

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**
HELLERHIGHWATER PAC

ADDRESS (number and street) **PO Box 370672**
Check if different than previously reported. (ACC) **Las Vegas NV 89137-0672**

2. **FEC IDENTIFICATION NUMBER ▼** **C C00471607** 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 **11 / 08 / 2016** in the State of **NV**
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on **/ /** in the State of

5. Covering Period **10 / 01 / 2016** through **10 / 19 / 2016**

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

Signature of Treasurer **Hastie, Chrissie, , ,** [Electronically Filed] Date **10 / 27 / 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)

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="214942.22"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="6797.77"/>	<input type="text" value="446495.46"/>
(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="221739.99"/>	<input type="text" value="590498.43"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="19767.37"/>	<input type="text" value="388525.81"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="201972.62"/>	<input type="text" value="201972.62"/>
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

Write or Type Committee Name

HELLERHIGHWATER 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).....	1769.35	61269.35
(ii) Unitemized	100.00	1226.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1869.35	62495.35
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	3500.00	333000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	5369.35	395495.35
12. Transfers From Affiliated/Other Party Committees.....	1428.42	41000.11
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	10000.00
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)).....▶	6797.77	446495.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6797.77	446495.46

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	19767.37	198525.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	19767.37	198525.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	30000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	160000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
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)) ..	19767.37	388525.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19767.37	388525.81

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	5369.35	395495.35
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5369.35	395495.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	19767.37	198525.81
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	19767.37	198525.81

**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 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Brooks, Bob, , ,

Mailing Address 1107 North Pitt Street #2C

City Alexandria State VA Zip Code 22314

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

Name of Employer (for Individual) Alpine Group Occupation (for Individual) Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1769.35

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 04 / 2016

Transaction ID : A0FF9D5708CFD4453AC8

Amount of Each Receipt this Period
1769.35

Memo Item
In-kind: Catering Services

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1769.35
TOTAL This Period (last page this line number only).....▶	1769.35

**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 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

A. FMR LLC PAC

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

Mailing Address 245 Summer St. V5A

City Boston	State MA	Zip Code 02210
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FEC ID number of contributing federal political committee. **C** C00380550

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

Aggregate Year-to-Date ▼
3500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	13	/	2016

Transaction ID : A0521ED3CC6874C67B2B

Amount of Each Receipt this Period
3500.00

Memo Item

B.

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

Mailing Address

City	State	Zip Code
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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
-----	---	-----	---	---------

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
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	3500.00

**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 8 OF 16
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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

A. 2016 Senate Majority JFC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 751271

City Las Vegas	State NV	Zip Code 89136
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FEC ID number of contributing federal political committee. **C** C00619999

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
41000.11

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2016

Transaction ID : A27C087A16B114164A10

Amount of Each Receipt this Period
1428.42

Memo Item
Transfer From Affiliated

B. Troesh, Dennis, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1370 Jet Stream Drive #100

City Henderson	State NV	Zip Code 89052
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FEC ID number of contributing federal political committee. **C**

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

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
07	/	01	/	2016

Transaction ID : AE0E6138260FD4FE290B

Amount of Each Receipt this Period
5000.00

Memo Item

C. Carasali, Natale, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 380 Brinkby Avenue #B

City Reno	State NV	Zip Code 89509
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Peppermill Casinos Inc. Owner

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
416.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2016

Transaction ID : AC90E9A7C912940039A8

Amount of Each Receipt this Period
416.66

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1428.42
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 9 OF 16
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hornbuckle, William, , ,

Mailing Address 16 Anthem Pointe Court

City Henderson	State NV	Zip Code 89052-6605
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MGM Resorts International	Occupation (for Individual) President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		16		2016

Transaction ID : AD4BD7D7E3D114722AB0

Amount of Each Receipt this Period
1500.00

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
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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
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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
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	1428.42

**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)
HELLERHIGHWATER PAC

A. Brooks, Bob, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1107 North Pitt Street #2C

City Alexandria State VA Zip Code 22314

Purpose of Disbursement In-kind: Catering Services

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 04 / 2016

FEC Identification Number: C

Transaction ID : B0FF9D5708

Amount of Each Disbursement this Period: 1769.35

Memo Item

B. October Inc.

Full Name (Last, First, Middle Initial)

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

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 05 / 2016

FEC Identification Number: C

Transaction ID : B6B75F7A2C

Amount of Each Disbursement this Period: 5266.49

Memo Item

C. November Inc.

Full Name (Last, First, Middle Initial)

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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 05 / 2016

FEC Identification Number: C

Transaction ID : B2BD6164FA

Amount of Each Disbursement this Period: 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 9535.84

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)
HELLERHIGHWATER PAC

Full Name (Last, First, Middle Initial)

A. 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
10 / 05 / 2016

FEC Identification Number

C
Transaction ID : B6141DAFDF
Amount of Each Disbursement this Period
177.56

Memo Item

Full Name (Last, First, Middle Initial)

B. 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
10 / 05 / 2016

FEC Identification Number

C
Transaction ID : BC259797BC
Amount of Each Disbursement this Period
156.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Gober Group

Mailing Address PO Box 341016

City Austin State TX Zip Code 78734

Purpose of Disbursement Consulting Legal

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2016

FEC Identification Number

C
Transaction ID : BF09FA6F1E
Amount of Each Disbursement this Period
118.50

Memo Item

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

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

452.06

**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)
HELLERHIGHWATER PAC

Full Name (Last, First, Middle Initial)

A. Conservative Connector LLC

Mailing Address PO Box 952

City Grandville State MI Zip Code 49468

Purpose of Disbursement
List Rental

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2016

FEC Identification Number

C
Transaction ID : B8A5174AD5
Amount of Each Disbursement this Period
2500.00

Memo Item

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
10 / 06 / 2016

FEC Identification Number

C
Transaction ID : BDCC3F379D
Amount of Each Disbursement this Period
5.80

Memo Item

Full Name (Last, First, Middle Initial)

C. Abrams, Edgar, , ,

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
10 / 18 / 2016

FEC Identification Number

C
Transaction ID : B13B68CCF1
Amount of Each Disbursement this Period
2290.00

Memo Item

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

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

4795.80

**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)
HELLERHIGHWATER PAC

Full Name (Last, First, Middle Initial)

A. October Inc.

Mailing Address PO Box 372672

City
Las Vegas

State
NV

Zip Code
89137

Purpose of Disbursement
See Below/Office Supplies

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			05			2016			

FEC Identification Number

C []
Transaction ID : B9CE8CC04C
Amount of Each Disbursement this Period
[] 867.76

Memo Item

Full Name (Last, First, Middle Initial)

B. Etsy

Mailing Address 55 Washington Street

City
Brooklyn

State
NY

Zip Code
11201-1036

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			05			2016			

FEC Identification Number

C []
Transaction ID : B32F411AFE7
Amount of Each Disbursement this Period
[] 867.76
Office Supplies

Memo Item

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/Catering & Facility Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			05			2016			

FEC Identification Number

C []
Transaction ID : B3D0831A01
Amount of Each Disbursement this Period
[] 2070.00

Memo Item

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

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

2937.76

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**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)
HELLERHIGHWATER PAC

Full Name (Last, First, Middle Initial) A. Brasserie Beck		Date of Disbursement MM / DD / YYYY 10 / 05 / 2016	
Mailing Address 1101 K Street NW		FEC Identification Number C [REDACTED] Transaction ID : BA02568A07I Amount of Each Disbursement this Period [REDACTED] 2070.00 Catering & Facility Fees	
City Washington	State DC	Zip Code 20005-4210	Category/ Type [REDACTED]
Purpose of Disbursement Catering & Facility Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. November Inc.		Date of Disbursement MM / DD / YYYY 10 / 05 / 2016	
Mailing Address PO Box 372672		FEC Identification Number C [REDACTED] Transaction ID : BCB6C124A6 Amount of Each Disbursement this Period [REDACTED] 1720.63	
City Las Vegas	State NV	Zip Code 89137	Category/ Type [REDACTED]
Purpose of Disbursement See Below/Travel & Meals		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Southwest Airlines		Date of Disbursement MM / DD / YYYY 09 / 15 / 2016	
Mailing Address PO Box 36611		FEC Identification Number C [REDACTED] Transaction ID : B900325C5E Amount of Each Disbursement this Period [REDACTED] 1053.78 Travel	
City Dallas	State TX	Zip Code 75235	Category/ Type [REDACTED]
Purpose of Disbursement Travel		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1720.63
TOTAL This Period (last page this line number only).....▶	[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

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NAME OF COMMITTEE (In Full)
HELLERHIGHWATER PAC

A. Dom Demarcos

Full Name (Last, First, Middle Initial)

Mailing Address 9785 W. Charleston Blvd.

City Las Vegas State NV Zip Code 89117-7536

Purpose of Disbursement Meals

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 05 / 2016

FEC Identification Number: C

Transaction ID : BE9BD4490B

Amount of Each Disbursement this Period: 125.36

Meals

Memo Item

B. Joes Stone Crab

Full Name (Last, First, Middle Initial)

Mailing Address 11 Washington Avenue

City Miami Beach State FL Zip Code 33139

Purpose of Disbursement Meals

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 05 / 2016

FEC Identification Number: C

Transaction ID : BEF0F757F42

Amount of Each Disbursement this Period: 541.49

Meals

Memo Item

C. October Inc.

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 372672

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement See Below/Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 05 / 2016

FEC Identification Number: C

Transaction ID : B123ABBC2

Amount of Each Disbursement this Period: 325.28

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	325.28
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)
HELLERHIGHWATER PAC

Full Name (Last, First, Middle Initial)

A. Southwest Airlines

Mailing Address PO Box 36611

City
Dallas

State
TX

Zip Code
75235

Purpose of Disbursement
Travel/Airfare

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			05			2016			

FEC Identification Number

C []

Transaction ID : B5F7ADF77C
Amount of Each Disbursement this Period

[] 162.98

Travel/Airfare

Memo Item

Full Name (Last, First, Middle Initial)

B. North Lake Tahoe Express

Mailing Address 2001 E. Plumb Lane

City
Reno

State
NV

Zip Code
89502-3259

Purpose of Disbursement
Travel/Taxi Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			05			2016			

FEC Identification Number

C []

Transaction ID : BFA1A2D6F6
Amount of Each Disbursement this Period

[] 162.30

Travel/Taxi Fees

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

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)..... ▶

[] 0.00

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

[] 19767.37