany State NY Zip Code 12250-0001</p> <p>Purpose of Disbursement Telephone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1701</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="61.75"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Comcast</p> <p>Mailing Address Post Office Box 3005</p> <p>City Southeastern State PA Zip Code 19398-3005</p> <p>Purpose of Disbursement Subscription</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1702</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="161.14"/></p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ► <input type="text" value="240.60"/></p> <p><b>TOTAL</b> This Period (last page this line number only) ..... ► <input type="text"/></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)

PAGE 239 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

**A.**

Full Name (Last, First, Middle Initial)  
United Business Technologies

Mailing Address 9218 Gaither Road

City Gaithersburg State MD Zip Code 20877

Purpose of Disbursement  
Equipment

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-1703

Date of Disbursement

05 / 26 / 2009

Amount of Each Disbursement this Period

268.08

**B.**

Full Name (Last, First, Middle Initial)  
CIT Technology Fin Serv, Inc.

Mailing Address Post Office Box 33076

City Newark State NJ Zip Code 07188-0076

Purpose of Disbursement  
Equipment

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-1704

Date of Disbursement

05 / 26 / 2009

Amount of Each Disbursement this Period

443.20

**C.**

Full Name (Last, First, Middle Initial)  
Ricoh's America's Corp.

Mailing Address Post Office Box 41602

City Philadelphia State PA Zip Code 19101-1602

Purpose of Disbursement  
Equipment

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-1705

Date of Disbursement

05 / 26 / 2009

Amount of Each Disbursement this Period

368.55

**SUBTOTAL** of Disbursements This Page (optional) .....

1079.83

**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)

PAGE 240 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ricoh's America's Corp.	<b>Transaction ID:</b> SB21B-1706 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 41602	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	6		2	0	9													
City Philadelphia State PA Zip Code 19101-1602	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Equipment Candidate Name	<table border="1"> <tr> <td colspan="10">368.55</td> </tr> </table>	368.55																			
368.55																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) NuTech Computer Solutions, Inc	<b>Transaction ID:</b> SB21B-1707 <b>Date of Disbursement</b>																				
Mailing Address 350 5th Avenue Suite 5806	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	4		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	4		2	0	9													
City New York State NY Zip Code 10118	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Consulting/ Technology Candidate Name	<table border="1"> <tr> <td colspan="10">101.60</td> </tr> </table>	101.60																			
101.60																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Verizon	<b>Transaction ID:</b> SB21B-1708 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 15124	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	4		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	4		2	0	9													
City Albany State NY Zip Code 12212-5124	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Telephone Service Candidate Name	<table border="1"> <tr> <td colspan="10">18.93</td> </tr> </table>	18.93																			
18.93																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**489.08**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 241 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address Post Office Box 25505	<b>Transaction ID:</b> SB21B-1742 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	5		2	0	0	9		
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	5		2	0	0	9														
City Lehigh Valley State PA Zip Code 18002-5505 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) ▼	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>248.01</td> </tr> </table> <table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	248.01	001																				
248.01																							
001																							
<b>B.</b> Full Name (Last, First, Middle Initial) Bank of America Mailing Address 730 15th Street, N.W. City Washington State DC Zip Code 20005 Purpose of Disbursement Banking 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) ▼	<b>Transaction ID:</b> SB21B-1770 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>281.78</td> </tr> </table> <table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0	9	281.78	001
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	5		2	0	0	9														
281.78																							
001																							
<b>C.</b> Full Name (Last, First, Middle Initial) SLG Graybar Sublease, LLC Mailing Address 420 Lexington Avenue 18th Floor City New York State NY Zip Code 10170 Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-1746 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>-1570.00</td> </tr> </table> <table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type Prior Period Void 9/11/08	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	8		2	0	0	9	-1570.00	001
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	8		2	0	0	9														
-1570.00																							
001																							

**SUBTOTAL** of Disbursements This Page (optional) .....

**-1040.21**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 242 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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)  
HillPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Kathleen Strand <hr/> Mailing Address    2222 West 113th Place <hr/> <table> <tr> <td>City Chicago</td> <td>State IL</td> <td>Zip Code 60643</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement Travel</td> <td><input type="text" value="002"/></td> </tr> <tr> <td>Candidate Name</td> <td>Category/ Type</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State:                  District:</td> <td></td> </tr> </table>	City Chicago	State IL	Zip Code 60643	Purpose of Disbursement Travel	<input type="text" value="002"/>	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>Transaction ID:</b> SB21B-1748 <b>Date of Disbursement</b> <div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>0 6 / 1 8 / 2 0 0 9</div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div>-195.00</div> <hr/> Prior Period Void 10/20/08
City Chicago	State IL	Zip Code 60643											
Purpose of Disbursement Travel	<input type="text" value="002"/>												
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>B.</b>	Full Name (Last, First, Middle Initial) Soundpath Conferencing Svcs. <hr/> Mailing Address    Post Office Box 33667 <hr/> <table> <tr> <td>City Washington</td> <td>State DC</td> <td>Zip Code 20033-3667</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement Telephone Service</td> <td><input type="text" value="001"/></td> </tr> <tr> <td>Candidate Name</td> <td>Category/ Type</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State:                  District:</td> <td></td> </tr> </table>	City Washington	State DC	Zip Code 20033-3667	Purpose of Disbursement Telephone Service	<input type="text" value="001"/>	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>Transaction ID:</b> SB21B-1745 <b>Date of Disbursement</b> <div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>0 6 / 1 8 / 2 0 0 9</div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div>-1394.57</div> <hr/> Prior Period Void 12/4/08
City Washington	State DC	Zip Code 20033-3667											
Purpose of Disbursement Telephone Service	<input type="text" value="001"/>												
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>C.</b>	Full Name (Last, First, Middle Initial) Susanne Bachtel <hr/> Mailing Address    4505 15th Street, N <hr/> <table> <tr> <td>City Arlington</td> <td>State VA</td> <td>Zip Code 22207</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement Travel</td> <td><input type="text" value="002"/></td> </tr> <tr> <td>Candidate Name</td> <td>Category/ Type</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State:                  District:</td> <td></td> </tr> </table>	City Arlington	State VA	Zip Code 22207	Purpose of Disbursement Travel	<input type="text" value="002"/>	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>Transaction ID:</b> SB21B-1744 <b>Date of Disbursement</b> <div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>0 6 / 1 8 / 2 0 0 9</div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div>-75.00</div> <hr/> Prior Period Void 12/18/08
City Arlington	State VA	Zip Code 22207											
Purpose of Disbursement Travel	<input type="text" value="002"/>												
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) .....**-1664.57****TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 243 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Abigail Eve Sugrue	<b>Transaction ID:</b> SB21B-1747 <b>Date of Disbursement</b>																				
Mailing Address 2929 Marshall Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	8		2	0	0	9												
City Falls Church State VA Zip Code 22042 Purpose of Disbursement Event Supplies Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>-52.67</td> </tr> </table>	-52.67																			
-52.67																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	003 Category/ Type  Prior Period Void 2/4/09																				
<b>B.</b> Full Name (Last, First, Middle Initial) Abigail Eve Sugrue	<b>Transaction ID:</b> SB21B-1751 <b>Date of Disbursement</b>																				
Mailing Address 2929 Marshall Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	8		2	0	0	9												
City Falls Church State VA Zip Code 22042 Purpose of Disbursement Event Supplies Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>-52.67</td> </tr> </table>	-52.67																			
-52.67																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	003 Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) Abigail Eve Sugrue	<b>Transaction ID:</b> SB21B-1749 <b>Date of Disbursement</b>																				
Mailing Address 2929 Marshall Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	8		2	0	0	9												
City Falls Church State VA Zip Code 22042 Purpose of Disbursement Event Supplies Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>52.67</td> </tr> </table>	52.67																			
52.67																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	003 Category/ Type																				

**SUBTOTAL** of Disbursements This Page (optional) .....

-52.67

**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)

PAGE 244 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Kathleen Strand	<b>Transaction ID:</b> SB21B-1750 <b>Date of Disbursement</b>																				
Mailing Address 2222 West 113th Place	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	8		2	0	0	9												
City Chicago State IL Zip Code 60643	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td colspan="10">195.00</td> </tr> </table>	195.00																			
195.00																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Sarah Bard	<b>Transaction ID:</b> SB21B-1753 <b>Date of Disbursement</b>																				
Mailing Address 4501 Connecticut Avenue, N.W. Apartment 414	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	9		2	0	0	9												
City Washington State DC Zip Code 20008	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary	<table border="1"> <tr> <td colspan="10">-190.94</td> </tr> </table>	-190.94																			
-190.94																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Ricoh Americas Corporation	<b>Transaction ID:</b> SB21B-1754 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 4245	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	9		2	0	0	9												
City Carol Stream State IL Zip Code 60197-4245	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Equipment	<table border="1"> <tr> <td colspan="10">809.68</td> </tr> </table>	809.68																			
809.68																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**813.74**

**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)

PAGE 245 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

**A.**

Full Name (Last, First, Middle Initial)  
Soundpath Conferencing Svcs.

Mailing Address Post Office Box 33667

City Washington State DC Zip Code 20033-3667

Purpose of Disbursement  
Telephone Service

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: SB21B-1755  
Date of Disbursement

06 / 19 / 2009

Amount of Each Disbursement this Period

6.53

**B.**

Full Name (Last, First, Middle Initial)  
New York Unemployment Insuranc

Mailing Address Post Office Box 4301

City Binghamton State NY Zip Code 13902-4301

Purpose of Disbursement  
Taxes

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: SB21B-1756  
Date of Disbursement

06 / 19 / 2009

Amount of Each Disbursement this Period

764.44

**C.**

Full Name (Last, First, Middle Initial)  
Sarah Bard

Mailing Address 4501 Connecticut Avenue, N.W.  
Apartment 414

City Washington State DC Zip Code 20008

Purpose of Disbursement  
Salary

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: SB21B-1757  
Date of Disbursement

06 / 19 / 2009

Amount of Each Disbursement this Period

190.94

**SUBTOTAL** of Disbursements This Page (optional) .....

961.91

**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)

PAGE 246 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HILLPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Abigail Eve Sugrue	<b>Transaction ID:</b> SB21B-1759 <b>Date of Disbursement</b>																				
Mailing Address 2929 Marshall Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	9		2	0	0	9												
City Falls Church State VA Zip Code 22042	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Event Supplies Candidate Name	<table border="1"> <tr> <td colspan="10">52.67</td> </tr> </table>	52.67																			
52.67																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Europ Assistance USA Inc	<b>Transaction ID:</b> SB21B-1765 <b>Date of Disbursement</b>																				
Mailing Address 4330 East West Highway Suite 1000	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	9		2	0	0	9												
City Bethesda State MD Zip Code 20814	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Rent Candidate Name	<table border="1"> <tr> <td colspan="10">2407.83</td> </tr> </table>	2407.83																			
2407.83																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) AT&T Mobility	<b>Transaction ID:</b> SB21B-1766 <b>Date of Disbursement</b>																				
Mailing Address PO Box 6463	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	9		2	0	0	9												
City Carol Stream State IL Zip Code 60197-6463	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Telephone Service Candidate Name	<table border="1"> <tr> <td colspan="10">258.81</td> </tr> </table>	258.81																			
258.81																					
Office Sought: <input type="checkbox"/> House <input 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) .....

2719.31

**TOTAL** This Period (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 247 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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)  
HillPAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Citibank</p> <p>Mailing Address PO Box 769013</p> <p>City San Antonio State TX Zip Code 78245-9013</p> <p>Purpose of Disbursement Banking Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1772</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) NYS Unemployment Insurance NYS Dept. of Labor, UI Tax</p> <p>Mailing Address 75 Varick Street 7th Floor, #1</p> <p>City New York State NY Zip Code 10013</p> <p>Purpose of Disbursement Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1767</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="844.55"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) JK Moving and Storage, Inc.</p> <p>Mailing Address 44112 Mercure Circle</p> <p>City Sterling State VA Zip Code 20166</p> <p>Purpose of Disbursement Moving Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1775</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="925.00"/></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**1809.55**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Comptroller of MD - WH Tax	<b>Transaction ID:</b> SB21B-1776 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 37272	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	0	9												
City Baltimore State MD Zip Code 21297-3272	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Taxes	<table border="1"> <tr> <td colspan="10">950.00</td> </tr> </table>	950.00																			
950.00																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) North Carolina Department of Revenue	<b>Transaction ID:</b> SB21B-1777 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 25000	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	0	9												
City Raleigh State NC Zip Code 27640-0615	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Taxes	<table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table>	10.00																			
10.00																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Paychex	<b>Transaction ID:</b> SB21B-1778 <b>Date of Disbursement</b>																				
Mailing Address 7450 Tilghman Street Suite 107	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	0	9												
City Allentown State PA Zip Code 18106	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Fee	<table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00																			
100.00																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1060.00

**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)  
HillPAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address 7450 Tilghman Street Suite 107</p> <p>City Allentown State PA Zip Code 18106</p> <p>Purpose of Disbursement Payroll Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1779</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>1050.00</div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Utrecht &amp; Phillips, PLLC</p> <p>Mailing Address 1900 M Street, N.W. Suite 500</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Consulting/Legal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1780</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>17637.30</div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address 730 15th Street, N.W.</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Banking Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-1773</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>309.01</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**18996.31**

**TOTAL** This Period (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 250 / 257

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

A.

Full Name (Last, First, Middle Initial)  
Department of Employment Svcs.

Mailing Address Post Office Box 96664

City State Zip Code  
Washington DC 20090-6664

Purpose of Disbursement  
Taxes

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
 State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-1774

Date of Disbursement

/   /

Amount of Each Disbursement this Period

79.28

SUBTOTAL of Disbursements This Page (optional) .....

79.28

TOTAL This Period (last page this line number only) .....

1499659.19

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 251 / 257

<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)  
HillPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Kryzan for Congress	<b>Transaction ID:</b> SB23-1752
	Mailing Address PO Box 317	Date of Disbursement MM / DD / YYYY 06 / 19 / 2009
	City Amherst State NY Zip Code 14226	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name Alice Kryzan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Debt Retirement	-5000.00
		011 Category/ Type
		Prior Period Void 10/30/08
<b>B.</b>	Full Name (Last, First, Middle Initial) Kryzan for Congress	<b>Transaction ID:</b> SB23-1758
	Mailing Address PO Box 317	Date of Disbursement MM / DD / YYYY 06 / 19 / 2009
	City Amherst State NY Zip Code 14226	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name Alice Kryzan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Debt Retirement	5000.00
		011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Richardson for Congress	<b>Transaction ID:</b> SB23-1761
	Mailing Address 4562 Linden Avenue	Date of Disbursement MM / DD / YYYY 06 / 23 / 2009
	City Long Beach State CA Zip Code 90807	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name Laura Richardson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 37 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	-5000.00
		011 Category/ Type
		Prior Period Void - 10.28-.08

**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)

PAGE 252 / 257

<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)  
HillPAC

A.

Full Name (Last, First, Middle Initial)  
Richardson for Congress

Mailing Address 4562 Linden Avenue

City Long Beach State CA Zip Code 90807

Purpose of Disbursement  
Contribution

Candidate Name  
Laura Richardson

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 37

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23-1763

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2009

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

0.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 253 / 257

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Marissa Y. Castaneda	<b>Transaction ID:</b> SB28A-1191 <b>Date of Disbursement</b>
Mailing Address 5021 Elk Lane	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 0 9</div> </div>
City Edinburg State TX Zip Code 78539	Amount of Each Disbursement this Period
Purpose of Disbursement Refund	<div>15.67</div>
Candidate Name	<div>010</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Diana Cortinas	<b>Transaction ID:</b> SB28A-1192 <b>Date of Disbursement</b>
Mailing Address 1400 Northgate Lane	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 0 9</div> </div>
City McAllen State TX Zip Code 78504	Amount of Each Disbursement this Period
Purpose of Disbursement Refund	<div>15.67</div>
Candidate Name	<div>010</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Javier Cortinas	<b>Transaction ID:</b> SB28A-1193 <b>Date of Disbursement</b>
Mailing Address 1400 Northgate Lane	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 0 9</div> </div>
City McAllen State TX Zip Code 78504	Amount of Each Disbursement this Period
Purpose of Disbursement Refund	<div>15.67</div>
Candidate Name	<div>010</div> 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) .....

47.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 254 / 257

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) John C. Guerra, Jr.	<b>Transaction ID:</b> SB28A-1194 <b>Date of Disbursement</b>
Mailing Address 2233 High Country	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 0 9</div> </div>
City Carrollton State TX Zip Code 75007	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<div>15.67</div>
Candidate Name	<div>010</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Victor Haddad	<b>Transaction ID:</b> SB28A-1195 <b>Date of Disbursement</b>
Mailing Address 4008 Burns Drive South	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 0 9</div> </div>
City McAllen State TX Zip Code 78503	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<div>15.67</div>
Candidate Name	<div>010</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Arkady Rubinsteyn	<b>Transaction ID:</b> SB28A-1455 <b>Date of Disbursement</b>
Mailing Address 290 North Commonwealth	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 6 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60657	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Refund	<div>20.00</div>
Candidate Name	<div>010</div> 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) .....

51.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Debra Farar <hr/> Mailing Address 545 Amalfi Drive	<b>Transaction ID:</b> SB28A-1457 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 0 9</div> </div>
City Pacific Palisades State CA Zip Code 90272 Purpose of Disbursement Refund Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>5000.00</div> <div>010 Category/ Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Howard Kagan <hr/> Mailing Address 1085 Park Avenue	<b>Transaction ID:</b> SB28A-1401 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 8 / 2 0 0 9</div> </div>
City New York State NY Zip Code 10128 Purpose of Disbursement Refund Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>5000.00</div> <div>010 Category/ Type</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Janet Kagan <hr/> Mailing Address 1085 Park Avenue	<b>Transaction ID:</b> SB28A-1402 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 8 / 2 0 0 9</div> </div>
City New York State NY Zip Code 10128 Purpose of Disbursement Refund Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>5000.00</div> <div>010 Category/ Type</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Rosemarie T. Johnson	<b>Transaction ID:</b> SB28A-1681 <b>Date of Disbursement</b>																				
Mailing Address 12 Lake View Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	1		2	0	0	9												
City Cambridge State MA Zip Code 02138	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	250.00																			
250.00																					
Candidate Name	<table border="1"> <tr> <td>010</td> </tr> </table> Category/ Type	010																			
010																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Javier Cortinas	<b>Transaction ID:</b> SB28A-1762 <b>Date of Disbursement</b>																				
Mailing Address 1400 Northgate Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	5		2	0	0	9												
City McAllen State TX Zip Code 78504	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">-15.67</td> </tr> </table>	-15.67																			
-15.67																					
Candidate Name	<table border="1"> <tr> <td>010</td> </tr> </table> Category/ Type	010																			
010																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Javier Cortinas	<b>Transaction ID:</b> SB28A-1764 <b>Date of Disbursement</b>																				
Mailing Address 1400 Northgate Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	5		2	0	0	9												
City McAllen State TX Zip Code 78504	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Refund	<table border="1"> <tr> <td colspan="10">15.67</td> </tr> </table>	15.67																			
15.67																					
Candidate Name	<table border="1"> <tr> <td>010</td> </tr> </table> Category/ Type	010																			
010																					
Office Sought: <input type="checkbox"/> House <input 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) .....

250.00

TOTAL This Period (last page this line number only) .....

15348.35



# **SCHEDULE 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 checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HillPAC

A.

Full Name (Last, First, Middle Initial)  
New York Life PAC

Mailing Address 51 Madison Avenue  
Room 117M

City State Zip Code  
New York NY 10010

Purpose of Disbursement  
Refund

Candidate Name  
New York Life PAC

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB28C-1678

Date of Disbursement

/   /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

5000.00