

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 Heartland Resurgence

ADDRESS (number and street) 300 M Street SE Suite 402 Washington DC 20003 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00544551 3. IS THIS REPORT NEW (N) OR AMENDED (A) x

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15 (selected), 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 04 / 01 / 2016 through 06 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Willard, Aaron, , , Type or Print Name of Treasurer

Signature of Treasurer Willard, Aaron, , , [Electronically Filed] Date 12 / 08 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**Heartland Resurgence**

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

|  | COLUMN A<br>This Period                | COLUMN B<br>Calendar Year-to-Date      |
|--|--|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2016"/>  | <input type="text" value="88371.40"/>  | <input type="text" value="88371.40"/>  |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="96971.40"/>  |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="146500.00"/> | <input type="text" value="191000.00"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="243471.40"/> | <input type="text" value="279371.40"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="85705.25"/>  | <input type="text" value="121605.25"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="157766.15"/> | <input type="text" value="157766.15"/> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>      |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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

Write or Type Committee Name  
**Heartland Resurgence**

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

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 146500.00                     | 191000.00                         |
| (ii) Unitemized .....   | 0.00                          | 0.00                              |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 146500.00                     | 191000.00                         |
| (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) .....  | 146500.00                     | 191000.00                         |
| 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)).....▶                         | 146500.00                     | 191000.00                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 146500.00                     | 191000.00                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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 .....   | 26205.25                      | 62105.25                          |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 26205.25                      | 62105.25                          |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                          | 0.00                              |
| 24. Independent Expenditures (use Schedule E) .....  | 59500.00                      | 59500.00                          |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....                                 | 0.00                          | 0.00                              |
| 30. Federal Election Activity (52 U.S.C. § 30101(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)) ..      | 85705.25                      | 121605.25                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 85705.25                      | 121605.25                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 146500.00                             | 191000.00                                 |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                                  | 0.00                                      |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 146500.00                             | 191000.00                                 |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 26205.25                              | 62105.25                                  |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 26205.25                              | 62105.25                                  |

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

Form/Schedule: F3XA  
Transaction ID :

Please note: Due to a software error, the originally filed July Quarterly report did not itemize the negative \$8,000 transaction to Pioneer Outdoor. This negative \$8,000 transaction was entered to be able to move a previously reported expense on line 21 to a line 24 independent expenditure. This -\$8,000 along with \$101.25 in correctly un-itemized expenses makes up the \$7,898.75 discrepancy referenced in the December 4th request for additional information.

Form/Schedule:  
Transaction ID:

**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 16                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <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)  
**Heartland Resurgence**

**A. Busch, August, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Mid Rivers Mall Dr  
Suite 210

City St. Peters State MO Zip Code 63376

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

Name of Employer (for Individual) Retired Occupation (for Individual) Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
MM / DD / YYYY  
04 / 08 / 2016

**Transaction ID : SA11AI.4215**

Amount of Each Receipt this Period  
25000.00

Memo Item

**B. Cloakroom Advisors**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 M Street SE  
5th Floor

City Washington State DC Zip Code 20003

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
26000.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2016

**Transaction ID : SA11AI.4238**

Amount of Each Receipt this Period  
6500.00

Memo Item  
In-kind - Strategic Consulting

**C. Cloakroom Advisors**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 M Street SE  
5th Floor

City Washington State DC Zip Code 20003

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
32500.00

Date of Receipt  
MM / DD / YYYY  
05 / 01 / 2016

**Transaction ID : SA11AI.4239**

Amount of Each Receipt this Period  
6500.00

Memo Item  
In-kind - Strategic Consulting

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 38000.00 |
| <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 16  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**Heartland Resurgence**

**A. Cloakroom Advisors**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 M Street SE  
5th Floor

City Washington State DC Zip Code 20003

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
39000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2016

**Transaction ID : SA11AI.4240**

Amount of Each Receipt this Period  
6500.00

Memo Item  
In-kind - Strategic Consulting

**B. Florida Crystals Corp.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One North Clematis Street  
Suite 200

City West Palm Beach State FL Zip Code 33401

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2016

**Transaction ID : SA11AI.4221**

Amount of Each Receipt this Period  
25000.00

Memo Item

**C. Herzog Contracting**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 600 South Riverside Rd.

City St. Joseph State MO Zip Code 64507

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

Name of Employer (for Individual) Occupation (for Individual)

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  
 05 / 09 / 2016

**Transaction ID : SA11AI.4222**

Amount of Each Receipt this Period  
5000.00

Memo Item

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 36500.00 |
| <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: PAGE 9 OF 16  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Heartland Resurgence**

**A. Manocherian, Jed, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 East 50th Street  
 City New York State NY Zip Code 10022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Real Estate Investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 20000.00

Date of Receipt 06 / 08 / 2016  
**Transaction ID : SA11AI.4223**  
 Amount of Each Receipt this Period 20000.00  
 Memo Item

**B. MedPay**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1650 E. Battlefield, Suite 300  
 City Springfield State MO Zip Code 65804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 06 / 08 / 2016  
**Transaction ID : SA11AI.4224**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

**C. The Chickasaw Nation**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1548  
 City Ada State OK Zip Code 74820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 06 / 16 / 2016  
**Transaction ID : SA11AI.4225**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 47000.00  
**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: PAGE 10 OF 16  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Heartland Resurgence**

**A. US Sugar Corp.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 Ponce Del Leon Avenue  
 City Clewiston State FL Zip Code 33440  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 25000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2016  
**Transaction ID : SA11AI.4220**  
 Amount of Each Receipt this Period  
 25000.00  
 Memo Item

**B.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  
 Primary     General  
 Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

|  |           |
|--|-----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 25000.00  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 146500.00 |

**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"/> 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)  
**Heartland Resurgence**

**A. Berke, Farrah LP**

Full Name (Last, First, Middle Initial)

Mailing Address 1200 New Hampshire Ave. NW  
Suite 800

City Washington State DC Zip Code 20036

Purpose of Disbursement PAC Legal Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 04 / 18 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4227

Amount of Each Disbursement this Period: 354.00

Memo Item

**B. Blitz, Bardgett, Deutch LP**

Full Name (Last, First, Middle Initial)

Mailing Address 308 E. High St.  
Suite 301

City Jefferson City State MO Zip Code 65101

Purpose of Disbursement PAC Legal Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 05 / 11 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4231

Amount of Each Disbursement this Period: 350.00

Memo Item

**C. Campaign Financial Services**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30844

City Bethesda State MD Zip Code 20824

Purpose of Disbursement PAC Compliance Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 06 / 03 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4234

Amount of Each Disbursement this Period: 400.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1104.00

**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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <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)  
**Heartland Resurgence**

**A. Cloakroom Advisors**

Full Name (Last, First, Middle Initial)

Mailing Address 100 M Street SE  
5th Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement In-kind - Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 01 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4243

Amount of Each Disbursement this Period: 6500.00

Memo Item

**B. Cloakroom Advisors**

Full Name (Last, First, Middle Initial)

Mailing Address 100 M Street SE  
5th Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement In-kind - Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 01 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4242

Amount of Each Disbursement this Period: 6500.00

Memo Item

**C. Cloakroom Advisors**

Full Name (Last, First, Middle Initial)

Mailing Address 100 M Street SE  
5th Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement In-kind - Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 01 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4241

Amount of Each Disbursement this Period: 6500.00

Memo Item

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

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

19500.00

**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"/> 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)  
**Heartland Resurgence**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. DT Client Services, LLC</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 12 / 2016  |
| Mailing Address 735 8th Street SE<br>Suite 200  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.4232</b><br>Amount of Each Disbursement this Period<br>8000.00 |
| City<br>Washington  | State<br>DC  | Zip Code<br>20003   |
| Purpose of Disbursement<br>PAC Databas Subscription   |  | Category/<br>Type<br>001  |
| Candidate Name  |  | Memo Item <input type="checkbox"/>  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State:<br>District:   |  |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Pioneer Outdoor</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>06 / 13 / 2016   |
| Mailing Address 1936 East Sunshine Street<br>Suite B  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.4211</b><br>Amount of Each Disbursement this Period<br>-8000.00 |
| City<br>Springfield   | State<br>MO  | Zip Code<br>65804  |
| Purpose of Disbursement<br>Negative Transaction to Move to Line 24 for IE   |  | Category/<br>Type<br>001   |
| Candidate Name  |  | Memo Item <input type="checkbox"/>   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State:<br>District:   |  |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Wright Direction</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 03 / 2016  |
| Mailing Address 16105 Swingley Ridge Rd.  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.4229</b><br>Amount of Each Disbursement this Period<br>5000.00 |
| City<br>Chesterfield  | State<br>MO  | Zip Code<br>63006   |
| Purpose of Disbursement<br>PAC Fundraising Consulting   |  | Category/<br>Type<br>003  |
| Candidate Name  |  | Memo Item <input type="checkbox"/>  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State:<br>District:   |  |   |

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

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

|            |
|------------|
| 5000.00    |
| [REDACTED] |

# 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"/> 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)  
**Heartland Resurgence**

### A. Wright Direction

Full Name (Last, First, Middle Initial)

Mailing Address 16105 Swingley Ridge Rd.

City  
Chesterfield

State  
MO

Zip Code  
63006

Purpose of Disbursement  
PAC Fundraising Consulting

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 1 | 6 |   |   |   |   |   |

FEC Identification Number

C

Transaction ID : SB21B.4233

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Memo Item

### B.

Full Name (Last, First, Middle Initial)

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 | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Memo Item

### C.

Full Name (Last, First, Middle Initial)

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 | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Memo Item

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

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

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 6 | 1 | 0 | 4 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>Heartland Resurgence</b> | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; padding: 2px;">C</span> C00544551                 </div> |
|--|---|

Check if  24-hour report  48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

|   |  |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item<br><b>Majority Strategies</b>   | Date of Public Distribution/Dissemination<br><span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">06 / 15 / 2016</div> |
| Mailing Address 12854 Kenan Drive<br>Suite 145  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">51500.00</div>   |
| City Jacksonville State FL Zip Code 32258   |  |
| Purpose of Expenditure Digital Advertising Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>                                      |  |
| Name of Federal Candidate: Kander, Jason, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose                                     | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: MO   |
| Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">51500.00</span> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____   |

|   |  |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item<br><b>Pioneer Outdoor</b>   | Date of Public Distribution/Dissemination<br><span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">06 / 15 / 2016</div> |
| Mailing Address 1936 East Sunshine Street<br>Suite B  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">4000.00</div>  |
| City Springfield State MO Zip Code 65804  |  |
| Purpose of Expenditure Digital Billboards Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>                                       |  |
| Name of Federal Candidate: Blunt, Roy, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: MO   |
| Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">55500.00</span> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____   |

|  |  |
|--|--|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶   | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">55500.00</div>       |
| <b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div> |
| <b>(a) TOTAL</b> Independent Expenditures ..... ▶                  | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Willard, Aaron, , ,

*[Electronically Filed]*

Date

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

12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>Heartland Resurgence</b> | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black;">C</span> C00544551                 </div> |
|--|---|

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

|  |   |
|--|---|
| Full Name of Payee <input type="checkbox"/> Memo Item<br><b>Pioneer Outdoor</b>  | Date of Public Distribution/Dissemination<br><span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span><br>06 / 15 / 2016                         |
| Mailing Address 1936 East Sunshine Street<br>Suite B   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                     4000.00                 </div> |
| City Springfield State MO Zip Code 65804   |   |
| Purpose of Expenditure Digital Billboards Category/Type 004  |   |
| Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Long, Billy, , , | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 07 State: MO    |
| Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">4000.00</span>                            | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶             |

|   |   |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item                                       | Date of Public Distribution/Dissemination<br><span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span>   |
| Mailing Address   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;">                     _____                 </div> |
| City State Zip Code   |   |
| Purpose of Expenditure Category/Type  |   |
| Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: State:                                 |
| Calendar Year-To-Date Per Election for Office Sought  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶                                    |

|  |   |
|--|---|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶   | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                 4000.00             </div>             |
| <b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;">                 _____             </div> |
| <b>(a) TOTAL</b> Independent Expenditures ..... ▶                  | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                 59500.00             </div>            |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Willard, Aaron, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y 12 / 08 / 2016  
 \_\_\_\_\_  
 Signature