

# 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="2014"/>	<input type="text" value="122804.77"/>	<input type="text" value="122804.77"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="149926.38"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="37500.00"/>	<input type="text" value="225234.40"/>
(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="187426.38"/>	<input type="text" value="348039.17"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="53847.25"/>	<input type="text" value="214460.04"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="133579.13"/>	<input type="text" value="133579.13"/>
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:  /  /

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).....	0.00	16337.28
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	16337.28
(b) Political Party Committees .....	0.00	3897.12
(c) Other Political Committees (such as PACs).....	37500.00	205000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	37500.00	225234.40
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))..... ▶	37500.00	225234.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	37500.00	225234.40

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	14847.25	54460.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	14847.25	54460.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	15000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35000.00	141000.00
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 .....	4000.00	4000.00
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)) ..	53847.25	214460.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	53847.25	214460.04

**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) .....	37500.00	225234.40
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	37500.00	225234.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	14847.25	54460.04
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	14847.25	54460.04

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA  
Transaction ID :

Please be advised that this amendment corrects Sched B, Line 23 for the contribution made to the Monica Wehby for US Senate. The correct designation for this contribuion is Primary Debt 2014.

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 17
<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

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. Mortgage Bankers Association PAC**

Mailing Address 1919 M Street NW 5th Floor

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
06 / 26 / 2014  
**Transaction ID : 40626.C216**

Amount of Each Receipt this Period  
5000.00

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  
06 / 19 / 2014  
**Transaction ID : 40619.C213**

Amount of Each Receipt this Period  
5000.00

Receipt

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
06 / 26 / 2014  
**Transaction ID : 40626.C218**

Amount of Each Receipt this Period  
5000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15000.00
<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 8 OF 17  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)  
**A. Norfolk Southern Corp. Good Govt PAC**  
 Mailing Address 3 Commercial Place  
 City State Zip Code  
 Norfolk VA 23510  
 FEC ID number of contributing federal political committee. **C**  
 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 / 19 / 2014  
**Transaction ID : 40619.C214**  
 Amount of Each Receipt this Period  
 5000.00  
 Receipt

Full Name (Last, First, Middle Initial)  
**B. Quicken Loans Inc. PAC**  
 Mailing Address 101 South Washington Square #620  
 City State Zip Code  
 Lansing MI 48933  
 FEC ID number of contributing federal political committee. **C**  
 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 / 26 / 2014  
**Transaction ID : 40626.C217**  
 Amount of Each Receipt this Period  
 2500.00  
 Receipt

Full Name (Last, First, Middle Initial)  
**C. Raytheon PAC**  
 Mailing Address 1100 Wilson Boulevard #1500  
 City State Zip Code  
 Arlington VA 22209  
 FEC ID number of contributing federal political committee. **C C00097568**  
 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 / 19 / 2014  
**Transaction ID : 40619.C212**  
 Amount of Each Receipt this Period  
 5000.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 12500.00  
**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: (check only one)	PAGE 9 OF 17
<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. Bryan Cave LLP PAC**

Mailing Address 1155 F Street NW

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

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	/	26	/	2014

**Transaction ID : 40626.C215**

Amount of Each Receipt this Period  
2500.00

Receipt

Full Name (Last, First, Middle Initial)  
**B. American Hospital Association PAC**

Mailing Address 325 7th Street NW #700

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

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

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	/	26	/	2014

**Transaction ID : 40626.C219**

Amount of Each Receipt this Period  
2500.00

Receipt

Full Name (Last, First, Middle Initial)  
**C. Aflac Incorporated PAC**

Mailing Address 1932 Wynnton Road

City Columbus	State GA	Zip Code 31999
------------------	-------------	-------------------

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

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	/	26	/	2014

**Transaction ID : 40626.C220**

Amount of Each Receipt this Period  
2500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7500.00
<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 10 OF 17  
(check only one)

<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. Lorillard Tobacco Co. Public Affairs PAC**

Mailing Address 714 Green Valley Road

City Greensboro State NC Zip Code 27408

FEC ID number of contributing federal political committee. **C** C00112888

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : 40703.C222**

Amount of Each Receipt this Period  
2500.00

Receipt

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	37500.00

**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. 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 / 01 / 2014

**Transaction ID : 40605.E198**

Amount of Each Disbursement this Period

5350.00

CONSULTING FUNDRAISING

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 / 01 / 2014

**Transaction ID : 40612.E202**

Amount of Each Disbursement this Period

41.75

POSTAGE

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  
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 / 01 / 2014

**Transaction ID : 40612.E203**

Amount of Each Disbursement this Period

56.08

OFFICE SUPPLIES

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

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

5447.83

**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. October Inc.**

Mailing Address PO Box 372672

City Las Vegas State NV Zip Code 89137-

Purpose of Disbursement  
See Below/Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	4

**Transaction ID : 40612.E204**

Amount of Each Disbursement this Period

3	8	5	.	3	5
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SEE BELOW/CATERING

Full Name (Last, First, Middle Initial)

**B. Fresh Connections**

Mailing Address 1114 Herndon Pkwy

City Herndon State VA Zip Code 20170-

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	4

**Transaction ID : 40612.E205**

Amount of Each Disbursement this Period

3	8	5	.	3	5
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**[MEMO ITEM]**  
MEMO: CATERING

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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	4

**Transaction ID : 40612.E199**

Amount of Each Disbursement this Period

8	0	7	.	2	7
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SEE BELOW/CATERING & FACILITY FEES

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

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

8	4	5	.	8	1	4
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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"/> 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. Venetian Hotel**

Mailing Address 3355 South Las Vegas Boulevard

City Las Vegas State NV Zip Code 89109-

Purpose of Disbursement  
Catering & Facility 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 / 01 / 2014

**Transaction ID : 40612.E200**

Amount of Each Disbursement this Period

8072.79

**[MEMO ITEM]**

MEMO: CATERING & FACILITY FEES

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  
Travel

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 / 2014

**Transaction ID : 40612.E201**

Amount of Each Disbursement this Period

941.28

TRAVEL

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

941.28

14847.25

**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. Joni Ernst For US Senate Inc.**

Mailing Address PO Box 93441

City Des Moines State IA Zip Code 50393-

Purpose of Disbursement  
GENERAL

Candidate Name  
**JONI K ERNST**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 40617.E206**

Amount of Each Disbursement this Period

GENERAL

Full Name (Last, First, Middle Initial)

**B. Joni Ernst For US Senate Inc.**

Mailing Address PO Box 93441

City Des Moines State IA Zip Code 50393-

Purpose of Disbursement  
PRIMARY

Candidate Name  
**JONI K ERNST**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 40605.E195**

Amount of Each Disbursement this Period

PRIMARY

Full Name (Last, First, Middle Initial)

**C. Ed Gillespie For Senate**

Mailing Address 8198 Terminal Road #205

City Lorton State VA Zip Code 22079-

Purpose of Disbursement  
GENERAL

Candidate Name  
**EDWARD W GILLESPIE**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 40626.E209**

Amount of Each Disbursement this Period

GENERAL

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

**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 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. Families For James Lankford**

Mailing Address PO Box 1639

City Bethany State OK Zip Code 73008-

Purpose of Disbursement  
GENERAL

Candidate Name  
**JAMES PAUL LANKFORD**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: OK District: 00

Date of Disbursement

/  /   
06 / 25 / 2014

**Transaction ID : 40626.E210**

Amount of Each Disbursement this Period

5000.00

GENERAL

Full Name (Last, First, Middle Initial)

**B. McFadden For US Senate**

Mailing Address PO Box 4039

City Saint Paul State MN Zip Code 55104-

Purpose of Disbursement  
PRIMARY

Candidate Name  
**MICHAEL MCFADDEN**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MN District: 00

Date of Disbursement

/  /   
06 / 02 / 2014

**Transaction ID : 40605.E197**

Amount of Each Disbursement this Period

5000.00

PRIMARY

Full Name (Last, First, Middle Initial)

**C. Monica Wehby For US Senate**

Mailing Address PO Box 3375

City Portland State OR Zip Code 97208-

Purpose of Disbursement  
GENERAL

Candidate Name  
**MONICA WEHBY**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: OR District: 00

Date of Disbursement

/  /   
06 / 13 / 2014

**Transaction ID : 40617.E207**

Amount of Each Disbursement this Period

5000.00

GENERAL

**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. Monica Wehby For US Senate**

Mailing Address PO Box 3375

City Portland State OR Zip Code 97208-

Purpose of Disbursement  
PRIMARY DEBT 2014

Candidate Name  
**MONICA WEHBY**

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Primary DEBT

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2014

**Transaction ID : 40605.E196**

Amount of Each Disbursement this Period

5000.00

PRIMARY DEBT 2014

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

5000.00

35000.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Clark County Republican Party**

Mailing Address 5565 South Decatur Boulevard #109

City Las Vegas State NV Zip Code 89118-

Purpose of Disbursement  
DONATION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
06 / 18 / 2014

**Transaction ID : 40619.E208**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Washoe County Republican Party**

Mailing Address 3652 S. Virginia Street #C8

City Reno State NV Zip Code 89502-

Purpose of Disbursement  
DONATION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
06 / 25 / 2014

**Transaction ID : 40703.E211**

Amount of Each Disbursement this Period

2000.00

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 /  D  D /  Y  Y  Y  Y

Amount of Each Disbursement this Period

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

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

4000.00

4000.00