

# 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.   
HellerHighWater PAC

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 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:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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 Chrissie Hastie

Signature of Treasurer Chrissie Hastie [Electronically Filed] Date  /  /

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

**HellerHighWater 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="2016"/>	<input type="text" value="144002.97"/>	<input type="text" value="144002.97"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="212043.74"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="69200.00"/>	<input type="text" value="293451.00"/>
(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="281243.74"/>	<input type="text" value="437453.97"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="46824.45"/>	<input type="text" value="203034.68"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="234419.29"/>	<input type="text" value="234419.29"/>
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
**HellerHighWater PAC**

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).....	750.00	25500.00
(ii) Unitemized .....	450.00	451.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1200.00	25951.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	68000.00	267500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	69200.00	293451.00
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))..... ▶	69200.00	293451.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	69200.00	293451.00

**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 .....	11824.45	108034.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	11824.45	108034.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	30000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35000.00	65000.00
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 .....	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)) ..	46824.45	203034.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46824.45	203034.68

**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) .....	69200.00	293451.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	69200.00	293451.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	11824.45	108034.68
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	11824.45	108034.68

**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 22  
(check only one)

<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

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)  
**A. Lindsey Johnson**

Mailing Address 705 Hawkins Way

City Alexandria State VA Zip Code 22314

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

Name of Employer USMI Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
06 / 30 / 2016  
Transaction ID : 60630.C556

Amount of Each Receipt this Period  
250.00

Memo Item  
Receipt

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

Mailing Address 1849 Lamont Street NW

City Washington State DC Zip Code 20010

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

Name of Employer Amgen Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
06 / 17 / 2016  
Transaction ID : 60630.C557

Amount of Each Receipt this Period  
250.00

Memo Item  
Receipt

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

Mailing Address 5418 Echols Avenue

City Alexandria State VA Zip Code 22311

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

Name of Employer Cauthen Forbes Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
06 / 14 / 2016  
Transaction ID : 60616.C536

Amount of Each Receipt this Period  
250.00

Memo Item  
Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	750.00

**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 7 OF 22
<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)  
**HellerHighWater PAC**

Full Name (Last, First, Middle Initial)  
**A. Air Line Pilots Association Intl PAC**

Mailing Address 1625 Massachusetts Avenue NW

City Washington	State DC	Zip Code 20036
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FEC ID number of contributing federal political committee. **C** C00035451

Name of Employer	Occupation
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2016

**Transaction ID : 60609.C535**

Amount of Each Receipt this Period  
5000.00

Memo Item  
Receipt

Full Name (Last, First, Middle Initial)  
**B. Allstate Insurance Company PAC**

Mailing Address 2775 Sanders Road #A2W

City Northbrook	State IL	Zip Code 60062
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FEC ID number of contributing federal political committee. **C** C00040253

Name of Employer	Occupation
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : 60630.C545**

Amount of Each Receipt this Period  
2500.00

Memo Item  
Receipt

Full Name (Last, First, Middle Initial)  
**C. American Academy Of Neurology BrainPAC**

Mailing Address 201 Chicago Avenue

City Minneapolis	State MN	Zip Code 55415
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FEC ID number of contributing federal political committee. **C** C00435933

Name of Employer	Occupation
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : 60630.C550**

Amount of Each Receipt this Period  
1000.00

Memo Item  
Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8500.00
<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 8 OF 22
<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)  
**HellerHighWater PAC**

Full Name (Last, First, Middle Initial)  
**A. American Gaming Association PAC**

Mailing Address 1299 Pennsylvania Avenue NW #1175

City Washington	State DC	Zip Code 20004
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FEC ID number of contributing federal political committee. **C** C00309146

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : 60707.C561**

Amount of Each Receipt this Period  
1000.00

Memo Item  
Receipt

Full Name (Last, First, Middle Initial)  
**B. American Hotel & Lodging Assoc HOTELPAC**

Mailing Address 1250 I Street NW #1100

City Washington	State DC	Zip Code 20005
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FEC ID number of contributing federal political committee. **C** C00001198

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : 60707.C559**

Amount of Each Receipt this Period  
2500.00

Memo Item  
Receipt

Full Name (Last, First, Middle Initial)  
**C. American Institute Of CPAs PAC**

Mailing Address 220 Leigh Farm Road

City Durham	State NC	Zip Code 27707
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FEC ID number of contributing federal political committee. **C** C00077321

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

**Transaction ID : 60623.C537**

Amount of Each Receipt this Period  
5000.00

Memo Item  
Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8500.00
<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 9 OF 22
<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)  
**HellerHighWater PAC**

Full Name (Last, First, Middle Initial)  
**A. Amgen PAC**

Mailing Address 1 Amgen Center Drive

City State Zip Code  
Thousand Oaks CA 91320

FEC ID number of contributing federal political committee. **C C00251876**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1000.00**

Date of Receipt  
**06 / 30 / 2016**

**Transaction ID : 60707.C564**

Amount of Each Receipt this Period  
**1000.00**

Memo Item  
Receipt

Full Name (Last, First, Middle Initial)  
**B. AT&T Inc. Federal PAC**

Mailing Address 208 South Akard Street #2701

City State Zip Code  
Dallas TX 75202

FEC ID number of contributing federal political committee. **C C00109017**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**06 / 23 / 2016**

**Transaction ID : 60623.C542**

Amount of Each Receipt this Period  
**5000.00**

Memo Item  
Receipt

Full Name (Last, First, Middle Initial)  
**C. Capital One Financial Corporation PAC**

Mailing Address 1680 Capital One Drive

City State Zip Code  
McLean VA 22102

FEC ID number of contributing federal political committee. **C C00326595**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1500.00**

Date of Receipt  
**06 / 21 / 2016**

**Transaction ID : 60623.C539**

Amount of Each Receipt this Period  
**1500.00**

Memo Item  
Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>7500.00</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 10 OF 22
<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)  
**HellerHighWater PAC**

Full Name (Last, First, Middle Initial)  
**A. CenturyLink Inc. Employees PAC**

Mailing Address 1099 New York Avenue NW #250

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00419911

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2016  
**Transaction ID : 60609.C534**

Amount of Each Receipt this Period  
2500.00

Memo Item  
Receipt

Full Name (Last, First, Middle Initial)  
**B. Comcast Corp. & NBC Universal PAC**

Mailing Address One Comcast Center  
1701 JFK Boulevard

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2016  
**Transaction ID : 60630.C551**

Amount of Each Receipt this Period  
5000.00

Memo Item  
Receipt

Full Name (Last, First, Middle Initial)  
**c. Compass Bancshares Inc. PAC**

Mailing Address PO Box 10566

City Birmingham State AL Zip Code 35205

FEC ID number of contributing federal political committee. **C** C00142596

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 21 / 2016  
**Transaction ID : 60623.C538**

Amount of Each Receipt this Period  
1000.00

Memo Item  
Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8500.00
<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 22
<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)  
**HellerHighWater PAC**

Full Name (Last, First, Middle Initial)  
**A. Deloitte Federal PAC**

Mailing Address PO Box 365

City Washington State DC Zip Code 20044

FEC ID number of contributing federal political committee. **C C00211318**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2016  
**Transaction ID : 60707.C558**

Amount of Each Receipt this Period  
5000.00

Memo Item  
Receipt

Full Name (Last, First, Middle Initial)  
**B. Ernst & Young PAC**

Mailing Address 1101 New York Avenue NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00227744**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2016  
**Transaction ID : 60623.C541**

Amount of Each Receipt this Period  
5000.00

Memo Item  
Receipt

Full Name (Last, First, Middle Initial)  
**C. Federation Of American Hospitals PAC**

Mailing Address 750 9th Street NW #600

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00002261**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2016  
**Transaction ID : 60630.C546**

Amount of Each Receipt this Period  
2500.00

Memo Item  
Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12500.00
<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 12 OF 22
<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)  
**HellerHighWater PAC**

Full Name (Last, First, Middle Initial)  
**A. Independent Community Bankers PAC**

Mailing Address 1615 L Street NW #900

City Washington	State DC	Zip Code 20036
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00032698

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : 60630.C547**

Amount of Each Receipt this Period  
500.00

Memo Item  
Receipt

Full Name (Last, First, Middle Initial)  
**B. Independent Community Bankers PAC**

Mailing Address 1615 L Street NW #900

City Washington	State DC	Zip Code 20036
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00032698

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : 60630.C543**

Amount of Each Receipt this Period  
2000.00

Memo Item  
Receipt

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

Mailing Address 601 Pennsylvania Avenue NW  
North Building #1200

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00097485

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : 60707.C562**

Amount of Each Receipt this Period  
2000.00

Memo Item  
Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4500.00
<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 13 OF 22
<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)  
**HellerHighWater PAC**

Full Name (Last, First, Middle Initial)  
**A. National Air Traffic Controllers PAC**

Mailing Address 1325 Massachusetts Avenue NW

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer	Occupation
------------------	------------

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
06	/	30	/	2016

**Transaction ID : 60630.C544**

Amount of Each Receipt this Period  
1000.00

Memo Item  
Receipt

Full Name (Last, First, Middle Initial)  
**B. National Assoc. Of Real Estate**

Mailing Address Investment Trusts Inc. PAC  
1875 I Street NW #600

City Washington	State DC	Zip Code 20006
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00303339

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2016

**Transaction ID : 60623.C540**

Amount of Each Receipt this Period  
5000.00

Memo Item  
Receipt

Full Name (Last, First, Middle Initial)  
**C. National Roofing Contractors Assoc. PAC**

Mailing Address 10255 West Higgins Road #600

City Rosemont	State IL	Zip Code 60018
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00244863

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : 60630.C548**

Amount of Each Receipt this Period  
5000.00

Memo Item  
Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11000.00
<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 14 OF 22
<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)  
**HellerHighWater PAC**

Full Name (Last, First, Middle Initial)  
**A. NEA Fund for Children & Public Education**

Mailing Address 1201 16th Street NW #418

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00003251**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016  
**Transaction ID : 60630.C549**

Amount of Each Receipt this Period  
1000.00

Memo Item  
Receipt

Full Name (Last, First, Middle Initial)  
**B. New York Life Insurance PAC**

Mailing Address 51 Madison Avenue Room #1109

City New York State NY Zip Code 10010

FEC ID number of contributing federal political committee. **C C00158881**

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 / 30 / 2016  
**Transaction ID : 60707.C563**

Amount of Each Receipt this Period  
5000.00

Memo Item  
Receipt

Full Name (Last, First, Middle Initial)  
**C. Wal-Mart Stores Inc. PAC**

Mailing Address 702 SW 8th Street

City Bentonville State AR Zip Code 72716

FEC ID number of contributing federal political committee. **C C00093054**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016  
**Transaction ID : 60707.C560**

Amount of Each Receipt this Period  
1000.00

Memo Item  
Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7000.00
<b>TOTAL</b> This Period (last page this line number only).....	68000.00

**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)  
**HellerHighWater PAC**

Full Name (Last, First, Middle Initial)

**A. Edgar Abrams**

Mailing Address 1391 Pennsylvania Ave. SE #250

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
Consulting Management

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2016

**Transaction ID : 60623.E549**

Amount of Each Disbursement this Period

2290.00

Memo Item  
CONSULTING MANAGEMENT

Full Name (Last, First, Middle Initial)

**B. Anedot**

Mailing Address 10156 Perkins Rowe #17F

City Baton Rouge State LA Zip Code 70810-

Purpose of Disbursement  
Merchant Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2016

**Transaction ID : 60616.E546**

Amount of Each Disbursement this Period

14.05

Memo Item  
MERCHANT PROCESSING FEES

Full Name (Last, First, Middle Initial)

**C. Anedot**

Mailing Address 10156 Perkins Rowe #17F

City Baton Rouge State LA Zip Code 70810-

Purpose of Disbursement  
Merchant Processing Fees

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 / 2016

**Transaction ID : 60630.E554**

Amount of Each Disbursement this Period

14.05

Memo Item  
MERCHANT PROCESSING FEES

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

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

2318.10

**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)  
**HellerHighWater PAC**

Full Name (Last, First, Middle Initial)

**A. Anedot**

Mailing Address 10156 Perkins Rowe #17F

City State Zip Code  
Baton Rouge LA 70810-

Purpose of Disbursement  
Merchant Processing 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  
06 / 30 / 2016

**Transaction ID : 60707.E571**

Amount of Each Disbursement this Period

13.57

Memo Item  
MERCHANT PROCESSING FEES

Full Name (Last, First, Middle Initial)

**B. Anedot**

Mailing Address 10156 Perkins Rowe #17F

City State Zip Code  
Baton Rouge LA 70810-

Purpose of Disbursement  
Merchant Processing 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  
06 / 30 / 2016

**Transaction ID : 60630.E553**

Amount of Each Disbursement this Period

27.32

Memo Item  
MERCHANT PROCESSING FEES

Full Name (Last, First, Middle Initial)

**C. In Compliance Inc.**

Mailing Address PO Box 751271

City State Zip Code  
Las Vegas NV 89136-

Purpose of Disbursement  
Postage

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 / 06 / 2016

**Transaction ID : 60609.E541**

Amount of Each Disbursement this Period

12.25

Memo Item  
POSTAGE

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

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

53.14



**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)  
**HellerHighWater PAC**

Full Name (Last, First, Middle Initial)

**A. In Compliance Inc.**

Mailing Address PO Box 751271

City Las Vegas State NV Zip Code 89136-

Purpose of Disbursement  
Software & Support Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2016

**Transaction ID : 60609.E539**

Amount of Each Disbursement this Period

2000.00

Memo Item  
SOFTWARE & SUPPORT SERVICES

Full Name (Last, First, Middle Initial)

**B. In Compliance Inc.**

Mailing Address PO Box 751271

City Las Vegas State NV Zip Code 89136-

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2016

**Transaction ID : 60609.E540**

Amount of Each Disbursement this Period

62.54

Memo Item  
OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

**C. In Compliance Inc.**

Mailing Address PO Box 751271

City Las Vegas State NV Zip Code 89136-

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2016

**Transaction ID : 60720.E576**

Amount of Each Disbursement this Period

6.00

Memo Item  
PRINTING

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

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

2068.54

**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)  
**HellerHighWater PAC**

Full Name (Last, First, Middle Initial)

**A. November Inc.**

Mailing Address PO Box 372672

City Las Vegas State NV Zip Code 89137-

Purpose of Disbursement  
Consulting Strategy

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2016

**Transaction ID : 60609.E542**

Amount of Each Disbursement this Period

2500.00

Memo Item  
CONSULTING STRATEGY

Full Name (Last, First, Middle Initial)

**B. October Inc.**

Mailing Address PO Box 372672

City Las Vegas State NV Zip Code 89137-

Purpose of Disbursement  
Consulting Fundraising

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2016

**Transaction ID : 60609.E535**

Amount of Each Disbursement this Period

2025.00

Memo Item  
CONSULTING FUNDRAISING

Full Name (Last, First, Middle Initial)

**C. October Inc.**

Mailing Address PO Box 372672

City Las Vegas State NV Zip Code 89137-

Purpose of Disbursement  
See Below/Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2016

**Transaction ID : 60609.E536**

Amount of Each Disbursement this Period

702.20

Memo Item  
SEE BELOW/AIRFARE

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

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

5227.20

**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)  
**HellerHighWater PAC**

Full Name (Last, First, Middle Initial)

**A. Delta Airlines**

Mailing Address 1030 Delta Boulevard

City Atlanta State GA Zip Code 30354-

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2016

**Transaction ID : 60714.E573**

Amount of Each Disbursement this Period

702.20

Memo Item  
MEMO: AIRFARE

Full Name (Last, First, Middle Initial)

**B. October Inc.**

Mailing Address PO Box 372672

City Las Vegas State NV Zip Code 89137-

Purpose of Disbursement  
Postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2016

**Transaction ID : 60609.E537**

Amount of Each Disbursement this Period

79.47

Memo Item  
POSTAGE

Full Name (Last, First, Middle Initial)

**C. Tagged Digital**

Mailing Address 10697 West Centennial Parkway #204

City Las Vegas State NV Zip Code 89166-

Purpose of Disbursement  
Website Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2016

**Transaction ID : 60616.E545**

Amount of Each Disbursement this Period

2078.00

Memo Item  
WEBSITE SERVICES

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

2157.47

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

11824.45

**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)  
**HellerHighWater PAC**

Full Name (Last, First, Middle Initial)

**A. Grassley Committee**

Mailing Address PO Box 25132

City Woodbury State MN Zip Code 55125-

Purpose of Disbursement  
GENERAL 2016

Candidate Name  
**CHARLES E GRASSLEY**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2016

**Transaction ID : 60623.E552**

Amount of Each Disbursement this Period

5000.00

Memo Item  
GENERAL 2016

Full Name (Last, First, Middle Initial)

**B. Friends Of Mia Love**

Mailing Address PO Box 255

City Riverton State UT Zip Code 84065-

Purpose of Disbursement  
GENERAL 2016

Candidate Name  
**MIA LOVE**

Office Sought:  House  
 Senate  
 President  
State: UT District: 04

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 13 / 2016

**Transaction ID : 60616.E544**

Amount of Each Disbursement this Period

5000.00

Memo Item  
GENERAL 2016

Full Name (Last, First, Middle Initial)

**C. Friends Of Mia Love**

Mailing Address PO Box 255

City Riverton State UT Zip Code 84065-

Purpose of Disbursement  
PRIMARY 2016

Candidate Name  
**MIA LOVE**

Office Sought:  House  
 Senate  
 President  
State: UT District: 04

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 13 / 2016

**Transaction ID : 60616.E543**

Amount of Each Disbursement this Period

5000.00

Memo Item  
PRIMARY 2016

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

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

15000.00

**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

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

Full Name (Last, First, Middle Initial)

**A. Marco Rubio For Senate 2016**

Mailing Address 228 South Washington Street #115

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
GENERAL 2016

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2016

**Transaction ID : 60623.E551**

Amount of Each Disbursement this Period

5000.00

Memo Item  
GENERAL 2016

Full Name (Last, First, Middle Initial)

**B. Marco Rubio For Senate 2016**

Mailing Address 228 South Washington Street #115

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
PRIMARY 2016

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2016

**Transaction ID : 60623.E550**

Amount of Each Disbursement this Period

5000.00

Memo Item  
PRIMARY 2016

Full Name (Last, First, Middle Initial)

**C. Tarkanian For Congress**

Mailing Address PO Box 751271

City Las Vegas State NV Zip Code 89136-

Purpose of Disbursement  
GENERAL 2016

Candidate Name

**DANNY TARKANIAN**

Office Sought:  House  Senate  President  
State: NV District: 04

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2016

**Transaction ID : 60616.E548**

Amount of Each Disbursement this Period

5000.00

Memo Item  
GENERAL 2016

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

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

15000.00

**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

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

Full Name (Last, First, Middle Initial)

**A. Tarkanian For Congress**

Mailing Address PO Box 751271

City Las Vegas State NV Zip Code 89136-

Purpose of Disbursement  
PRIMARY 2016

Candidate Name  
**DANNY TARKANIAN**

Office Sought:  House  
 Senate  
 President  
State: NV District: 04

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2016

**Transaction ID : 60616.E547**

Amount of Each Disbursement this Period

5000.00
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Memo Item  
PRIMARY 2016

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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Memo Item

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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Memo Item

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

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

5000.00
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35000.00
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