



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**HUCK PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		<input type="text" value="211224.99"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="211224.99"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="228439.00"/>	<input type="text" value="228439.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="439663.99"/>	<input type="text" value="439663.99"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="148940.22"/>	<input type="text" value="148940.22"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="290723.77"/>	<input type="text" value="290723.77"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

HUCK PAC

Report Covering the Period: From: 01 / 01 / 2013 To: 06 / 30 / 2013

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).....	37060.00	37060.00
(ii) Unitemized .....	185379.00	185379.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	222439.00	222439.00
(b) Political Party Committees .....	5000.00	5000.00
(c) Other Political Committees (such as PACs).....	1000.00	1000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	228439.00	228439.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	228439.00	228439.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	228439.00	228439.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	148945.22	148945.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	148945.22	148945.22
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 Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	-5.00	-5.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	-5.00	-5.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	148940.22	148940.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	148940.22	148940.22

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	228439.00	228439.00
34. Total Contribution Refunds (from Line 28(d)) .....	-5.00	-5.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	228444.00	228444.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	148945.22	148945.22
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	148945.22	148945.22

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**HUCK PAC**

**A. Juliana Barlow**  
Full Name (Last, First, Middle Initial)

Mailing Address 136 Lariat Lane

City Marble Falls State TX Zip Code 78654

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2013  
**Transaction ID : SA11AI.65145**

Amount of Each Receipt this Period  
 25.00

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

Mailing Address 136 Lariat Lane

City Marble Falls State TX Zip Code 78654

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 26 / 2013  
**Transaction ID : SA11AI.65146**

Amount of Each Receipt this Period  
 25.00

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

Mailing Address 136 Lariat Lane

City Marble Falls State TX Zip Code 78654

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2013  
**Transaction ID : SA11AI.65147**

Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial) <b>A. Juliana Barlow</b>		Date of Receipt
Mailing Address 136 Lariat Lane		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
Marble Falls	TX	78654
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.65148</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Retired	Retired	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Paul M Barry</b>		Date of Receipt
Mailing Address 10480 158th Street North		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City	State	Zip Code
Jupiter	FL	33478
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.65192</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Self-Employed	Engineer	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Michael Blackstone</b>		Date of Receipt
Mailing Address 2358 Riverside Avenue		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Jacksonville	FL	32204
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.65587</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Chemstone	Engineer	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="825.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 119
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial) <b>A. Stephen B Bonner</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2013 <b>Transaction ID : SA11AI.65727</b>
Mailing Address 1919 N Dayton Street		Amount of Each Receipt this Period 500.00
City Chicago	State IL	Zip Code 60614
FEC ID number of contributing federal political committee. C		
Name of Employer Cancer Treatment Centers of Am	Occupation President and CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Beverly Bounds</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 16 / 2013 <b>Transaction ID : SA11AI.65794</b>
Mailing Address 14180 Centralia Road		Amount of Each Receipt this Period 500.00
City Brooksville	State FL	Zip Code 34614
FEC ID number of contributing federal political committee. C		
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Ryan Burkhart</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2013 <b>Transaction ID : SA11AI.66309</b>
Mailing Address 7712 Cedar Park Avenue		Amount of Each Receipt this Period 500.00
City North Richland Hills	State TX	Zip Code 76182
FEC ID number of contributing federal political committee. C		
Name of Employer FEMA	Occupation Logistics/APO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last 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 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial) <b>A. Sherry Burton</b>		Date of Receipt
Mailing Address 9818 N 86th Street		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
Scottsdale	AZ	85258
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.66351</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Self-Employed	Property Manager	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Philip Cavender</b>		Date of Receipt
Mailing Address P. O. Box 1579		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
Murfreesboro	TN	37133
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.66709</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
The Cavender Financial Group, Inc.	Founder and CEO	<input type="text" value="1500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Richard Choate</b>		Date of Receipt
Mailing Address 1903 Larkin Road		<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Zip Code
Gridley	CA	95948
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.66824</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Retired	Retired	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2100.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 119
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

**A. Joshua Clinard**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 15294

City Norfolk	State VA	Zip Code 23511
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FEC ID number of contributing federal political committee. **C**

Name of Employer U.S. NAVY	Occupation Quarter Master
-------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2013

**Transaction ID : SA11AI.66972**

Amount of Each Receipt this Period  
75.00

**B. Joshua Clinard**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 15294

City Norfolk	State VA	Zip Code 23511
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FEC ID number of contributing federal political committee. **C**

Name of Employer U.S. NAVY	Occupation Quarter Master
-------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2013

**Transaction ID : SA11AI.66973**

Amount of Each Receipt this Period  
75.00

**c. John G Conway**  
Full Name (Last, First, Middle Initial)  
Mailing Address 912 Sylviawood Avenue

City Park Ridge	State IL	Zip Code 60068
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FEC ID number of contributing federal political committee. **C**

Name of Employer Cancer Treatment Centers of Am	Occupation Senior Vice President
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	17	/	2013

**Transaction ID : SA11AI.67152**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

**A. Ron Cooper**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6675 Marshall Road  
City Saint Leonard State MD Zip Code 20685  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Preferred Systems Solutions Occupation Vice President, Operations  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 17 / 2013**  
**Transaction ID : SA11AI.67189**  
Amount of Each Receipt this Period **50.00**

**B. Jeffrey Cropsey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 177 Adams Lane  
City New Canaan State CT Zip Code 06840  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Unemployed Occupation Unemployed  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1500.00**

Date of Receipt **03 / 28 / 2013**  
**Transaction ID : SA11AI.68385**  
Amount of Each Receipt this Period **1500.00**

**C. John Cuomo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 23 London Lane  
City Endicott State NY Zip Code 13760  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Insurance agent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **225.00**

Date of Receipt **06 / 27 / 2013**  
**Transaction ID : SA11AI.67459**  
Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1600.00**  
**TOTAL** This Period (last 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 OF 119  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

**A. Dinah H Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 114 Cobb Road  
 City Highlands State NC Zip Code 28741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Homemaker Occupation Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2013  
**Transaction ID : SA11AI.67586**  
 Amount of Each Receipt this Period  
 1500.00

**B. Gladys Deyns**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 Dewey Place  
 City Lindenhurst State NY Zip Code 11757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nassau Health Corporation Occupation Administrative Assistant, Pediatrics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 29 / 2013  
**Transaction ID : SA11AI.67875**  
 Amount of Each Receipt this Period  
 100.00

**C. Gladys Deyns**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 Dewey Place  
 City Lindenhurst State NY Zip Code 11757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nassau Health Corporation Occupation Administrative Assistant, Pediatrics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2013  
**Transaction ID : SA11AI.67876**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1700.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial) <b>A. Gladys Deyns</b>		Date of Receipt
Mailing Address 24 Dewey Place		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City Lindenhurst	State NY	Zip Code 11757
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.67877</b>
Name of Employer Nassau Health Corporation	Occupation Administrative Assistant, Pediatrics	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Jannie Distretti</b>		Date of Receipt
Mailing Address 3328 Highway 141 South		<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City Paragould	State AR	Zip Code 72450
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.67951</b>
Name of Employer J&J Farms	Occupation Farmer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Patsy Drager</b>		Date of Receipt
Mailing Address P.O. Box 1278		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City Mena	State AR	Zip Code 71953
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.68085</b>
Name of Employer Drager Industries, Inc.	Occupation Clerical	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="10.00"/>
	<input type="text" value="210.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1110.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**HUCK PAC**

**A. David Elliott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7371 Lane Part Court  
 City Dallas State TX Zip Code 75225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2013**  
**Transaction ID : SA11AI.68538**  
 Amount of Each Receipt this Period  
**1500.00**

**B. Gregg Esakoff**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 810 Dakota Avenue  
 City Whitefish State MT Zip Code 59937  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Consultant  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 31 / 2013**  
**Transaction ID : SA11AI.68636**  
 Amount of Each Receipt this Period  
**500.00**

**C. John Flynn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 Isla Bahia Drive  
 City Fort Lauderdale State FL Zip Code 33301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fleet Advantage, LLC Occupation CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2013**  
**Transaction ID : SA11AI.68993**  
 Amount of Each Receipt this Period  
**500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2500.00</b>
<b>TOTAL</b> This Period (last 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 OF 119  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)  
**A. Glenn Goodson**

Mailing Address 8 Tamar Drive

City State Zip Code  
Texarkana TX 75503

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

Name of Employer Occupation  
Premium Ice of Arkansas, Inc. Owner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2013  
**Transaction ID : SA11AI.69677**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 8 Tamar Drive

City State Zip Code  
Texarkana TX 75503

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

Name of Employer Occupation  
Premium Ice of Arkansas, Inc. Owner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2013  
**Transaction ID : SA11AI.69678**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 7629 Densmore Avenue

City State Zip Code  
Van Nuys CA 91406

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

Name of Employer Occupation  
Graves Motorsports Owner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2013  
**Transaction ID : SA11AI.69758**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial) <b>A. Charles Graves</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2013 <b>Transaction ID : SA11AI.69759</b>
Mailing Address 7629 Densmore Avenue		Amount of Each Receipt this Period 100.00
City Van Nuys	State CA	Zip Code 91406
FEC ID number of contributing federal political committee. C	Name of Employer Graves Motorsports	Occupation Owner
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Jimmy Humphrey</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 27 / 2013 <b>Transaction ID : SA11AI.71211</b>
Mailing Address 2200 Potomac Drive		Amount of Each Receipt this Period 100.00
City Houston	State TX	Zip Code 77057
FEC ID number of contributing federal political committee. C	Name of Employer Enjet	Occupation Sales
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>C. Peter Jablin</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 28 / 2013 <b>Transaction ID : SA11AI.71375</b>
Mailing Address 5627 Avenue T		Amount of Each Receipt this Period 500.00
City Brooklyn	State NY	Zip Code 11234
FEC ID number of contributing federal political committee. C	Name of Employer City of New York	Occupation Computer Specialist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial) <b>A. Peter Jablin</b>		Date of Receipt
Mailing Address 5627 Avenue T		M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2013
City	State	Zip Code
Brooklyn	NY	11234
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : SA11Al.71376</b>
Name of Employer		Amount of Each Receipt this Period
City of New York	Occupation Computer Specialist	1500.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2000.00	

Full Name (Last, First, Middle Initial) <b>B. Denise Jackson</b>		Date of Receipt
Mailing Address 7100 Sharondale Court		M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2013
City	State	Zip Code
Brentwood	TN	37027
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : SA11Al.71384</b>
Name of Employer		Amount of Each Receipt this Period
Self-Employed	Occupation Writer	500.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00	

Full Name (Last, First, Middle Initial) <b>C. Debbie K Johnson</b>		Date of Receipt
Mailing Address 208 Edgewood Avenue		M M M / D D D / Y Y Y Y Y Y 05 / 13 / 2013
City	State	Zip Code
Clemson	SC	29631
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : SA11Al.71541</b>
Name of Employer		Amount of Each Receipt this Period
Retired	Occupation Retired	250.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.00
<b>TOTAL</b> This Period (last 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 OF 119  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)  
**A. Scott Jones**

Mailing Address 2847 Harvest Lane

City Lindenhurst      State IL      Zip Code 60046

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

Name of Employer Cancer Treatment Centers of Am      Occupation Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 17 / 2013  
**Transaction ID : SA11AI.71719**

Amount of Each Receipt this Period  
500.00

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

Mailing Address P.O. Box 39

City Panna Maria      State TX      Zip Code 78144

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

Name of Employer Retired      Occupation Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2013  
**Transaction ID : SA11AI.72287**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. J. Smith Lanier II**

Mailing Address P.O. BOX 70

City West Point      State GA      Zip Code 31833

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

Name of Employer Retired      Occupation Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2013  
**Transaction ID : SA11AI.72483**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial) <b>A. John Linder</b>		Date of Receipt MM / DD / YYYY 02 / 04 / 2013 <b>Transaction ID : SA11AI.72833</b>
Mailing Address 4251 Byhalia Road		Amount of Each Receipt this Period 1000.00
City Hernando	State MS	Zip Code 38632
FEC ID number of contributing federal political committee. C	Name of Employer Retired	
Occupation Retired		Aggregate Year-to-Date ▼ 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Christopher G Lis</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 <b>Transaction ID : SA11AI.72878</b>
Mailing Address 281 Cypress Lane		Amount of Each Receipt this Period 500.00
City Libertyville	State IL	Zip Code 60048
FEC ID number of contributing federal political committee. C	Name of Employer Cancer Treatment Centers of Am	
Occupation Researcher		Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Shelby Lorenzen</b>		Date of Receipt MM / DD / YYYY 05 / 17 / 2013 <b>Transaction ID : SA11AI.72973</b>
Mailing Address 5262 Moore Loop		Amount of Each Receipt this Period 50.00
City Crestview	State FL	Zip Code 32536
FEC ID number of contributing federal political committee. C	Name of Employer Homemaker	
Occupation Homemaker		Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1550.00
<b>TOTAL</b> This Period (last 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 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

**A. Shelby Lorenzen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5262 Moore Loop  
City Crestview State FL Zip Code 32536  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Homemaker Occupation Homemaker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 26 / 2013**  
**Transaction ID : SA11AI.72974**  
Amount of Each Receipt this Period **50.00**

**B. Norma Matheny**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5105 Bromely Drive  
City Corpus Christi State TX Zip Code 78413  
FEC ID number of contributing federal political committee. **C**  
Name of Employer City Church Corpus Christi Occupation Office Manager  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 30 / 2013**  
**Transaction ID : SA11AI.73431**  
Amount of Each Receipt this Period **50.00**

**C. Norma Matheny**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5105 Bromely Drive  
City Corpus Christi State TX Zip Code 78413  
FEC ID number of contributing federal political committee. **C**  
Name of Employer City Church Corpus Christi Occupation Office Manager  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2013**  
**Transaction ID : SA11AI.73432**  
Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **150.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

**A. Gilbert A Mathews**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 911

City Burnsville State MN Zip Code 55337

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 30 / 2013

**Transaction ID : SA11AI.73437**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 1336 Basswood Road

City Schaumburg State IL Zip Code 60173

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

Name of Employer Cancer Treatment Centers of Am Occupation Vice Chairman of the Board

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 17 / 2013

**Transaction ID : SA11AI.73514**

Amount of Each Receipt this Period  
 2000.00

**C. John M McNeil**  
Full Name (Last, First, Middle Initial)

Mailing Address 473 Kenwood Road

City Huntingdon Valley State PA Zip Code 19006

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

Name of Employer Cancer Treatment Centers of Am Occupation President and CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 06 / 2013

**Transaction ID : SA11AI.73832**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

**A. Anne S Meisner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5812 RT 173  
 City Richmond State IL Zip Code 60071  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cancer Treatment Centers of Am Occupation Executive  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 17 / 2013**  
**Transaction ID : SA11AI.73877**  
 Amount of Each Receipt this Period  
**500.00**

**B. Susan Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10550 Montclair Way  
 City Johns Creek State GA Zip Code 30097  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2013**  
**Transaction ID : SA11AI.74061**  
 Amount of Each Receipt this Period  
**250.00**

**C. Phillip Picchietti**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 48 Kenmore Avenue  
 City Deerfield State IL Zip Code 60015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cancer Treatment Centers of Am Occupation CFO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 17 / 2013**  
**Transaction ID : SA11AI.75413**  
 Amount of Each Receipt this Period  
**500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial) <b>A. Andrea Rockefeller</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2013 <b>Transaction ID : SA11AI.76351</b>
Mailing Address 17200 Chenal Parkway		Amount of Each Receipt this Period 500.00
City Little Rock	State AR	Zip Code 72223
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Law Enforcement	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Ana Mary Sanchez</b>		Date of Receipt MM / DD / YYYY 05 / 21 / 2013 <b>Transaction ID : SA11AI.76628</b>
Mailing Address 126 Lismore		Amount of Each Receipt this Period 100.00
City San Antonio	State TX	Zip Code 78260
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Homemaker	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Roger Sherman</b>		Date of Receipt MM / DD / YYYY 03 / 05 / 2013 <b>Transaction ID : SA11AI.77077</b>
Mailing Address 1124 12th Avenue NW		Amount of Each Receipt this Period 100.00
City Arab	State AL	Zip Code 35016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Lockheed Martin Space Systems	Occupation Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial) <b>A. Roger Sherman</b>		Date of Receipt
Mailing Address 1124 12th Avenue NW		<input type="text" value="04"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Arab State AL Zip Code 35016		<b>Transaction ID : SA11Al.77078</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Lockheed Martin Space Systems Occupation Engineer		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Roger Sherman</b>		Date of Receipt
Mailing Address 1124 12th Avenue NW		<input type="text" value="05"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Arab State AL Zip Code 35016		<b>Transaction ID : SA11Al.77079</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Lockheed Martin Space Systems Occupation Engineer		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Roger Sherman</b>		Date of Receipt
Mailing Address 1124 12th Avenue NW		<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Arab State AL Zip Code 35016		<b>Transaction ID : SA11Al.77080</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Lockheed Martin Space Systems Occupation Engineer		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="600.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

**A. Kellie Skrepetos**  
Full Name (Last, First, Middle Initial)

Mailing Address 27526 Erickson Road

City Eugene State OR Zip Code 97402

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

Name of Employer Bullseye Camera System Occupation Director of Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 13 / 2013  
**Transaction ID : SA11AI.77262**

Amount of Each Receipt this Period 500.00

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

Mailing Address 1061 E. 133rd Way

City Thornton State CO Zip Code 80241

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

Name of Employer Smith Envirnmntl & Engineering Occupation Executive Management/Writer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2013  
**Transaction ID : SA11AI.77374**

Amount of Each Receipt this Period 100.00

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

Mailing Address 1061 E. 133rd Way

City Thornton State CO Zip Code 80241

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

Name of Employer Smith Envirnmntl & Engineering Occupation Executive Management/Writer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 03 / 2013  
**Transaction ID : SA11AI.77375**

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00

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

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

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

FOR LINE NUMBER: PAGE 26 OF 119  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)  
**A. Lancia Smith**

Mailing Address 1061 E. 133rd Way

City Thornton State CO Zip Code 80241

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

Name of Employer Smith Envirntml & Engineering Occupation Executive Management/Writer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 26 / 2013**

**Transaction ID : SA11Al.77376**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 1061 E. 133rd Way

City Thornton State CO Zip Code 80241

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

Name of Employer Smith Envirntml & Engineering Occupation Executive Management/Writer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 03 / 2013**

**Transaction ID : SA11Al.77377**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 1061 E. 133rd Way

City Thornton State CO Zip Code 80241

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

Name of Employer Smith Envirntml & Engineering Occupation Executive Management/Writer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 03 / 2013**

**Transaction ID : SA11Al.77378**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ► **150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

**A. Linda Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 113 Island Avenue

City Buckhannon State WV Zip Code 26201

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

Name of Employer Riverside Bed & Breakfast Occupation Owner/Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : SA11AI.77387**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address P.O. Box 4240

City Calabash State NC Zip Code 28467

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

Name of Employer Requested Using Best Efforts Occupation Requested Using Best Efforts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2013  
**Transaction ID : SA11AI.77716**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address P.O. Box 4240

City Calabash State NC Zip Code 28467

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

Name of Employer Requested Using Best Efforts Occupation Requested Using Best Efforts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.77717**

Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

**A. John E Steiner Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 5070 Thornbark Drive

City Barrington State IL Zip Code 60010

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

Name of Employer Cancer Treatment Centers of Am Occupation Chief Compliance Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
05 / 17 / 2013  
Transaction ID : SA11Al.77785

Amount of Each Receipt this Period  
500.00

**B. Alexander D Stuart**  
Full Name (Last, First, Middle Initial)

Mailing Address 506 N Washington Road

City Lake Forest State IL Zip Code 60045

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

Name of Employer North Star Investments, Inc. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
05 / 31 / 2013  
Transaction ID : SA11Al.77967

Amount of Each Receipt this Period  
1500.00

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

Mailing Address 150 Grove Avenue

City Woodbridge State NJ Zip Code 07095

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

Name of Employer John Wiley & Sons, Inc. Occupation Publishing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
06 / 30 / 2013  
Transaction ID : SA11Al.78020

Amount of Each Receipt this Period  
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

**A. Bibb Swain**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4164 Roberts Point Circle  
 City Sarasota State FL Zip Code 34242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.78061**  
 Amount of Each Receipt this Period  
 500.00

**B. Gloria Walker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 175 Ford City Road  
 City Freeport State PA Zip Code 16229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Unemployed Occupation Unemployed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2013  
**Transaction ID : SA11AI.78982**  
 Amount of Each Receipt this Period  
 50.00

**C. Barb Weiszhaar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4001 Aladdin Drive  
 City Plano State TX Zip Code 75093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer EDS Occupation VP TAX  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 17 / 2013  
**Transaction ID : SA11AI.79271**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial) <b>A. Barb Weiszhaar</b>		Date of Receipt 06 / 17 / 2013 <b>Transaction ID : SA11AI.79272</b>
Mailing Address 4001 Aladdin Drive		Amount of Each Receipt this Period 50.00
City Plano	State TX	Zip Code 75093
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 300.00
Name of Employer EDS	Occupation VP TAX	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Anita Wells</b>		Date of Receipt 03 / 12 / 2013 <b>Transaction ID : SA11AI.79294</b>
Mailing Address 3606 Reynolds Park Road		Amount of Each Receipt this Period 1000.00
City Paragould	State AR	Zip Code 72450
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1000.00
Name of Employer Mid South Health Systems	Occupation Psychologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Bobby Wells</b>		Date of Receipt 03 / 12 / 2013 <b>Transaction ID : SA11AI.79296</b>
Mailing Address 3606 Reynolds Park Road		Amount of Each Receipt this Period 3000.00
City Paragould	State AR	Zip Code 72450
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 3000.00
Name of Employer Requested Using Best Efforts	Occupation Requested Using Best Efforts	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial) <b>A. Merrill Wesemann</b>		Date of Receipt
Mailing Address 1884 Hillside Drive		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
Franklin	IN	46131
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.79330</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	
Self-Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Susan Williams</b>		Date of Receipt
Mailing Address 867 Main Street		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
Gibbsland	LA	71028
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.79615</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>
Name of Employer	Occupation	
Retired	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Greg Wilson</b>		Date of Receipt
Mailing Address 1940 Noblin Ridge Trail		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
Duluth	GA	30097
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.79680</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
HEFCO	Owner	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="5400.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

**A. Greg Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1940 Noblin Ridge Trail  
 City Duluth State GA Zip Code 30097  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HEFCO Occupation Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2013  
**Transaction ID : SA11AI.79681**  
 Amount of Each Receipt this Period  
 100.00

**B. Dr. Peter C Yesawich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 423 South Keller Road  
 City Orlando State FL Zip Code 32810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cancer Treatment Centers of Am Occupation Client Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 17 / 2013  
**Transaction ID : SA11AI.79998**  
 Amount of Each Receipt this Period  
 500.00

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	37060.00



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 OF 119  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)  
**A. TENNESSEE REPUBLICAN PARTY FEDERAL ELECTION ACCOUNT**

Mailing Address 2424 21ST AVENUE  
SUITE 200

City NASHVILLE State TN Zip Code 37212

FEC ID number of contributing federal political committee. **C** C00040220

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 26 / 2013

Transaction ID : SA11B.80361

Amount of Each Receipt this Period  
5000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 119
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial) <b>A. JASON SMITH FOR CONGRESS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 26 / 2013 <b>Transaction ID : SA11C.80359</b>
Mailing Address PO BOX 1324		Amount of Each Receipt this Period 1000.00
City CAPE GIRARDEAU	State MO	Zip Code 63702
FEC ID number of contributing federal political committee.	C C00541862	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

### A. AT&T Mobility

Mailing Address PO Box 6463

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement  
Telephone Service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2013

Transaction ID : SB21B.80223

Amount of Each Disbursement this Period

200.09

Full Name (Last, First, Middle Initial)

### B. AT&T Mobility

Mailing Address PO Box 6463

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement  
Telephone Service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 26 / 2013

Transaction ID : SB21B.80267

Amount of Each Disbursement this Period

150.80

Full Name (Last, First, Middle Initial)

### C. AT&T Mobility

Mailing Address PO Box 6463

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement  
Telephone Service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2013

Transaction ID : SB21B.80287

Amount of Each Disbursement this Period

303.25

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

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

654.14

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. AT&T Mobility**

Mailing Address PO Box 6463

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement  
Telephone Service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
04 / 19 / 2013

**Transaction ID : SB21B.64352**

Amount of Each Disbursement this Period

150.65

Full Name (Last, First, Middle Initial)

**B. AT&T Mobility**

Mailing Address PO Box 6463

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement  
Telephone Service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
05 / 16 / 2013

**Transaction ID : SB21B.64407**

Amount of Each Disbursement this Period

151.95

Full Name (Last, First, Middle Initial)

**C. AT&T Mobility**

Mailing Address PO Box 6463

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement  
Telephone Service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
06 / 21 / 2013

**Transaction ID : SB21B.64465**

Amount of Each Disbursement this Period

151.95

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

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

454.55

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. GSL Solutions, Inc.**

Date of Disbursement

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

Mailing Address 1411 N. Westchore Boulevard  
Suite 204

**Transaction ID : SB21B.80166**

City Tampa State FL Zip Code 33607

Amount of Each Disbursement this Period

1	5	7	5	0	0
---	---	---	---	---	---

Purpose of Disbursement  
Web Development/Hosting

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. GSL Solutions, Inc.**

Date of Disbursement

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

Mailing Address 1411 N. Westchore Boulevard  
Suite 204

**Transaction ID : SB21B.80244**

City Tampa State FL Zip Code 33607

Amount of Each Disbursement this Period

1	4	0	0
---	---	---	---

Purpose of Disbursement  
Web Development/Hosting

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. GSL Solutions, Inc.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	3

Mailing Address 1411 N. Westchore Boulevard  
Suite 204

**Transaction ID : SB21B.64326**

City Tampa State FL Zip Code 33607

Amount of Each Disbursement this Period

2	5	0	0
---	---	---	---

Purpose of Disbursement  
Web Development/Hosting

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

3	0	0	0
---	---	---	---

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

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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

### A. GSL Solutions, Inc.

Mailing Address 1411 N. Westchore Boulevard  
Suite 204

City Tampa State FL Zip Code 33607

Purpose of Disbursement  
Web Development/Hosting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 05 / 2013

Transaction ID : SB21B.64327

Amount of Each Disbursement this Period

1400.00

Full Name (Last, First, Middle Initial)

### B. GSL Solutions, Inc.

Mailing Address 1411 N. Westchore Boulevard  
Suite 204

City Tampa State FL Zip Code 33607

Purpose of Disbursement  
Web Development/Hosting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 05 / 2013

Transaction ID : SB21B.64328

Amount of Each Disbursement this Period

1450.00

Full Name (Last, First, Middle Initial)

### C. GSL Solutions, Inc.

Mailing Address 1411 N. Westchore Boulevard  
Suite 204

City Tampa State FL Zip Code 33607

Purpose of Disbursement  
Web Development/Hosting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 14 / 2013

Transaction ID : SB21B.64400

Amount of Each Disbursement this Period

1475.00

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

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

4325.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Katherine E. Harris**

Mailing Address 3226 Stonepine

City State Zip Code  
Bryant AR 72022

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 15 / 2013

**Transaction ID : SB21B.80176**

Amount of Each Disbursement this Period

1650.00

Full Name (Last, First, Middle Initial)

**B. Katherine E. Harris**

Mailing Address 3226 Stonepine

City State Zip Code  
Bryant AR 72022

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 31 / 2013

**Transaction ID : SB21B.80228**

Amount of Each Disbursement this Period

1650.00

Full Name (Last, First, Middle Initial)

**C. Katherine E. Harris**

Mailing Address 3226 Stonepine

City State Zip Code  
Bryant AR 72022

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2013

**Transaction ID : SB21B.80250**

Amount of Each Disbursement this Period

1650.00

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

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

4950.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Katherine E. Harris**

Mailing Address 3226 Stonepine

City State Zip Code  
Bryant AR 72022

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.80271**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Katherine E. Harris**

Mailing Address 3226 Stonepine

City State Zip Code  
Bryant AR 72022

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.80293**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Katherine E. Harris**

Mailing Address 3226 Stonepine

City State Zip Code  
Bryant AR 72022

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.80312**

Amount of Each Disbursement this Period

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

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Katherine E. Harris**

Mailing Address 3226 Stonepine

City State Zip Code  
Bryant AR 72022

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 12 / 2013

**Transaction ID : SB21B.64338**

Amount of Each Disbursement this Period

1650.00

Full Name (Last, First, Middle Initial)

**B. Katherine E. Harris**

Mailing Address 3226 Stonepine

City State Zip Code  
Bryant AR 72022

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : SB21B.64380**

Amount of Each Disbursement this Period

1650.00

Full Name (Last, First, Middle Initial)

**C. Katherine E. Harris**

Mailing Address 3226 Stonepine

City State Zip Code  
Bryant AR 72022

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 14 / 2013

**Transaction ID : SB21B.64402**

Amount of Each Disbursement this Period

1650.00

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

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

4950.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Katherine E. Harris**

Mailing Address 3226 Stonepine

City State Zip Code  
Bryant AR 72022

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.64427**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Katherine E. Harris**

Mailing Address 3226 Stonepine

City State Zip Code  
Bryant AR 72022

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.64454**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Holtzman Vogel Josefiak, PLLC**

Mailing Address 45 North Hill Drive  
Suite 100

City State Zip Code  
Warrenton VA 20186

Purpose of Disbursement  
Consultant - Legal

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.80172**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Holtzman Vogel Josefiak, PLLC**

Mailing Address 45 North Hill Drive  
Suite 100

City Warrenton State VA Zip Code 20186

Purpose of Disbursement  
Consultant - Legal

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 11 / 2013

**Transaction ID : SB21B.80246**

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

**B. Holtzman Vogel Josefiak, PLLC**

Mailing Address 45 North Hill Drive  
Suite 100

City Warrenton State VA Zip Code 20186

Purpose of Disbursement  
Consultant - Legal

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 19 / 2013

**Transaction ID : SB21B.64353**

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Holtzman Vogel Josefiak, PLLC**

Mailing Address 45 North Hill Drive  
Suite 100

City Warrenton State VA Zip Code 20186

Purpose of Disbursement  
Consultant - Legal

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 19 / 2013

**Transaction ID : SB21B.64354**

Amount of Each Disbursement this Period

1275.00

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

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

1775.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. JPMS Cox, PLLC**

Mailing Address 11300 Cantrell Road  
Suite 301

City Little Rock State AR Zip Code 72212

Purpose of Disbursement  
Accounting & Compliance Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.80167**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. JPMS Cox, PLLC**

Mailing Address 11300 Cantrell Road  
Suite 301

City Little Rock State AR Zip Code 72212

Purpose of Disbursement  
Accounting & Compliance Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.80245**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. JPMS Cox, PLLC**

Mailing Address 11300 Cantrell Road  
Suite 301

City Little Rock State AR Zip Code 72212

Purpose of Disbursement  
Accounting & Compliance Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.80288**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. JPMS Cox, PLLC**

Mailing Address 11300 Cantrell Road  
Suite 301

City Little Rock State AR Zip Code 72212

Purpose of Disbursement  
Accounting & Compliance Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 12 / 2013

Transaction ID : **SB21B.64337**

Amount of Each Disbursement this Period

2039.00

Full Name (Last, First, Middle Initial)

**B. JPMS Cox, PLLC**

Mailing Address 11300 Cantrell Road  
Suite 301

City Little Rock State AR Zip Code 72212

Purpose of Disbursement  
Accounting & Compliance Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 14 / 2013

Transaction ID : **SB21B.64401**

Amount of Each Disbursement this Period

3753.50

Full Name (Last, First, Middle Initial)

**C. LCM Strategies**

Mailing Address 3409 Hopkins Street

City Nashville State TN Zip Code 37215

Purpose of Disbursement  
Direct Mail - PAC Fundraising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 11 / 2013

Transaction ID : **SB21B.80168**

Amount of Each Disbursement this Period

4500.00

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

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

10292.50

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. LCM Strategies**

Mailing Address 3409 Hopkins Street

City Nashville State TN Zip Code 37215

Purpose of Disbursement  
Direct Mail - PAC Fundraising

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

02 / 26 / 2013

Transaction ID : **SB21B.80265**

Amount of Each Disbursement this Period

4500.00

Full Name (Last, First, Middle Initial)

**B. LCM Strategies**

Mailing Address 3409 Hopkins Street

City Nashville State TN Zip Code 37215

Purpose of Disbursement  
Direct Mail - PAC Fundraising

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

03 / 12 / 2013

Transaction ID : **SB21B.80289**

Amount of Each Disbursement this Period

4500.00

Full Name (Last, First, Middle Initial)

**C. LCM Strategies**

Mailing Address 3409 Hopkins Street

City Nashville State TN Zip Code 37215

Purpose of Disbursement  
Direct Mail - PAC Fundraising

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

04 / 12 / 2013

Transaction ID : **SB21B.64339**

Amount of Each Disbursement this Period

4500.00

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

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

13500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. LCM Strategies**

Mailing Address 3409 Hopkins Street

City Nashville State TN Zip Code 37215

Purpose of Disbursement  
Direct Mail - PAC Fundraising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.64408**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. LCM Strategies**

Mailing Address 3409 Hopkins Street

City Nashville State TN Zip Code 37215

Purpose of Disbursement  
Direct Mail - PAC Fundraising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.64446**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Legacy Consulting, Inc.**

Mailing Address P.O. Box 409

City De Queen State AR Zip Code 71832

Purpose of Disbursement  
Consultants - Fundraising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.80173**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Legacy Consulting, Inc.**

Mailing Address P.O. Box 409

City De Queen State AR Zip Code 71832

Purpose of Disbursement  
Consultants - Fundraising

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.80243**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Legacy Consulting, Inc.**

Mailing Address P.O. Box 409

City De Queen State AR Zip Code 71832

Purpose of Disbursement  
Consultants - Fundraising

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.80290**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Legacy Consulting, Inc.**

Mailing Address P.O. Box 409

City De Queen State AR Zip Code 71832

Purpose of Disbursement  
Consultants - Fundraising

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.64332**

Amount of Each Disbursement this Period

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

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Legacy Consulting, Inc.**

Mailing Address P.O. Box 409

City De Queen State AR Zip Code 71832

Purpose of Disbursement  
Consultants - Fundraising

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.64386**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Legacy Consulting, Inc.**

Mailing Address P.O. Box 409

City De Queen State AR Zip Code 71832

Purpose of Disbursement  
Consultants - Fundraising

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.64409**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Legacy Consulting, Inc.**

Mailing Address P.O. Box 409

City De Queen State AR Zip Code 71832

Purpose of Disbursement  
Consultants - Fundraising

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.64455**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paychex, Inc.**

Mailing Address 12921 Cantrell Road  
Suite 100

City Little Rock State AR Zip Code 72223

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

01 / 15 / 2013

**Transaction ID : SB21B.80179**

Amount of Each Disbursement this Period

99.17

Full Name (Last, First, Middle Initial)

**B. Paychex, Inc.**

Mailing Address 12921 Cantrell Road  
Suite 100

City Little Rock State AR Zip Code 72223

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

01 / 22 / 2013

**Transaction ID : SB21B.80340**

Amount of Each Disbursement this Period

125.96

Full Name (Last, First, Middle Initial)

**C. Paychex, Inc.**

Mailing Address 12921 Cantrell Road  
Suite 100

City Little Rock State AR Zip Code 72223

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

01 / 31 / 2013

**Transaction ID : SB21B.80229**

Amount of Each Disbursement this Period

155.93

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

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

381.06

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paychex, Inc.**

Mailing Address 12921 Cantrell Road  
Suite 100

City Little Rock State AR Zip Code 72223

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2013

**Transaction ID : SB21B.80230**

Amount of Each Disbursement this Period

71.37

Full Name (Last, First, Middle Initial)

**B. Paychex, Inc.**

Mailing Address 12921 Cantrell Road  
Suite 100

City Little Rock State AR Zip Code 72223

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2013

**Transaction ID : SB21B.80231**

Amount of Each Disbursement this Period

154.17

Full Name (Last, First, Middle Initial)

**C. Paychex, Inc.**

Mailing Address 12921 Cantrell Road  
Suite 100

City Little Rock State AR Zip Code 72223

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2013

**Transaction ID : SB21B.80251**

Amount of Each Disbursement this Period

155.93

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

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

381.47

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paychex, Inc.**

Mailing Address 12921 Cantrell Road  
Suite 100

City Little Rock State AR Zip Code 72223

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 15 / 2013

**Transaction ID : SB21B.80252**

Amount of Each Disbursement this Period

100.17

Full Name (Last, First, Middle Initial)

**B. Paychex, Inc.**

Mailing Address 12921 Cantrell Road  
Suite 100

City Little Rock State AR Zip Code 72223

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 28 / 2013

**Transaction ID : SB21B.80272**

Amount of Each Disbursement this Period

155.93

Full Name (Last, First, Middle Initial)

**C. Paychex, Inc.**

Mailing Address 12921 Cantrell Road  
Suite 100

City Little Rock State AR Zip Code 72223

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 01 / 2013

**Transaction ID : SB21B.80273**

Amount of Each Disbursement this Period

75.17

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

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

331.27

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paychex, Inc.**

Mailing Address 12921 Cantrell Road  
Suite 100

City Little Rock State AR Zip Code 72223

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.80341**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Paychex, Inc.**

Mailing Address 12921 Cantrell Road  
Suite 100

City Little Rock State AR Zip Code 72223

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.80295**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Paychex, Inc.**

Mailing Address 12921 Cantrell Road  
Suite 100

City Little Rock State AR Zip Code 72223

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.80313**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paychex, Inc.**

Mailing Address 12921 Cantrell Road  
Suite 100

City Little Rock State AR Zip Code 72223

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2013

**Transaction ID : SB21B.64321**

Amount of Each Disbursement this Period

75.17

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Paychex, Inc.**

Mailing Address 12921 Cantrell Road  
Suite 100

City Little Rock State AR Zip Code 72223

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 12 / 2013

**Transaction ID : SB21B.64340**

Amount of Each Disbursement this Period

146.03

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Paychex, Inc.**

Mailing Address 12921 Cantrell Road  
Suite 100

City Little Rock State AR Zip Code 72223

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

**Transaction ID : SB21B.64346**

Amount of Each Disbursement this Period

110.67

Category/  
Type

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

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

331.87

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paychex, Inc.**

Mailing Address 12921 Cantrell Road  
Suite 100

City Little Rock State AR Zip Code 72223

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.64381**

Amount of Each Disbursement this Period

**B. Paychex, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 12921 Cantrell Road  
Suite 100

City Little Rock State AR Zip Code 72223

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.64383**

Amount of Each Disbursement this Period

**C. Paychex, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 12921 Cantrell Road  
Suite 100

City Little Rock State AR Zip Code 72223

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.64404**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paychex, Inc.**

Mailing Address 12921 Cantrell Road  
Suite 100

City Little Rock State AR Zip Code 72223

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.64405**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Paychex, Inc.**

Mailing Address 12921 Cantrell Road  
Suite 100

City Little Rock State AR Zip Code 72223

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.64428**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Paychex, Inc.**

Mailing Address 12921 Cantrell Road  
Suite 100

City Little Rock State AR Zip Code 72223

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.64429**

Amount of Each Disbursement this Period

Category/  
Type

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

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paychex, Inc.**

Mailing Address 12921 Cantrell Road  
Suite 100

City Little Rock State AR Zip Code 72223

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2013

Transaction ID : **SB21B.64456**

Amount of Each Disbursement this Period

103.01

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Paychex, Inc.**

Mailing Address 12921 Cantrell Road  
Suite 100

City Little Rock State AR Zip Code 72223

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2013

Transaction ID : **SB21B.64457**

Amount of Each Disbursement this Period

126.23

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 26 / 2013

Transaction ID : **SB21B.80220**

Amount of Each Disbursement this Period

8.69

Category/  
Type

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

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

237.93

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 27 / 2013

**Transaction ID : SB21B.80221**

Amount of Each Disbursement this Period

5.78

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 28 / 2013

**Transaction ID : SB21B.80222**

Amount of Each Disbursement this Period

11.80

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 29 / 2013

**Transaction ID : SB21B.80225**

Amount of Each Disbursement this Period

8.46

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

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

26.04

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 30 / 2013

**Transaction ID : SB21B.80226**

Amount of Each Disbursement this Period

114.39

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 31 / 2013

**Transaction ID : SB21B.80227**

Amount of Each Disbursement this Period

419.12

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 02 / 2013

**Transaction ID : SB21B.80232**

Amount of Each Disbursement this Period

14.46

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

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

547.97

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 03 / 2013

**Transaction ID : SB21B.80233**

Amount of Each Disbursement this Period

12.74

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 04 / 2013

**Transaction ID : SB21B.80234**

Amount of Each Disbursement this Period

33.55

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 05 / 2013

**Transaction ID : SB21B.80235**

Amount of Each Disbursement this Period

10.63

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

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

56.92

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 06 / 2013

**Transaction ID : SB21B.80236**

Amount of Each Disbursement this Period

3.29

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 07 / 2013

**Transaction ID : SB21B.80237**

Amount of Each Disbursement this Period

2.57

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 08 / 2013

**Transaction ID : SB21B.80238**

Amount of Each Disbursement this Period

4.44

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

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

10.30

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 09 / 2013

**Transaction ID : SB21B.80240**

Amount of Each Disbursement this Period

4.61

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 10 / 2013

**Transaction ID : SB21B.80241**

Amount of Each Disbursement this Period

2.19

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 11 / 2013

**Transaction ID : SB21B.80242**

Amount of Each Disbursement this Period

9.24

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

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

16.04

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 12 / 2013

Transaction ID : SB21B.80247

Amount of Each Disbursement this Period

174.27

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 13 / 2013

Transaction ID : SB21B.80248

Amount of Each Disbursement this Period

73.17

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2013

Transaction ID : SB21B.80249

Amount of Each Disbursement this Period

4.00

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

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

251.44

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2013

**Transaction ID : SB21B.80253**

Amount of Each Disbursement this Period

3.18

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 16 / 2013

**Transaction ID : SB21B.80254**

Amount of Each Disbursement this Period

9.69

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 17 / 2013

**Transaction ID : SB21B.80255**

Amount of Each Disbursement this Period

3.46

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

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

16.33



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 18 / 2013

**Transaction ID : SB21B.80256**

Amount of Each Disbursement this Period

2.22

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 19 / 2013

**Transaction ID : SB21B.80257**

Amount of Each Disbursement this Period

2.88

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 20 / 2013

**Transaction ID : SB21B.80258**

Amount of Each Disbursement this Period

1.04

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

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

6.14

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 21 / 2013

**Transaction ID : SB21B.80259**

Amount of Each Disbursement this Period

17.85

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 22 / 2013

**Transaction ID : SB21B.80260**

Amount of Each Disbursement this Period

13.54

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 23 / 2013

**Transaction ID : SB21B.80261**

Amount of Each Disbursement this Period

8.99

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

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

40.38

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 24 / 2013

**Transaction ID : SB21B.80262**

Amount of Each Disbursement this Period

1.58

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 25 / 2013

**Transaction ID : SB21B.80263**

Amount of Each Disbursement this Period

1.96

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 26 / 2013

**Transaction ID : SB21B.80264**

Amount of Each Disbursement this Period

60.02

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

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

63.56

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 27 / 2013

**Transaction ID : SB21B.80269**

Amount of Each Disbursement this Period

36.88

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 28 / 2013

**Transaction ID : SB21B.80270**

Amount of Each Disbursement this Period

20.28

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2013

**Transaction ID : SB21B.80275**

Amount of Each Disbursement this Period

8.37

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

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

65.53

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 02 / 2013

**Transaction ID : SB21B.80277**

Amount of Each Disbursement this Period

6.13

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 03 / 2013

**Transaction ID : SB21B.80278**

Amount of Each Disbursement this Period

5.50

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 04 / 2013

**Transaction ID : SB21B.80279**

Amount of Each Disbursement this Period

4.62

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

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

16.25

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 05 / 2013

**Transaction ID : SB21B.80280**

Amount of Each Disbursement this Period

9.18

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 06 / 2013

**Transaction ID : SB21B.80281**

Amount of Each Disbursement this Period

4.19

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2013

**Transaction ID : SB21B.80282**

Amount of Each Disbursement this Period

3.79

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

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

17.16

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.80283**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.80284**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.80285**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.80286**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.80291**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.80292**

Amount of Each Disbursement this Period

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

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.80294**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.80296**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.80297**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
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Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 18 / 2013

**Transaction ID : SB21B.80298**

Amount of Each Disbursement this Period

3.10

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 20 / 2013

**Transaction ID : SB21B.80299**

Amount of Each Disbursement this Period

24.34

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 21 / 2013

**Transaction ID : SB21B.80300**

Amount of Each Disbursement this Period

10.43

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

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

37.87

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.80301**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.80302**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.80303**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 25 / 2013

**Transaction ID : SB21B.80304**

Amount of Each Disbursement this Period

7.38

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 26 / 2013

**Transaction ID : SB21B.80305**

Amount of Each Disbursement this Period

86.31

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2013

**Transaction ID : SB21B.80306**

Amount of Each Disbursement this Period

171.17

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

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

264.86

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 28 / 2013

**Transaction ID : SB21B.80307**

Amount of Each Disbursement this Period

249.05

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 29 / 2013

**Transaction ID : SB21B.80308**

Amount of Each Disbursement this Period

29.75

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 29 / 2013

**Transaction ID : SB21B.80342**

Amount of Each Disbursement this Period

2.48

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

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

281.28

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.80309**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.80310**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.64322**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 02 / 2013

Transaction ID : SB21B.64323

Amount of Each Disbursement this Period

3.53

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 03 / 2013

Transaction ID : SB21B.64324

Amount of Each Disbursement this Period

24.46

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 04 / 2013

Transaction ID : SB21B.64325

Amount of Each Disbursement this Period

29.04

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

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

57.03

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

### A. Paypal

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 05 / 2013

Transaction ID : SB21B.64329

Amount of Each Disbursement this Period

22.92

Full Name (Last, First, Middle Initial)

### B. Paypal

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 06 / 2013

Transaction ID : SB21B.64344

Amount of Each Disbursement this Period

3.56

Full Name (Last, First, Middle Initial)

### C. Paypal

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2013

Transaction ID : SB21B.64330

Amount of Each Disbursement this Period

2.16

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

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

28.64



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.64333**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.64334**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.64335**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.64336**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.64341**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.64342**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 14 / 2013

**Transaction ID : SB21B.64343**

Amount of Each Disbursement this Period

3.15

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

**Transaction ID : SB21B.64347**

Amount of Each Disbursement this Period

0.85

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 16 / 2013

**Transaction ID : SB21B.64348**

Amount of Each Disbursement this Period

1.56

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

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

5.56

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.64349**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.64350**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.64351**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 20 / 2013

**Transaction ID : SB21B.64355**

Amount of Each Disbursement this Period

1.89

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 21 / 2013

**Transaction ID : SB21B.64356**

Amount of Each Disbursement this Period

4.30

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 22 / 2013

**Transaction ID : SB21B.64357**

Amount of Each Disbursement this Period

4.50

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

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

10.69

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 23 / 2013

**Transaction ID : SB21B.64358**

Amount of Each Disbursement this Period

1.80

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 24 / 2013

**Transaction ID : SB21B.64359**

Amount of Each Disbursement this Period

1.50

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 25 / 2013

**Transaction ID : SB21B.64374**

Amount of Each Disbursement this Period

1.11

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

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

4.41

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 26 / 2013

**Transaction ID : SB21B.64375**

Amount of Each Disbursement this Period

126.65

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 27 / 2013

**Transaction ID : SB21B.64377**

Amount of Each Disbursement this Period

37.82

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 28 / 2013

**Transaction ID : SB21B.64378**

Amount of Each Disbursement this Period

18.86

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

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

183.33

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 29 / 2013

**Transaction ID : SB21B.64379**

Amount of Each Disbursement this Period

242.01

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2013

**Transaction ID : SB21B.64382**

Amount of Each Disbursement this Period

1484.77

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2013

**Transaction ID : SB21B.64384**

Amount of Each Disbursement this Period

170.87

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

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

1897.65



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. Paypal</b>		<input type="text" value="05"/> / <input type="text" value="02"/> / <input type="text" value="2013"/>
Mailing Address 4100 Solutions Center 774100		<b>Transaction ID : SB21B.64385</b>
City Chicago	State IL Zip Code 60677	
Purpose of Disbursement Credit Card Processing Fee	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="36.47"/>
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:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Paypal</b>		<input type="text" value="05"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
Mailing Address 4100 Solutions Center 774100		<b>Transaction ID : SB21B.64387</b>
City Chicago	State IL Zip Code 60677	
Purpose of Disbursement Credit Card Processing Fee	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="12.75"/>
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:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. Paypal</b>		<input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
Mailing Address 4100 Solutions Center 774100		<b>Transaction ID : SB21B.64388</b>
City Chicago	State IL Zip Code 60677	
Purpose of Disbursement Credit Card Processing Fee	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="8.22"/>
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>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	<input type="text" value="57.44"/>
<b>TOTAL</b> This Period (last page this line number only)..... ▶	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 05 / 2013

**Transaction ID : SB21B.64389**

Amount of Each Disbursement this Period

10.31

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 06 / 2013

**Transaction ID : SB21B.64390**

Amount of Each Disbursement this Period

19.52

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 07 / 2013

**Transaction ID : SB21B.64391**

Amount of Each Disbursement this Period

15.58

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

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

45.41

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 08 / 2013

Transaction ID : SB21B.64392

Amount of Each Disbursement this Period

52.95

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 09 / 2013

Transaction ID : SB21B.64393

Amount of Each Disbursement this Period

30.64

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 10 / 2013

Transaction ID : SB21B.64394

Amount of Each Disbursement this Period

11.49

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

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

95.08

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 11 / 2013

**Transaction ID : SB21B.64395**

Amount of Each Disbursement this Period

12.19

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 12 / 2013

**Transaction ID : SB21B.64397**

Amount of Each Disbursement this Period

7.76

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 13 / 2013

**Transaction ID : SB21B.64399**

Amount of Each Disbursement this Period

52.67

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

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

72.62

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

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

FOR LINE NUMBER:  
(check only one)

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

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Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.64403**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.64406**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.64410**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 17 / 2013

Transaction ID : SB21B.64411

Amount of Each Disbursement this Period

80.80

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 18 / 2013

Transaction ID : SB21B.64412

Amount of Each Disbursement this Period

7.27

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 19 / 2013

Transaction ID : SB21B.64413

Amount of Each Disbursement this Period

7.58

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

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

95.65

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.64414**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.64415**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.64416**

Amount of Each Disbursement this Period

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

### A. Paypal

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 23 / 2013

Transaction ID : SB21B.64417

Amount of Each Disbursement this Period

34.00

Full Name (Last, First, Middle Initial)

### B. Paypal

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 24 / 2013

Transaction ID : SB21B.64419

Amount of Each Disbursement this Period

6.39

Full Name (Last, First, Middle Initial)

### C. Paypal

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 25 / 2013

Transaction ID : SB21B.64421

Amount of Each Disbursement this Period

0.76

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

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

41.15



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 26 / 2013

**Transaction ID : SB21B.64422**

Amount of Each Disbursement this Period

5.01

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 27 / 2013

**Transaction ID : SB21B.64423**

Amount of Each Disbursement this Period

9.23

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 28 / 2013

**Transaction ID : SB21B.64424**

Amount of Each Disbursement this Period

5.60

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

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

19.84

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.64425**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.64426**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.64430**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. Paypal</b>		<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
Mailing Address 4100 Solutions Center 774100		<b>Transaction ID : SB21B.64441</b>
City Chicago	State IL Zip Code 60677	
Purpose of Disbursement Credit Card Processing Fee	Candidate Name	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Paypal</b>		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2013"/>
Mailing Address 4100 Solutions Center 774100		<b>Transaction ID : SB21B.64442</b>
City Chicago	State IL Zip Code 60677	
Purpose of Disbursement Credit Card Processing Fee	Candidate Name	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. Paypal</b>		<input type="text" value="06"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
Mailing Address 4100 Solutions Center 774100		<b>Transaction ID : SB21B.64443</b>
City Chicago	State IL Zip Code 60677	
Purpose of Disbursement Credit Card Processing Fee	Candidate Name	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	<input type="text" value="163.74"/>
<b>TOTAL</b> This Period (last page this line number only)..... ▶	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.64488**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.64444**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.64445**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 07 / 2013

Transaction ID : SB21B.64447

Amount of Each Disbursement this Period

2.27

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2013

Transaction ID : SB21B.64448

Amount of Each Disbursement this Period

3.78

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 09 / 2013

Transaction ID : SB21B.64449

Amount of Each Disbursement this Period

24.82

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

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

30.87

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 10 / 2013

**Transaction ID : SB21B.64450**

Amount of Each Disbursement this Period

3.62

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 11 / 2013

**Transaction ID : SB21B.64451**

Amount of Each Disbursement this Period

3.04

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 12 / 2013

**Transaction ID : SB21B.64452**

Amount of Each Disbursement this Period

4.14

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

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

10.80

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.64453**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.64458**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.64459**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2013

**Transaction ID : SB21B.64460**

Amount of Each Disbursement this Period

13.61

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2013

**Transaction ID : SB21B.64461**

Amount of Each Disbursement this Period

7.14

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2013

**Transaction ID : SB21B.64462**

Amount of Each Disbursement this Period

3.94

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

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

24.69



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.64463**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.64464**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.64466**

Amount of Each Disbursement this Period

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

### A. Paypal

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2013

Transaction ID : SB21B.64467

Amount of Each Disbursement this Period

5.54

Full Name (Last, First, Middle Initial)

### B. Paypal

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2013

Transaction ID : SB21B.64468

Amount of Each Disbursement this Period

2.21

Full Name (Last, First, Middle Initial)

### C. Paypal

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2013

Transaction ID : SB21B.64469

Amount of Each Disbursement this Period

1.61

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

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

9.36

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.64471**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.64482**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.64483**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 28 / 2013

**Transaction ID : SB21B.64484**

Amount of Each Disbursement this Period

25.84

Full Name (Last, First, Middle Initial)

**B. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 29 / 2013

**Transaction ID : SB21B.64485**

Amount of Each Disbursement this Period

30.08

Full Name (Last, First, Middle Initial)

**C. Paypal**

Mailing Address 4100 Solutions Center  
774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2013

**Transaction ID : SB21B.64486**

Amount of Each Disbursement this Period

277.33

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

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

333.25

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

### A. QualChoice

Mailing Address 10825 Financial Centre Parkway

City Little Rock State AR Zip Code 72211

Purpose of Disbursement  
Employee Health Insurance

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 08 / 2013

Transaction ID : SB21B.80239

Amount of Each Disbursement this Period

463.73

Full Name (Last, First, Middle Initial)

### B. QualChoice

Mailing Address 10825 Financial Centre Parkway

City Little Rock State AR Zip Code 72211

Purpose of Disbursement  
Employee Health Insurance

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 26 / 2013

Transaction ID : SB21B.80266

Amount of Each Disbursement this Period

463.73

Full Name (Last, First, Middle Initial)

### C. QualChoice

Mailing Address 10825 Financial Centre Parkway

City Little Rock State AR Zip Code 72211

Purpose of Disbursement  
Employee Health Insurance

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 29 / 2013

Transaction ID : SB21B.80311

Amount of Each Disbursement this Period

463.73

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

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

1391.19

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. QualChoice**

Mailing Address 10825 Financial Centre Parkway

City Little Rock State AR Zip Code 72211

Purpose of Disbursement  
Employee Health Insurance

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 26 / 2013

**Transaction ID : SB21B.64376**

Amount of Each Disbursement this Period

463.73

Full Name (Last, First, Middle Initial)

**B. QualChoice**

Mailing Address 10825 Financial Centre Parkway

City Little Rock State AR Zip Code 72211

Purpose of Disbursement  
Employee Health Insurance

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 24 / 2013

**Transaction ID : SB21B.64420**

Amount of Each Disbursement this Period

463.73

Full Name (Last, First, Middle Initial)

**C. Security BankCard Center**

Mailing Address P.O. Box 6139

City Norman State OK Zip Code 73070

Purpose of Disbursement  
Credit Card Pmt - No Itemization Required

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 30 / 2013

**Transaction ID : SB21B.80317**

Amount of Each Disbursement this Period

262.71

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

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

1190.17

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Security BankCard Center**

Mailing Address P.O. Box 6139

City Norman State OK Zip Code 73070

Purpose of Disbursement  
Credit Card Pmt - No Itemization Required

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 30 / 2013

**Transaction ID : SB21B.80318**

Amount of Each Disbursement this Period

42.01

Full Name (Last, First, Middle Initial)

**B. Security BankCard Center**

Mailing Address P.O. Box 6139

City Norman State OK Zip Code 73070

Purpose of Disbursement  
Credit Card Pmt - No Itemization Required

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 30 / 2013

**Transaction ID : SB21B.80319**

Amount of Each Disbursement this Period

41.34

Full Name (Last, First, Middle Initial)

**C. Security BankCard Center**

Mailing Address P.O. Box 6139

City Norman State OK Zip Code 73070

Purpose of Disbursement  
Credit Card Pmt - No Itemization Required

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 26 / 2013

**Transaction ID : SB21B.80314**

Amount of Each Disbursement this Period

41.34

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

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

124.69

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Security BankCard Center**

Mailing Address P.O. Box 6139

City Norman State OK Zip Code 73070

Purpose of Disbursement  
Credit Card Pmt - No Itemization Required

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 26 / 2013

**Transaction ID : SB21B.80316**

Amount of Each Disbursement this Period

50.76

Full Name (Last, First, Middle Initial)

**B. Security BankCard Center**

Mailing Address P.O. Box 6139

City Norman State OK Zip Code 73070

Purpose of Disbursement  
Credit Card Pmt - No Itemization Required

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2013

**Transaction ID : SB21B.80332**

Amount of Each Disbursement this Period

41.29

Full Name (Last, First, Middle Initial)

**C. Security BankCard Center**

Mailing Address P.O. Box 6139

City Norman State OK Zip Code 73070

Purpose of Disbursement  
Credit Card Pmt - No Itemization Required

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2013

**Transaction ID : SB21B.80333**

Amount of Each Disbursement this Period

113.19

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

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

205.24



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Security BankCard Center**

Mailing Address P.O. Box 6139

City Norman State OK Zip Code 73070

Purpose of Disbursement  
Credit Card Payment - See Memos

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 25 / 2013

**Transaction ID : SB21B.64361**

Amount of Each Disbursement this Period

515.76

Full Name (Last, First, Middle Initial)

**B. US Post Office**

Mailing Address 600 E. Capitol Avenue

City Little Rock State AR Zip Code 72202

Purpose of Disbursement  
Postage - PAC Operations

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 25 / 2013

**Transaction ID : SB21B.64361.0**

Amount of Each Disbursement this Period

56.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. US Post Office**

Mailing Address 600 E. Capitol Avenue

City Little Rock State AR Zip Code 72202

Purpose of Disbursement  
Postage - PAC Operations

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 25 / 2013

**Transaction ID : SB21B.64361.1**

Amount of Each Disbursement this Period

44.00

**[MEMO ITEM]**

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

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

515.76

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. THE CAPITAL HOTEL**

Mailing Address 111 W. MARKHAM

City State Zip Code  
LITTLE ROCK AR 72201

Purpose of Disbursement  
Meeting & Catering Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2013

Transaction ID : SB21B.64361.2

Amount of Each Disbursement this Period

399.24
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[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Security BankCard Center**

Mailing Address P.O. Box 6139

City State Zip Code  
Norman OK 73070

Purpose of Disbursement  
Credit Card Payment - See Memos

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2013

Transaction ID : SB21B.64362

Amount of Each Disbursement this Period

54.96
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Full Name (Last, First, Middle Initial)

**C. US Post Office**

Mailing Address 600 E. Capitol Avenue

City State Zip Code  
Little Rock AR 72202

Purpose of Disbursement  
Postage - PAC Operations

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2013

Transaction ID : SB21B.64362.0

Amount of Each Disbursement this Period

49.36
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[MEMO ITEM]

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

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

54.96
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>A. US Post Office</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>25</td> <td></td> <td>2013</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	04		25		2013
M M M	/	D D D	/	Y Y Y Y Y Y									
04		25		2013									
Mailing Address 600 E. Capitol Avenue		<b>Transaction ID : SB21B.64362.1</b>											
City Little Rock	State AR	Zip Code 72202	Amount of Each Disbursement this Period										
Purpose of Disbursement Postage - PAC Operations	Category/Type		5.60										
Candidate Name	Disbursement For:		<b>[MEMO ITEM]</b>										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General												
State: District:	<input type="checkbox"/> Other (specify) ▼												

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>B. Security BankCard Center</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>25</td> <td></td> <td>2013</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	04		25		2013
M M M	/	D D D	/	Y Y Y Y Y Y									
04		25		2013									
Mailing Address P.O. Box 6139		<b>Transaction ID : SB21B.64363</b>											
City Norman	State OK	Zip Code 73070	Amount of Each Disbursement this Period										
Purpose of Disbursement Credit Card Pmt - No Itemization Required	Category/Type		41.29										
Candidate Name	Disbursement For:												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General												
State: District:	<input type="checkbox"/> Other (specify) ▼												

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>C. Security BankCard Center</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>24</td> <td></td> <td>2013</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	05		24		2013
M M M	/	D D D	/	Y Y Y Y Y Y									
05		24		2013									
Mailing Address P.O. Box 6139		<b>Transaction ID : SB21B.64432</b>											
City Norman	State OK	Zip Code 73070	Amount of Each Disbursement this Period										
Purpose of Disbursement Credit Card Payment - See Memos	Category/Type		50.41										
Candidate Name	Disbursement For:												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General												
State: District:	<input type="checkbox"/> Other (specify) ▼												

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	91.70
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. US Post Office**

Mailing Address 600 E. Capitol Avenue

City Little Rock State AR Zip Code 72202

Purpose of Disbursement  
Postage - PAC Operations

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 24 / 2013

Transaction ID : **SB21B.64432.0**

Amount of Each Disbursement this Period

6.72

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. US Post Office**

Mailing Address 600 E. Capitol Avenue

City Little Rock State AR Zip Code 72202

Purpose of Disbursement  
Postage - PAC Operations

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 24 / 2013

Transaction ID : **SB21B.64432.1**

Amount of Each Disbursement this Period

2.41

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Ring Central, Inc.**

Mailing Address 1400 Fashion Island Boulevard  
7th Floor

City San Mateo State CA Zip Code 94404

Purpose of Disbursement  
Telephone Service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 24 / 2013

Transaction ID : **SB21B.64432.2**

Amount of Each Disbursement this Period

41.28

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Security BankCard Center**

Mailing Address P.O. Box 6139

City Norman State OK Zip Code 73070

Purpose of Disbursement  
Credit Card Pmt - No Itemization Required

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 24 / 2013

Transaction ID : **SB21B.64433**

Amount of Each Disbursement this Period

15.99

Full Name (Last, First, Middle Initial)

**B. Security BankCard Center**

Mailing Address P.O. Box 6139

City Norman State OK Zip Code 73070

Purpose of Disbursement  
Credit Card Payment - See Memo

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2013

Transaction ID : **SB21B.64472**

Amount of Each Disbursement this Period

215.55

Full Name (Last, First, Middle Initial)

**C. US Post Office**

Mailing Address 600 E. Capitol Avenue

City Little Rock State AR Zip Code 72202

Purpose of Disbursement  
Postage - PAC Operations

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2013

Transaction ID : **SB21B.64472.0**

Amount of Each Disbursement this Period

92.00

[MEMO ITEM]

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

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

231.54

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Security BankCard Center**

Mailing Address P.O. Box 6139

City Norman State OK Zip Code 73070

Purpose of Disbursement  
Credit Card Payment - See Memo

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2013

**Transaction ID : SB21B.64473**

Amount of Each Disbursement this Period

41.13

Full Name (Last, First, Middle Initial)

**B. Ring Central, Inc.**

Mailing Address 1400 Fashion Island Boulevard  
7th Floor

City San Mateo State CA Zip Code 94404

Purpose of Disbursement  
Telephone Service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2013

**Transaction ID : SB21B.64473.0**

Amount of Each Disbursement this Period

41.13

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Security BankCard Center**

Mailing Address P.O. Box 6139

City Norman State OK Zip Code 73070

Purpose of Disbursement  
Credit Card Pmt - No Itemization Required

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2013

**Transaction ID : SB21B.64474**

Amount of Each Disbursement this Period

15.99

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

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

57.12

148550.38

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
**HUCK PAC**

Full Name (Last, First, Middle Initial)

**A. Robert Adcox**

Mailing Address 5149 Overland Drive

City Roanoke State VA Zip Code 24018

Purpose of Disbursement  
Return of Contribution Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

**Transaction ID : SB28A.80350**

Amount of Each Disbursement this Period

-	1	5	.	0	0						
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Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

-	1	5	.	0	0						
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-	1	5	.	0	0						
---	---	---	---	---	---	--	--	--	--	--	--