

**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 28
	<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	

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NAME OF COMMITTEE (In Full)
HellerHighWater PAC

A. Mr. Ronald Hill
Full Name (Last, First, Middle Initial)

Mailing Address 9208 Tesoras Drive #401

City Las Vegas State NV Zip Code 89144

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

Name of Employer Self Employed Occupation Insurance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2016
Transaction ID : 60407.C500

Amount of Each Receipt this Period 500.00

Memo Item Receipt

B. Mrs. Maureen Mekjian
Full Name (Last, First, Middle Initial)

Mailing Address 848 North Rainbow Boulevard PMB 848

City Las Vegas State NV Zip Code 89107

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 17 / 2016
Transaction ID : 60317.C481

Amount of Each Receipt this Period 1000.00

Memo Item Receipt

C. Dr. Dean Polce
Full Name (Last, First, Middle Initial)

Mailing Address 3092 Red Arrow Drive

City Las Vegas State NV Zip Code 89135

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

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 24 / 2016
Transaction ID : 60324.C492

Amount of Each Receipt this Period 500.00

Memo Item Receipt

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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