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Image# 201602209008527258

**FEC** FORM 3Y

# **REPORT OF RECEIPTS AND DISBURSEMENTS**

TONIW 3X	For Other Than An	Authorized Committ	ee		Office Use Only	
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typi over the lines.	ng, type	12FE4M5		
HellerHighWater PAC						
ADDRESS (number and street)	PO Box 370672					
Check if different than previously reported. (ACC)	Las Vegas			NV	89137	
2. FEC IDENTIFICATION N	UMBER ▼	CITY A	8	STATE A	ZIP COD	E <b>_</b>
C C00471607			NEW (N) <b>OR</b>	AM (A)	IENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly X Report Due On:		May 20 (M5)			Nov 20 (M11) Non-Election Year Only)
(a) Quarterly Reports:			Jun 20 (M6) Jul 20 (M7)			Dec 20 (M12) Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly Report (0	Q1) (c) 12-Day	Primary (12I		General (		Runoff (12R)
July 15 Quarterly Report (0	PRF-Election	n		Special (		tunon (1211)
October 15 Quarterly Report (0		Genvenue.				
January 31 Year-End Report (	YE)E	Election on	D D /	Y   Y   Y   Y   Y	in the State of	L.
July 31 Mid-Year Report (Non-election Year Only) (MY)	on (d) 30-Day POST-Electi Report for the	· ·	G)	Runoff (3	0R) S	Special (30S)
Termination Report (TER)		Election on	D = D /	Y = Y = Y = Y	in the State of	
5. Covering Period 0		016 through	M M 01	31_	2016	
I certify that I have examined the	nis Report and to the be	est of my knowledge and	belief it is tru	e, correct and	d complete.	
Type or Print Name of Treasure	er Chrissie Hastie					
Signature of Treasurer Chri	ssie Hastie	[Electronicali	y Filed] D	ate 02	/ 20 / 1	2016
NOTE: Submission of false, error	neous, or incomplete inform	mation may subject the per	son signing th	is Report to th	ne penalties of 2 U.	S.C. §437g.
Office Use Only					FEC FORM Rev. 12/200	

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name HellerHighWater PAC 2016 01 2016 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 144002.97 January 1, 2016 (b) Cash on Hand at 144002.97 Beginning of Reporting Period..... 2000.00 2000.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 146002.97 146002.97 6(a) and 6(c) for Column B)..... 26408.84 26408.84 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 119594.13 119594.13 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463

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

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

	Hel	ler <del>l</del> -	ligh	Wate	r PAC
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Report Covering the Period: From: 01	01 2016	To: 01 31 2016
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		500.00
(i) Itemized (use Schedule A)	500.00	500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add		500.00
Lines 11(a)(i) and (ii)▶	500.00	500.00
(h) Political Party Committees	0.00	0.00
(b) Political Party Committees	3.50	
(such as PACs)	1500.00	1500.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	2000.00	2000.00
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures	· ·	
(Refunds, Rebates, etc.)	0.00	
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		
to Federal Candidates and Other	0.00	0.00
Political Committees	0.00	0.00
7. Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(	3.55	0.00
(b) Lovin Funds (from Schodula US)	0.00	0.00
(b) Levin Funds (from Schedule H5)	7	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(, , , , , , , , , , , , , , , , , , ,		
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	2000.00	2000.00
). Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	2000.00	2000.00

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursem	ents	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Operating Expenditures:</li> <li>(a) Allocated Federal/No</li> </ol>	n-Federal	10.00 1 0.100	Calcinati Teal to Bate
Activity (from Schedu			
(i) Federal Share		0.00	0.00
(ii) Non-Federal Sh	are	0.00	0.00
(b) Other Federal Opera	ting		
Expenditures		11408.84	11408.84
(c) Total Operating Experience (add 21(a)(i), (a)(ii),		11408.84	11408.84
Transfers to Affiliated/Oth	1 11	11100.01	111000
Committees	*	15000.00	15000.00
Contributions to Federal Candidates/Comr and Other Political Comm	nittees nittees	0.00	0.00
Independent Expenditures			
(use Schedule E) Coordinated Party Expens	ditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)		0.00	0.00
Loan Repayments Made.		0.00	0.00
Loans Made Refunds of Contributions		0.00	0.00
(a) Individuals/Persons ( Than Political Comm	Other	0.00	0.00
(b) Political Party Comm	ittoos	0.00	0.00
<ul><li>(b) Political Party Comm</li><li>(c) Other Political Comm</li></ul>		0.00	
(such as PACs)		0.00	0.00
(d) Total Contribution Re	funds		
(add Lines 28(a), (b)	, and (c))▶	0.00	0.00
Other Disbursements		0.00	0.00
Federal Election Activity (	2 11 5 C 8/31/20))		
(a) Allocated Federal Ele			
(from Schedule H6) (i) Federal Share		0.00	0.00
(,	F		
<ul><li>(ii) "Levin" Share</li><li>(b) Federal Election Acti</li></ul>		0.00	0.00
(b) Federal Election Acti With Federal Fu		0.00	0.00
(c) Total Federal Electio Lines 30(a)(i), 30(a)		0.00	0.00
Total Diaburaceants (	Lines 21(s) 22		
Total Disbursements (add 23, 24, 25, 26, 27, 28(d),	1 /	26408.84	26408.84
Total Federal Disburseme	ents		
(subtract Line 21(a)(ii) an			
from Line 31)	······•	26408.84	26408.84

### **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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	2000.00	2000.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2000.00	2000.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	11408.84	11408.84
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	11408.84	11408.84

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

FOR LINE NUMBER: **PAGE** 6 OF 12 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 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) HellerHighWater PAC Full Name (Last, First, Middle Initial) Mr. Earl Ray Beeman Date of Receipt Mailing Address 8454 Clover Leaf Drive 2016 21 City Zip Code State Transaction ID: 60121.C448 VA McLean 22102 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Receipt Name of Employer Occupation Ernst & Young LLP Principal Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)..... 500.00 TOTAL This Period (last page this line number only).....

### S 17

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 12 (check only one)
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	tatements ma	I ay not be sold or used by any political committee	erson for the purpose of soliciting contributions
0.1	NAME OF COMMITTEE (In Full) HellerHighWater PAC	name and e	address of any political committee	to solicit community from such commune.
Α.	Full Name (Last, First, Middle Initial) National Assoc Of Health Underwriter	sPAC		Date of Receipt
	Mailing Address 1212 New York Avenue NW #	1100		01 21 2016
	City	State	Zip Code	Transaction ID : 60121.C449
	Washington	DC	20005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C co	0283135	1500.00
	Name of Employer	Occupation	1	Receipt
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1500.00	
В.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation	1	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼	
<del>-</del>	Full Name (Last, First, Middle Initial)			Date of Receipt
٠.	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		Amount of Each Necept this Feriou
	Name of Employer	Occupation	1	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼	
s	SUBTOTAL of Receipts This Page (optional)		)	1500.00

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

1500.00

SCHEDULE B (FEC Form 3X)	Hen congrete pohedule(e)	FOR LINE I		PAGE 8 OF 12
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only 21b	one)	24 25 26
	Detailed Summary Page	27	28a 28b	28c 29 30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) HellerHighWater PAC				
Full Name (Last, First, Middle Initial)			5	
Gober Hilgers PLC			Date of Disburseme	2016
Mailing Address 2101 Cedar Springs Road #1050			01 01	2016
City Dallas	State Zip Code TX 75201-		Transaction ID: 6	60108.E441
Purpose of Disbursement Consulting Legal			Amount of Each Dis	sbursement this Period
Candidate Name		Category/ Type		255.00
President	nent For:  Primary General  Other (specify)	Туре	CONSULTING LEGA	AL
State: District:  Full Name (Last, First, Middle Initial)				
3. October Inc.			Date of Disburseme	ent
Mailing Address PO Box 372672			01 01	2016
Las Vegas	State Zip Code NV 89137-		Transaction ID : 6	60108.E447
Purpose of Disbursement See Below/Catering & Facility Fees			Amount of Each Dis	sbursement this Period
Candidate Name		Category/ Type		2291.77
Office Sought:    House   Disbursen	nent For: Primary General Other (specify)		SEE BELOW/CATE	RING & FACILITY FEES
Full Name (Last, First, Middle Initial) - Bobby Vans			Date of Disburseme	ent
Mailing Address 809 15th Street NW			10 27	2015
City S Washington	State Zip Code DC 20005-		Transaction ID:	60108.E448
Purpose of Disbursement Catering & Facility Fees	20000		Amount of Foot Di	ahama ana ant Maia Baria d
Candidate Name		Category/ Type	Amount of Each Dis	sbursement this Period 2291.77
Office Sought:  House Senate President  State:  Disburser	nent For: Primary General Other (specify)	.,,,,,	[MEMO ITEM] MEMO: CATERING	& FACILITY FEES
SUBTOTAL of Disbursements This Page (optional)				2546.77
TOTAL This Period (last page this line number only)				

# 17

SCHEDULE B (FEC Form 3X)	11	FOR LINE	NUMBER:	PAGE 9 OF 12
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	X 21b 27	22 23 28b	24 25 26 28c 29 30b
Any information copied from such Reports and States or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full) HellerHighWater PAC				
Full Name (Last, First, Middle Initial)				
A. October Inc.			Date of Disburseme	ent
Mailing Address PO Box 372672			01 01	2016
City Las Vegas	State Zip Code NV 89137-		Transaction ID : 6	60108.E446
Purpose of Disbursement Airfare			Amount of Each Di	sbursement this Period
Candidate Name		Category/ Type		986.58
Office Sought: House Disburser Senate President	ment For: Primary General Other (specify)		AIRFARE	
State: District:				
B. October Inc.			Date of Disburseme	ent / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 372672	Otata 7:a Oada		01 01	2016
Las Vegas	State Zip Code NV 89137-		Transaction ID: 6	60108.E443
Purpose of Disbursement Consulting Fundraising			Amount of Each Di	sbursement this Period
Candidate Name		Category/ Type		4800.00
Office Sought: House Disburse  Senate President State: District:	ment For:  Primary General  Other (specify)		CONSULTING FUN	DRAISING
Full Name (Last, First, Middle Initial)  C. October Inc.			Date of Disburseme	
Mailing Address PO Box 372672			01 01	2016
Las Vegas	State Zip Code NV 89137-		Transaction ID : 6	60108.E445
Purpose of Disbursement Fundraising Event Supplies			Amount of Each Di	sbursement this Period
Candidate Name		Category/ Type		804.23
Office Sought:  House Senate President State: District:	ment For:  Primary General  Other (specify)		FUNDRAISING EVE	ENT SUPPLIES
SUBTOTAL of Disbursements This Page (optional)				6590.81
TOTAL This Period (last page this line number only				

SCHEDULE E	3 (FEC Form 3X)		-	FOR LINE	NUMBER:		PAGE	10 OI	F 12
TEMIZED DIS	SBURSEMENTS		ate schedule(s) ategory of the	(check only		<b>□ 00</b> □	04	105 1	
			ummary Page	X 21b	22 28a	23 28b	24 28c	25 29	26 30b
Any information con	ied from such Reports and State	Ments may no	t he sold or use						
	urposes, other than using the na								
NAME OF COM	MITTEE (In Full)								
HellerHigh	Vater PAC								
/	Figure Addition to State								
•	First, Middle Initial)				Date of	Disbursemen	+		
A. October Inc	<i>;</i> .				M M	/   D   D		Y	v
Mailing Address	PO Box 372672				01	01		016	
City			Zip Code		Transa	ction ID : 60°	108.E444		
Las Vegas  Purpose of Disbu	ırsement	INV	89137-						
Postage					Amount	of Each Disb	ursement	this Pe	eriod
Candidate Name				Category/				1 -1	
				Type		7	7	71.2	22
Office Sought:		ment For:							
	Senate President	Primary Other (specif	General		POSTAG	E			
State:	District:	Other (specif	y) <b>\</b>						
Full Name (Last,	First, Middle Initial)								
3. October Inc					Date of	Disbursemen	t		
					M = M	/ D D	/ Y Y	Y = Y	Y
Mailing Address	PO Box 372672				01	01	20	016	
City		State	Zip Code						
Las Vegas		NV	89137-		Transa	ction ID: 60	108.E449		
Purpose of Disbu									
See Below/Lodg	g				Amount	of Each Disb	ursement	this Pe	eriod
Candidate Name				Category/				2200.	04
Office Sought:	House Disburse	ment For:		Туре		1	,		
5 77 5 7 7 9	Senate	Primary	General		SEE BEL	.OW/LODGIN	G		
	President	Other (specify	y) <b>▼</b>						
State:	District:								
, ,	First, Middle Initial)				<b>D</b>	D: 1			
C. Peninsula F	Hotel					Disbursemen			
Mailing Address	108 East Superior Street				11	01		)15	Y
	Too East Superior Street								
City			Zip Code		Transa	ction ID : 60	108.E450		
Chicago Purpose of Disbu	ireamant	IL	60611-						
Lodging	ii Sement				Amount	of Each Disb	uroomont	thio D	oriod
Candidate Name				Category/	Amount	UI LACII DISD	ursement	uns re	enou
				Type	L	7	(E)	2076.2	27
Office Sought:		ment For:			[MEMO				
	Senate	Primary	General		MEMO: L	ODGING			
State:	President District:	Other (specif	y) <b>▼</b>						
	2.50.100.						-	_	_
SUBTOTAL of Disl	oursements This Page (optional).					40.		2271.2	26
					_		7	-	

Transaction ID: 60108.E451    City	SCHEDULE B (FEC Form 3X)	Lica caparata cabadula(a)	FOR LINE	-	PAGE 11 OF 12
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMINTEE (in Pick)  HellerHighWater PAC  Full Name (Last, First, Middle Initial)  A. AlOft Baltimore Washington Airport  Mailing Address  City State Zip Code   Transaction ID: 60108,E451  Amount of Each Disbursement this Period   Transaction ID: 60108,E451  Amount of Each Disbursement this Period   Transaction ID: 60108,E451  Amount of Each Disbursement this Period   Transaction ID: 60108,E451  Amount of Each Disbursement this Period   Transaction ID: 60108,E451  Amount of Each Disbursement this Period   Transaction ID: 60108,E451  Amount of Each Disbursement this Period   Transaction ID: 60108,E451  Amount of Each Disbursement   Transaction ID: 60108,E451  Amount of Eac	ITEMIZED DISBURSEMENTS		<b>X</b> 21b	22 2	
NAME OF COMMITTEE (in Full) HellerHighWater PAC Full Name (Last, First, Middle Initial) A Aloft Baltimore Washington Airport Mailing Address 1741 West Nursery Road  City Linthum Hights MD 21090- Purpose of Disbursement LOGGING Candidate Name Category/ Type Office Sought: House Prissiont State: District: Full Name (Last, First, Middle Initial)  Amount of Each Disbursement this Period Category/ Type  Date of Disbursement this Period  Category/ Type  MEMO (TEM) MEMO. LODGING  Date of Disbursement Candidate Name  Office Sought: House Primary General Category/ Type  Office Sought: House Primary General Category/ Type  Office Sought: Disbursement Candidate Name  Office Sought: Disbursement Candidate Name  Office Sought: Disbursement Candidate Name  Office Sought: District:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Office Sought: House Purpose of Disbursement Candidate Name  Office Sought: Hou					
Aloft Baltimore Washington Airport  Mailing Address 1741 West Nursery Road  City State Zip Code Linhicum Heights MD 21090- Purpose of Disbursement LODGING  Candidate Name  Candidate Name  Disbursement For: Senate President Other (specify) V  Italian Amount of Each Disbursement this Period  Category/ Italian Italian Amount of Each Disbursement this Period  Category/ Italian Italia	NAME OF COMMITTEE (In Full)	audioco oi uny politica	22	January Gornaldull	Suon committee.
Mailing Address 1741 West Nursery Road  City State Zip Code Limincum Heights MD 21090- Purpose of Disbursement LODGING  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  State: District:  State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Office Sought: House Senate Primary General Other (specify) ▼  State: District:  State: District:  State: District:  State: District:  State: District:  State: District:  Substortal of Disbursements This Page (optional)	_			Data of Dial-	urcomont
Mailing Address 1741 West Nursery Road  City State Zip Code ND 21090-  Purpose of Disbursement LOOGING  Candidate Name Clast, First, Middle Initial)  Amount of Each Disbursement this Period Category/ Type  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  State: District:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Category/ Type  Disbursement  Amount of Each Disbursement this Period  Category/ Type  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Category/ Type  Date of Disbursement this Period  Category/ Type  Category/ Type  Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Category/ Type  Disbursement this Period  Category/ Type  Disbursement  Candidate Name  Category/ Type  Disbursement This Period  Candidate Name  Candidate Name  Candidate Name  Candidate Name  Category/ Type  Disbursement This Period  Category/ Type  Disbursement This Period  Category/ Type  Disburseme	Alort Baltimore Washington Airport				
Linticum Heights	Mailing Address 1741 West Nursery Road				
LOGING Candidate Name  Category/ Type  Office Sought:	Linthicum Heights			Transaction	n ID : 60108.E451
Office Sought: House Senate President State: District: Senate President State: District: Senate President State: District: Senate President State: District: Senate Primary General Other (specify) ▼  State Zip Code  Purpose of Disbursement Candidate Name Category/ Type  Office Sought: House Senate President State: District: District: District: District: Senate President State: District: District: District: Senate President Senate President State: District: Distr				Amount of Ea	ach Disbursement this Period
Office Sought: House Senate President State: District: House Senate President Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Primary General Primary General President State: District:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Category/ Type  Office Sought: House Disbursement For: General Primary General President State: District:  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement For: General President State: District:  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement For: General President State: District: Primary General President State: District: Primary General President State: District: President S	Candidate Name				123.77
Amount of Each Disbursement this Period  Category/ Type  Office Sought:	Senate President	Primary General	Туре	-	]
Amount of Each Disbursement  Candidate Name  Office Sought: House Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Candidate Name  City State Zip Code  Purpose of Disbursement this Period  Date of Disbursement this Period  Date of Disbursement this Period  Amount of Each Disbursement this Period  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Amount of Each Disbursement  Candidate Name  Candidate Name  Candidate Name  Disbursement For:  Candidate Name  Candidate Name  Category/ Type  Office Sought: House Primary General Primary General Other (specify) ▼  State: District:  Substract  Substract  Disbursement This Page (optional)					
City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Date of Disbursement  Amount of Each Disbursement  Amount of Each Disbursement  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Substitute Other (specify) ▼  State: Disbursements This Page (optional)	Full Name (Last, First, Middle Initial)  B.				
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