

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

HEARTLAND RESURGENCE

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2013

To:

MM / DD / YYYY
06 / 30 / 2013

13031102346

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, YYYYYY 2013		0.
(b) Cash on Hand at Beginning of Reporting Period.....	0.	
(c) Total Receipts (from Line 19)	10,200.⁰⁰	10,200.⁰⁰
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	10,200.⁰⁰	10,200.⁰⁰
7. Total Disbursements (from Line 31).....	1,424.⁰⁰	1,424.⁰⁰
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	8,776.⁰⁰	8,776.⁰⁰
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.	

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)

Page 3

Write or Type Committee Name

HEARTLAND RESURGENCE

Report Covering the Period: From:

MM / DD / YYYY
01 / 01 / 2013

To:

MM / DD / YYYY
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).....

200.00

200.00

(ii) Unitemized

0

0

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

200.00

200.00

(b) Political Party Committees

0

0

(c) Other Political Committees (such as PACs).....

10,000.00

10,000.00

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totale to Line 33, page 5).....▶

10,200.00

10,200.00

12. Transfers From Affiliated/Other Party Committees.....

0

0

13. All Loans Received.....

0

0

14. Loan Repayments Received.....

0

0

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0

0

17. Other Federal Receipts (Dividends, Interest, etc.).....

0

0

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

0

0

(b) Levin Funds (from Schedule H5).....

0

0

(c) Total Transfers (add 18(a) and 18(b))..

0

0

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

10,200.00

10,200.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

10,200.00

10,200.00

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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)	10,200.00	10,200.00
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10,200.00	10,200.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1,424.00	1,424.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1,424.00	1,424.00

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**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	OF
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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)
HEARTLAND RESURGENCE

A. Full Name (Last, First, Middle Initial)
WELLARD, AARON, M

Mailing Address
6614 CLAYTON RD, No. 143

City State Zip Code
St. LOUIS MO 63117

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Pelopidas, LLC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
, 200.00

Date of Receipt
05 / 01 / 2013

Amount of Each Receipt this Period
, 200.00

B. Full Name (Last, First, Middle Initial)
EXPEDIA, INC Political Action Comm.

Mailing Address
1120 G Street, NW Suite 410

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee.
C00462879

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
, 10,000.00

Date of Receipt

Amount of Each Receipt this Period
, 10,000.00

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ▶ **, 10,200.00**

TOTAL This Period (last page this line number only)..... ▶ **, 10,200.00**

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

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NAME OF COMMITTEE (In Full)
HEARTLAND RESURGENCE

A.

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: M / D / Y
05 / 09 / 2013

Mailing Address: **BANK OF AMERICA, CLAYTON MO BRANCH**
7800 FORSYTH BLVD.

City: **CLAYTON** State: **MO** Zip Code: **63105**

Purpose of Disbursement: **CHECK ORDER**

Candidate Name: _____

Amount of Each Disbursement this Period: **34.00**

Category/Type: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

B.

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: M / D / Y
05 / 31 / 2013

Mailing Address: **McKenna, Long & Aldridge LLP**
303 Peachtree Street NE Suite 5300

City: **Atlanta** State: **GA** Zip Code: **30308**

Purpose of Disbursement: **Legal fees organizational filing**

Candidate Name: _____

Amount of Each Disbursement this Period: **1,390.00**

Category/Type: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

C.

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: M / D / Y

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____

Candidate Name: _____

Amount of Each Disbursement this Period: _____

Category/Type: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

SUBTOTAL of Disbursements This Page (optional) ▶ **1,424.00**

TOTAL This Period (last page this line number only) ▶ **1,424.00**

13031102351

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

13031102352

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input checked="" type="checkbox"/> USPS Express Mail	Postmarked 7/30/13
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Amx
 PREPARER
 (7/2013)

7/31/13
 DATE PREPARED