

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. 12FE4M5

HollyFrontier Corporation PAC

ADDRESS (number and street) 2828 N. Harwood Street

Check if different than previously reported. (ACC) Suite 1300

Dallas TX 75201 -

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00342766

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|---|--------------------------------------|---------------------------------------|--|
| <input checked="" type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

(c) 12-Day Primary (12P) General (12G) Runoff (12R)

PRE-Election Report for the: Convention (12C) Special (12S)

Election on MM / DD / YYYYYY in the State of

(d) 30-Day POST-Election General (30G) Runoff (30R) Special (30S)

Report for the: Election on MM / DD / YYYYYY in the State of

5. Covering Period MM / DD / YYYYYY through MM / DD / YYYYYY

01 / 01 / 2015 through 01 / 31 / 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 Douglas S. Aron

Signature of Treasurer Douglas S. Aron [Electronically Filed] Date MM / DD / YYYYYY

02 / 06 / 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.

Office Use Only											FEC FORM 3X Rev. 12/2004
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

HollyFrontier Corporation 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="2015"/>	<input type="text" value="88864.09"/>	<input type="text" value="88864.09"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="88864.09"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="4903.09"/>	<input type="text" value="4903.09"/>
(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="93767.18"/>	<input type="text" value="93767.18"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1500.00"/>	<input type="text" value="1500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="92267.18"/>	<input type="text" value="92267.18"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

HollyFrontier Corporation PAC

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

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).....	1453.98	1453.98
(ii) Unitemized	3449.11	3449.11
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4903.09	4903.09
(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)	4903.09	4903.09
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))..... ▶	4903.09	4903.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4903.09	4903.09

DETAILED SUMMARY PAGE of Disbursements

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.....	1000.00	1000.00
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	500.00	500.00
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)) ..	1500.00	1500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1500.00	1500.00

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)	4903.09	4903.09
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4903.09	4903.09
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 A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 9
	(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)
HollyFrontier Corporation PAC

Full Name (Last, First, Middle Initial)
A. Anthony Conetta

Mailing Address 11924 S. Cedar Avenue

City Jenks State OK Zip Code 74037

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

Name of Employer HollyFrontier Corporation Occupation VP, Refinery Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
206.65

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2015

Transaction ID : SA11AI.6304

Amount of Each Receipt this Period
206.65

Full Name (Last, First, Middle Initial)
B. John Gann

Mailing Address 2828 N. Harwood

City Dallas State TX Zip Code 75201

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

Name of Employer HollyFrontier Corporation Occupation VP Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
405.01

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2015

Transaction ID : SA11AI.6267

Amount of Each Receipt this Period
405.01

Full Name (Last, First, Middle Initial)
C. Michael McKee

Mailing Address 2706 Chrysler Avenue

City Roswell State NM Zip Code 88201

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

Name of Employer HollyFrontier Corporation Occupation VP, Refinery Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.16

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2015

Transaction ID : SA11AI.6274

Amount of Each Receipt this Period
346.16

SUBTOTAL of Receipts This Page (optional)..... ▶ 957.82

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 7 OF 9
	<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)
HollyFrontier Corporation PAC

Full Name (Last, First, Middle Initial) A. Denise McWatters		Date of Receipt MM / DD / YYYY 01 / 27 / 2015
Mailing Address 4300 Hanover		Transaction ID : SA11AI.6275
City Dallas	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 496.16
Name of Employer HollyFrontier Corporation	Occupation VP, General Counsel	Aggregate Year-to-Date ▼ 496.16
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

SUBTOTAL of Receipts This Page (optional).....▶	496.16
TOTAL This Period (last page this line number only).....▶	1453.98

**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)
HollyFrontier Corporation PAC

Full Name (Last, First, Middle Initial)

A. LISA MURKOWSKI FOR US SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		28		2015

Mailing Address PO BOX 100847

Transaction ID : SB23.6312

City ANCHORAGE State AK Zip Code 99510

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

Category/ Type

Candidate Name
LISA MURKOWSKI FOR US SENATE

Office Sought: House Senate President
 Disbursement For: 2015 Primary General
 Other (specify) ▼
 State: AK District: 00

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General
 Other (specify) ▼
 State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General
 Other (specify) ▼
 State: District:

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

1000.00

TOTAL 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 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)
HollyFrontier Corporation PAC

Full Name (Last, First, Middle Initial)

A. Friends of Todd Hiett

Mailing Address 16431 Slick Road

City Kellyville State OK Zip Code 74039

Purpose of Disbursement
contribution for office of corporation commissioner

Candidate Name
Friends of Todd Hiett

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) **other**

State: District:

Date of Disbursement

/ /
01 / 12 / 2015

Transaction ID : SB29.6314

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

500.00

500.00