

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. Kutak Rock LLP Political Action Committee

ADDRESS (number and street) 1650 Farnam Street Check if different than previously reported. (ACC) Omaha NE 68102-2186

2. FEC IDENTIFICATION NUMBER C C00160986 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 07 / 01 / 2015 through 09 / 30 / 2015

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

Type or Print Name of Treasurer Vicki L Young

Signature of Treasurer Vicki L Young [Electronically Filed] Date 10 / 14 / 2015

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Kutak Rock LLP Political Action Committee**

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="2015"/>		42268.41
(b) Cash on Hand at Beginning of Reporting Period.....	71822.91	
(c) Total Receipts (from Line 19) .....	0.00	72904.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	71822.91	115172.91
7. Total Disbursements (from Line 31).....	22000.00	65350.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	49822.91	49822.91
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Kutak Rock LLP Political Action Committee**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	60902.00
(ii) Unitemized .....	0.00	12002.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	72904.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	0.00	72904.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	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))..... ▶	0.00	72904.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	0.00	72904.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6500.00	16500.00
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 .....	0.00	0.00
(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)).....	0.00	0.00
29. Other Disbursements .....	15500.00	48850.00
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)) ..	22000.00	65350.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22000.00	65350.00

**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) .....	0.00	72904.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	72904.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
**Kutak Rock LLP Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. ADRIAN SMITH FOR CONGRESS**

Mailing Address 3321 Avenue I  
Suite 6

City State Zip Code  
Scottsbluff NE 69361

Purpose of Disbursement  
Candidate for U.S. Congress

011

Candidate Name

**ADRIAN SMITH**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NE District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 27 / 2015

Transaction ID : **SB23.8554**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. BRAD ASHFORD FOR CONGRESS**

Mailing Address 7926 SHIRLEY CIR

City State Zip Code  
OMAHA NE 68124

Purpose of Disbursement  
Candidate for U.S. Congress

011

Candidate Name

**BRAD ASHFORD**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NE District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2015

Transaction ID : **SB23.8533**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. CITIZENS FOR COCHRAN**

Mailing Address PO BOX 7183

City State Zip Code  
TUPELO MS 38802

Purpose of Disbursement  
Debt Retirement

011

Candidate Name

**THAD COCHRAN**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MS District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 18 / 2015

Transaction ID : **SB23.8543**

Amount of Each Disbursement this Period

2000.00

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Kutak Rock LLP Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. DIANA DEGETTE FOR CONGRESS INC.**

Mailing Address P.O. Box 61337

City State Zip Code  
Denver CO 80206

Purpose of Disbursement  
Candidate for U.S. Congress

011

Candidate Name

**DIANA L. DEGETTE**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CO District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2015

**Transaction ID : SB23.8555**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JOHN MCCAIN INC**

Mailing Address 228 S WASHINGTON STREET SUITE 115

City State Zip Code  
ALEXANDRIA VA 22314

Purpose of Disbursement  
Candidate for U.S. Senate

011

Candidate Name

**JOHN S MCCAIN**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AZ District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 03 / 2015

**Transaction ID : SB23.8537**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

3500.00

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

6500.00

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

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NAME OF COMMITTEE (In Full)  
**Kutak Rock LLP Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Burke Harr for Legislature**

Mailing Address 1620 Dodge Street Suite 1800

City Omaha State NE Zip Code 68102

Purpose of Disbursement  
Candidate for Nebraska Legislature

011

Candidate Name  
**Burke Harr**

Category/  
Type

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  
09 / 03 / 2015

Transaction ID : **SB29.8556**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Citizens for Alex Acevedo**

Mailing Address 2520 South Oakley Ave, Unit 302

City Chicago State IL Zip Code 60608

Purpose of Disbursement  
Candidate for State House

011

Candidate Name  
**Alex Acevedo**

Category/  
Type

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  
08 / 26 / 2015

Transaction ID : **SB29.8583**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Citizens for Antonio 'Tony' Munoz**

Mailing Address PO Box 09112

City Chicago State IL Zip Code 60609

Purpose of Disbursement  
Candidate for State Senate

011

Candidate Name  
**Antonio Munoz**

Category/  
Type

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  
08 / 26 / 2015

Transaction ID : **SB29.8582**

Amount of Each Disbursement this Period

500.00

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

1500.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Kutak Rock LLP Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Citizens for Lou Lang**

Mailing Address PO Box 1815

City State Zip Code  
Skokie IL 60076

Purpose of Disbursement  
Candidate for State House

011

Candidate Name

**Lou Lang**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2015

**Transaction ID : SB29.8585**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Committee for Quality Healthcare**

Mailing Address PO Box 144

City State Zip Code  
Jefferson City MO 65102

Purpose of Disbursement  
Committee for Quality Healthcare Reception

011

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 14 / 2015

**Transaction ID : SB29.8579**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Friends for Harris**

Mailing Address 73 West Monroe Street, 3rd Floor

City State Zip Code  
Chicago IL 60603

Purpose of Disbursement  
Candidate for State House

011

Candidate Name

**Pamela Reaves-Harris**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2015

**Transaction ID : SB29.8587**

Amount of Each Disbursement this Period

500.00

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

2000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Kutak Rock LLP Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends for Heath Mello**

Mailing Address 5315 B Street

City Omaha State NE Zip Code 68106

Purpose of Disbursement  
Candidate for Nebraska Legislature

011

Candidate Name  
**Heath Mello**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 14 / 2015

Transaction ID : **SB29.8573**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Friends of Bill Whiteside**

Mailing Address PO Box 95

City Horsham State PA Zip Code 19044

Purpose of Disbursement  
Candidate for Montgomery County Prothonotary

011

Candidate Name  
**Bill Whiteside**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 06 / 2015

Transaction ID : **SB29.8576**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Friends of Don Harmon**

Mailing Address 1243 Woodbine Ave Suite 102

City Oak Park State IL Zip Code 60302

Purpose of Disbursement  
Candidate for State Senate

011

Candidate Name  
**Don Harmon**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2015

Transaction ID : **SB29.8584**

Amount of Each Disbursement this Period

500.00

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

2750.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Kutak Rock LLP Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Gecker for Senate**

Mailing Address 8137 Whittington Drive

City Richmond State VA Zip Code 23235

Purpose of Disbursement  
Candidate for Virginia State Senate

011

Candidate Name  
**Dan Gecker**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 14 / 2015

**Transaction ID : SB29.8578**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Hanaway for Governor**

Mailing Address 9109 Watson Road, 3rd Floor

City St. Louis State MO Zip Code 63126

Purpose of Disbursement  
Candidate for Governor of Missouri

011

Candidate Name  
**Catherine Hanaway**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 06 / 2015

**Transaction ID : SB29.8577**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Riepe for Legislature**

Mailing Address 6232 South 79th Circle

City Ralston State NE Zip Code 68127

Purpose of Disbursement  
Candidate for Nebraska Legislature

011

Candidate Name  
**Merv Riepe**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 24 / 2015

**Transaction ID : SB29.8574**

Amount of Each Disbursement this Period

250.00

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

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

3250.00

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

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NAME OF COMMITTEE (In Full)  
**Kutak Rock LLP Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Steve Hogan for Mayor**

Mailing Address 4190 S. Jasper St.

City Aurora State CO Zip Code 80013

Purpose of Disbursement  
Candidate for Mayor of Aurora, CO

Candidate Name

**Steve Hogan**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2015

**Transaction ID : SB29.8581**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. The Burnham Committee**

Mailing Address 500 North Dearborn  
Suite 150

City Chicago State IL Zip Code 60654

Purpose of Disbursement  
Contribution to The Burnham Committee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2015

**Transaction ID : SB29.8586**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. Vote Yes For Westside Kids Committee**

Mailing Address 500 Energy Plaza, 409 S 17th St

City Omaha State NE Zip Code 68102

Purpose of Disbursement  
Reimbursement for Vote Yes for Westside Kids Committee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2015

**Transaction ID : SB29.8557**

Amount of Each Disbursement this Period

1000.00
---------

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

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

3500.00
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: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.8557

Reimbursement to Connected Organization

Form/Schedule:

Transaction ID:

# SCHEDULE 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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Kutak Rock LLP Political Action Committee**

Full Name (Last, First, Middle Initial)

### A. Yes for Phoenix in Support of propositions 101, 102, 103

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2015

Mailing Address 4340 E. Indian School Road  
Suite 21-421

City Phoenix State AZ Zip Code 85018

Purpose of Disbursement  
Support Phoenix Propositions 101, 102 & 103

011
Category/ Type

Transaction ID : SB29.8575

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

### B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

### C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

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

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

2500.00
15500.00