

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

2. FEC IDENTIFICATION NUMBER C C00471607
3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] 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), [X] 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)
(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 01 / 01 / 2015 through 06 / 30 / 2015

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 07 / 29 / 2015

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)

Page 2

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="2015"/>		42550.34
(b) Cash on Hand at Beginning of Reporting Period.....	42550.34	
(c) Total Receipts (from Line 19) .....	221650.00	221650.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	264200.34	264200.34
7. Total Disbursements (from Line 31).....	174652.47	174652.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	89547.87	89547.87
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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).....	11650.00	11650.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11650.00	11650.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	210000.00	210000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	221650.00	221650.00
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))..... ▶	221650.00	221650.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	221650.00	221650.00

**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 .....	96652.47	96652.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	96652.47	96652.47
22. Transfers to Affiliated/Other Party Committees.....	15000.00	15000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	63000.00	63000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	174652.47	174652.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	174652.47	174652.47

**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) .....	221650.00	221650.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	221650.00	221650.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	96652.47	96652.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	96652.47	96652.47

**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 49  
(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**

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

Mailing Address 3092 Red Arrow Drive

City State Zip Code  
Las Vegas NV 89135

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

Name of Employer Occupation  
Self Employed Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : 50326.C307**

Amount of Each Receipt this Period  
1000.00

Receipt

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

Mailing Address 601 President Ford Lane

City State Zip Code  
Alexandria VA 22302

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

Name of Employer Occupation  
Fierce Isakowitz & Blalock Lobbyist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : 50702.C359**

Amount of Each Receipt this Period  
1000.00

Receipt

Full Name (Last, First, Middle Initial)  
**C. Gila River Indian Community**

Mailing Address PO Box 2160

City State Zip Code  
Sacaton AZ 85147

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : 50401.C320**

Amount of Each Receipt this Period  
2300.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4300.00

**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 7 OF 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Aaron Cohen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1007 West Braddock Road  
 City Alexandria State VA Zip Code 22302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Capitol Counsel LLC Occupation Executive  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1500.00**

Date of Receipt **04 / 09 / 2015**  
**Transaction ID : 50409.C323**  
 Amount of Each Receipt this Period **1500.00**  
 Receipt

**B. Mrs. Brenda Reese**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2396 Grassy Spring Place  
 City Las Vegas State NV Zip Code 89135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bockorny Group Occupation Lobbyist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 26 / 2015**  
**Transaction ID : 50326.C305**  
 Amount of Each Receipt this Period **250.00**  
 Receipt

**C. Mr. Scott Styles**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3609 North Rockingham Street  
 City Arlington State VA Zip Code 22213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer .Information Requested Occupation .Information Requested  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2500.00**

Date of Receipt **03 / 19 / 2015**  
**Transaction ID : 50319.C300**  
 Amount of Each Receipt this Period **2500.00**  
 Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>4250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 OF 49  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Lt. Gov. Mark Hutchison**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2300 Silver Bluff Court  
 City Las Vegas State NV Zip Code 89134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hutchison & Steffen Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 03 / 26 / 2015  
**Transaction ID : 50326.C304**  
 Amount of Each Receipt this Period 2600.00  
 Receipt

**B. Mr. William Hollier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12707 Westbrook Drive  
 City Fairfax State VA Zip Code 22030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hollier & Associates Occupation Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 30 / 2015  
**Transaction ID : 50430.C331**  
 Amount of Each Receipt this Period 500.00  
 Receipt

**C.**  
 Full Name (Last, First, Middle Initial)  
 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  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	11650.00



**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 9 OF 49
<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) <b>A. International Game Technology PAC</b>		Date of Receipt MM / DD / YYYY 01 / 29 / 2015 <b>Transaction ID : 50129.C292</b>
Mailing Address 6355 South Buffalo Drive		Amount of Each Receipt this Period 5000.00
City Las Vegas	State NV	Zip Code 89113
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. MGM Resorts International PAC</b>		Date of Receipt MM / DD / YYYY 04 / 16 / 2015 <b>Transaction ID : 50416.C324</b>
Mailing Address 2350 Kerner Blvd. Suite 250		Amount of Each Receipt this Period 5000.00
City San Rafael	State CA	Zip Code 94901
FEC ID number of contributing federal political committee. C C00299321	Receipt	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T Inc. Federal PAC</b>		Date of Receipt MM / DD / YYYY 03 / 19 / 2015 <b>Transaction ID : 50319.C303</b>
Mailing Address 208 South Akard Street #2701		Amount of Each Receipt this Period 5000.00
City Dallas	State TX	Zip Code 75202
FEC ID number of contributing federal political committee. C C00109017	Receipt	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<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: (check only one)	PAGE 10 OF 49
<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. BNSF RailPAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 961039

City Fort Worth	State TX	Zip Code 76161
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FEC ID number of contributing federal political committee. **C** C00235739

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	/	25	/	2015

**Transaction ID : 50625.C356**

Amount of Each Receipt this Period  
5000.00

Receipt

**B. Honeywell International PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 101 Constitution Ave. NW #500 W

City Washington	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00096156

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
05	/	31	/	2015

**Transaction ID : 50604.C346**

Amount of Each Receipt this Period  
2500.00

Receipt

**C. Comcast Corp. & NBC Universal PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address One Comcast Center  
1701 JFK Boulevard

City Philadelphia	State PA	Zip Code 19103
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FEC ID number of contributing federal political committee. **C** C00248716

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : 50702.C358**

Amount of Each Receipt this Period  
5000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 49
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. National Cable & Telecomm. Assoc. PAC**

Mailing Address 25 Massachusetts Avenue NW #100

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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: **03 / 26 / 2015**  
**Transaction ID : 50326.C311**

Amount of Each Receipt this Period: **5000.00**

Receipt

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

Mailing Address 430 North Michigan Avenue

City Chicago	State IL	Zip Code 60611
-----------------	-------------	-------------------

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: **04 / 30 / 2015**  
**Transaction ID : 50430.C334**

Amount of Each Receipt this Period: **5000.00**

Receipt

Full Name (Last, First, Middle Initial)  
**C. Varian Medical Systems PAC**

Mailing Address 801 Penn Avenue NW #730

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: **04 / 09 / 2015**  
**Transaction ID : 50409.C322**

Amount of Each Receipt this Period: **2500.00**

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>12500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 49
<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. PricewaterhouseCoopers PAC**

Mailing Address 600 13th Street NW #1000

City Washington	State DC	Zip Code 20005
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FEC ID number of contributing federal political committee. **C** C00107235

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

**Transaction ID : 50617.C348**

Amount of Each Receipt this Period  
1000.00

Receipt

Full Name (Last, First, Middle Initial)  
**B. Investment Company Institute PAC**

Mailing Address 1401 H Street NW #1200

City Washington	State DC	Zip Code 20005
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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
01	/	30	/	2015

**Transaction ID : 50205.C293**

Amount of Each Receipt this Period  
2500.00

Receipt

Full Name (Last, First, Middle Initial)  
**C. Bank Of America Corp. Federal PAC**

Mailing Address 1455 Pennsylvania Avenue NW #950

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

FEC ID number of contributing federal political committee. **C** C00364778

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
03	/	31	/	2015

**Transaction ID : 50401.C318**

Amount of Each Receipt this Period  
5000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 49
<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. UBS Americas Inc. PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1501 K Street NW #1100

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

FEC ID number of contributing federal political committee. **C** C00012245

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
03	/	19	/	2015

**Transaction ID : 50319.C301**

Amount of Each Receipt this Period  
5000.00

Receipt

**B. FMR LLC PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 245 Summer St. V5A

City Boston	State MA	Zip Code 02210
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00380550

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
03	/	26	/	2015

**Transaction ID : 50326.C314**

Amount of Each Receipt this Period  
2500.00

Receipt

**C. American Society Anesthesiologists PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1061 American Lane

City Schaumburg	State IL	Zip Code 60173
--------------------	-------------	-------------------

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
03	/	26	/	2015

**Transaction ID : 50326.C306**

Amount of Each Receipt this Period  
5000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 49
<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. Zuffa PAC**

Mailing Address 2350 Kerner Boulevard #250

City San Rafael State CA Zip Code 94901

FEC ID number of contributing federal political committee. **C** C00459693

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  
 03 / 26 / 2015  
**Transaction ID : 50326.C313**

Amount of Each Receipt this Period  
5000.00

Receipt

Full Name (Last, First, Middle Initial)  
**B. BAE Systems USA PAC**

Mailing Address 1101 Wilson Boulevard

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00281212

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  
 03 / 31 / 2015  
**Transaction ID : 50409.C321**

Amount of Each Receipt this Period  
5000.00

Receipt

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

Mailing Address PO Box 22930

City San Diego State CA Zip Code 92192

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  
 02 / 28 / 2015  
**Transaction ID : 50305.C298**

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: (check only one)	PAGE 15 OF 49
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Independent Insurance Agents & Brokers**

Mailing Address Of America Inc. PAC  
20 F Street NW #610

City Washington State DC Zip Code 20001

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  
MM / DD / YYYY  
06 / 30 / 2015  
**Transaction ID : 50702.C360**

Amount of Each Receipt this Period  
5000.00

Receipt

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

Mailing Address 2525 Harrodsburg Road

City Lexington State KY Zip Code 40504

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  
MM / DD / YYYY  
03 / 26 / 2015  
**Transaction ID : 50326.C312**

Amount of Each Receipt this Period  
5000.00

Receipt

Full Name (Last, First, Middle Initial)  
**C. Barrick Gold Of North America Inc. PAC**

Mailing Address 136 East South Temple #1800

City Salt Lake City State UT Zip Code 84111

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  
MM / DD / YYYY  
03 / 19 / 2015  
**Transaction ID : 50319.C302**

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: (check only one)	PAGE 16 OF 49
<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. United For Health PAC**

Mailing Address 701 Pennsylvania Avenue NW #200

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
02	/	28	/	2015

**Transaction ID : 50305.C297**

Amount of Each Receipt this Period  
2500.00

Receipt

Full Name (Last, First, Middle Initial)  
**B. National Emergency Medicine PAC**

Mailing Address PO Box 619911

City Dallas	State TX	Zip Code 75261
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C C00140061**

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
02	/	12	/	2015

**Transaction ID : 50212.C295**

Amount of Each Receipt this Period  
2500.00

Receipt

Full Name (Last, First, Middle Initial)  
**C. National Emergency Medicine PAC**

Mailing Address PO Box 619911

City Dallas	State TX	Zip Code 75261
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C C00140061**

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
03	/	31	/	2015

**Transaction ID : 50401.C315**

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: (check only one)	PAGE 17 OF 49
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. National Association Of Broadcasters PAC**

Mailing Address 1771 N Street NW

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 ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2015  
**Transaction ID : 50604.C347**

Amount of Each Receipt this Period  
1000.00

Receipt

Full Name (Last, First, Middle Initial)  
**B. 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  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2015  
**Transaction ID : 50507.C338**

Amount of Each Receipt this Period  
5000.00

Receipt

Full Name (Last, First, Middle Initial)  
**C. Employees Of Northrop Grumman Corp PAC**

Mailing Address 2980 Fairview Park Drive

City Falls Church State VA Zip Code 22042

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  
 04 / 30 / 2015  
**Transaction ID : 50507.C336**

Amount of Each Receipt this Period  
5000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 49
<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. Abbott Laboratories Employee PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 100 Abbott Park Road

City State Zip Code  
Abbott Park IL 60064

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  
05 / 28 / 2015  
**Transaction ID : 50528.C343**

Amount of Each Receipt this Period  
5000.00

Receipt

**B. Enterprise Holdings Inc. PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 600 Corporate Park Drive

City State Zip Code  
Saint Louis MO 63105

FEC ID number of contributing federal political committee. **C** C00219642

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  
03 / 26 / 2015  
**Transaction ID : 50326.C308**

Amount of Each Receipt this Period  
2500.00

Receipt

**C. Enterprise Holdings Inc. PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 600 Corporate Park Drive

City State Zip Code  
Saint Louis MO 63105

FEC ID number of contributing federal political committee. **C** C00219642

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  
04 / 30 / 2015  
**Transaction ID : 50430.C333**

Amount of Each Receipt this Period  
2500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10000.00
<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 19 OF 49
<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) <b>A. US Bancorp PAC</b>		Date of Receipt MM / DD / YYYY 05 / 21 / 2015 <b>Transaction ID : 50521.C341</b>
Mailing Address 800 Nicolett Mall		Amount of Each Receipt this Period 2500.00
City Minneapolis	State MN	Zip Code 55402
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. Compass Bancshares Inc. PAC</b>		Date of Receipt MM / DD / YYYY 05 / 21 / 2015 <b>Transaction ID : 50521.C342</b>
Mailing Address PO Box 10566		Amount of Each Receipt this Period 1000.00
City Birmingham	State AL	Zip Code 35205
FEC ID number of contributing federal political committee. C C00142596	Receipt	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. New York Life Insurance PAC</b>		Date of Receipt MM / DD / YYYY 06 / 18 / 2015 <b>Transaction ID : 50618.C354</b>
Mailing Address 51 Madison Avenue Room #1109		Amount of Each Receipt this Period 2500.00
City New York	State NY	Zip Code 10010
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6000.00
<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 20 OF 49  
(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 Norfolk State VA Zip Code 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 / 18 / 2015  
**Transaction ID : 50618.C352**  
 Amount of Each Receipt this Period  
 5000.00  
 Receipt

Full Name (Last, First, Middle Initial)  
**B. Association Of American Railroads PAC**  
 Mailing Address 425 Third Street SW #1000  
 City Washington State DC Zip Code 20024  
 FEC ID number of contributing federal political committee. **C** C00280743  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : 50618.C351**  
 Amount of Each Receipt this Period  
 1000.00  
 Receipt

Full Name (Last, First, Middle Initial)  
**C. CSX Corporation Good Govt Fund PAC**  
 Mailing Address 1331 Pennsylvania Avenue NW  
 Suite 560 National Place  
 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 ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : 50618.C353**  
 Amount of Each Receipt this Period  
 5000.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 11000.00  
**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 21 OF 49
<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. Union Pacific Corporation Fund For**

Mailing Address Effective Government PAC  
600 Thirteenth Street NW #340

City Washington State DC Zip Code 20005

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 / 25 / 2015  
**Transaction ID : 50625.C357**

Amount of Each Receipt this Period  
5000.00

Receipt

Full Name (Last, First, Middle Initial)  
**B. Cox Enterprises PAC COXPAC Inc.**

Mailing Address 975 F Street NW #300

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00477653

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
04 / 23 / 2015  
**Transaction ID : 50423.C328**

Amount of Each Receipt this Period  
5000.00

Receipt

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

Mailing Address 1050 K Street NW #400

City Washington State DC Zip Code 20001

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  
03 / 26 / 2015  
**Transaction ID : 50326.C309**

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: (check only one)	PAGE 22 OF 49
<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. Blue Cross & Blue Shield Association PAC**

Mailing Address 1310 G Street NW 12th Floor

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00194746**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 /  /   
**Transaction ID : 50430.C335**

Amount of Each Receipt this Period

Receipt

Full Name (Last, First, Middle Initial)  
**B. Charter Communications Inc. PAC**

Mailing Address 400 Atlantic Street 10th Floor

City Stamford State CT Zip Code 06901

FEC ID number of contributing federal political committee. **C C00426775**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 /  /   
**Transaction ID : 50326.C310**

Amount of Each Receipt this Period

Receipt

Full Name (Last, First, Middle Initial)  
**c. Charter Communications Inc. PAC**

Mailing Address 400 Atlantic Street 10th Floor

City Stamford State CT Zip Code 06901

FEC ID number of contributing federal political committee. **C C00426775**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 /  /   
**Transaction ID : 50423.C329**

Amount of Each Receipt this Period

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="7500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="7500.00"/>

**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 23 OF 49
<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. McGraw Hill Financial Inc. PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1200 G Street NW #900  
 City Washington State DC Zip Code 20005  
 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  
 04 / 16 / 2015  
**Transaction ID : 50416.C326**  
 Amount of Each Receipt this Period  
 2500.00  
 Receipt

**B. Pfizer PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 235 East 42nd Street  
 City New York State NY Zip Code 10017  
 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  
 04 / 30 / 2015  
**Transaction ID : 50430.C330**  
 Amount of Each Receipt this Period  
 2500.00  
 Receipt

**C. Independent Community Bankers PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1615 L Street NW #900  
 City Washington State DC Zip Code 20036  
 FEC ID number of contributing federal political committee. **C** C00032698  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 05 / 2015  
**Transaction ID : 50205.C294**  
 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: (check only one)	PAGE 24 OF 49
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 1615 L Street NW #900

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

**Transaction ID : 50312.C299**

Amount of Each Receipt this Period  
2500.00

Receipt

Full Name (Last, First, Middle Initial)  
**B. Automotive Free International Trade PAC**

Mailing Address 1625 Prince Street #225

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00250399

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
05	/	28	/	2015

**Transaction ID : 50528.C345**

Amount of Each Receipt this Period  
5000.00

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
04	/	30	/	2015

**Transaction ID : 50507.C337**

Amount of Each Receipt this Period  
2500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10000.00
<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 25 OF 49
<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. EnergySolutions Fund For Effective Govt**

Mailing Address 423 West Broadway #200

City Salt Lake City	State UT	Zip Code 84101
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00387878

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 14 / 2015  
**Transaction ID : 50514.C340**

Amount of Each Receipt this Period  
 1500.00

Receipt

Full Name (Last, First, Middle Initial)  
**B. EnergySolutions Fund For Effective Govt**

Mailing Address 423 West Broadway #200

City Salt Lake City	State UT	Zip Code 84101
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00387878

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  
 05 / 28 / 2015  
**Transaction ID : 50528.C344**

Amount of Each Receipt this Period  
 1000.00

Receipt

Full Name (Last, First, Middle Initial)  
**c. Newmont Employees PAC**

Mailing Address 101 Constitution Avenue NW #800

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 / 25 / 2015  
**Transaction ID : 50625.C355**

Amount of Each Receipt this Period  
 2500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<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 27 OF 49  
(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. iHeartMedia Inc Clear Channel OutdoorPAC**

Mailing Address 200 East Bass Road

City San Antonio State TX Zip Code 78209

FEC ID number of contributing federal political committee. **C C00279216**

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  
 03 / 31 / 2015  
**Transaction ID : 50401.C319**

Amount of Each Receipt this Period  
 2500.00

Receipt

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

Mailing Address 702 SW 8th Street

City Bentonville State AR Zip Code 72716

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2015  
**Transaction ID : 50416.C325**

Amount of Each Receipt this Period  
 1000.00

Receipt

Full Name (Last, First, Middle Initial)  
**C. Biotechnology Industry Organization PAC**

Mailing Address 1201 Maryland Avenue SW #900

City Washington State DC Zip Code 20024

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  
 04 / 16 / 2015  
**Transaction ID : 50416.C327**

Amount of Each Receipt this Period  
 2500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6000.00
<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 28 OF 49
<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. Humana Inc. PAC**

Mailing Address 975 F Street NW #550

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00271007**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 04 / 30 / 2015  
**Transaction ID : 50430.C332**

Amount of Each Receipt this Period  
5000.00

Receipt

Full Name (Last, First, Middle Initial)  
**B. Federation Of Exchange Accommodators PAC**

Mailing Address 1155 21st Street NW #300

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00426874**

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  
 05 / 07 / 2015  
**Transaction ID : 50507.C339**

Amount of Each Receipt this Period  
2500.00

Receipt

Full Name (Last, First, Middle Initial)  
**C. Marsh & McLennan Companies Inc. PAC**

Mailing Address 1166 Avenue Of The Americas

City New York State NY Zip Code 10036

FEC ID number of contributing federal political committee. **C C00457234**

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  
 06 / 18 / 2015  
**Transaction ID : 50618.C349**

Amount of Each Receipt this Period  
2500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10000.00
<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 29 OF 49  
(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**

**A. Anthem PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 120 Monument Circle  
City Indianapolis State IN Zip Code 46204  
FEC ID number of contributing federal political committee. **C** C00197228  
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 / 18 / 2015  
**Transaction ID : 50618.C350**  
Amount of Each Receipt this Period  
2500.00  
Receipt

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

**C.**  
Full Name (Last, First, Middle Initial)  
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).....▶	210000.00

**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. Gober Hilgers PLC**

Mailing Address 2101 Cedar Springs Road #1050

City Dallas State TX Zip Code 75201-

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  
04 / 01 / 2015

Transaction ID : 50401.E319

Amount of Each Disbursement this Period

255.00

CONSULTING LEGAL

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  
04 / 01 / 2015

Transaction ID : 50401.E321

Amount of Each Disbursement this Period

346.20

TRAVEL

Full Name (Last, First, Middle Initial)

**C. In Compliance Inc.**

Mailing Address PO Box 751271

City Las Vegas State NV Zip Code 89136-

Purpose of Disbursement  
Compliance Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2015

Transaction ID : 50205.E306

Amount of Each Disbursement this Period

1500.00

COMPLIANCE CONSULTING

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

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

2101.20

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. 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  
02 / 04 / 2015

**Transaction ID : 50205.E304**

Amount of Each Disbursement this Period

211.10

TRAVEL

Full Name (Last, First, Middle Initial)

**B. In Compliance Inc.**

Mailing Address PO Box 751271

City Las Vegas State NV Zip Code 89136-

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2015

**Transaction ID : 50430.E338**

Amount of Each Disbursement this Period

12.00

PRINTING

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  
Postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2015

**Transaction ID : 50305.E315**

Amount of Each Disbursement this Period

65.04

POSTAGE

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

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

288.14

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. 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  
04 / 23 / 2015

**Transaction ID : 50423.E332**

Amount of Each Disbursement this Period

7865.00

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  
See Below/Facility Fees & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 23 / 2015

**Transaction ID : 50423.E334**

Amount of Each Disbursement this Period

8172.79

SEE BELOW/FACILITY FEES & CATERING

Full Name (Last, First, Middle Initial)

**C. Wynn Las Vegas**

Mailing Address 3131 Las Vegas Blvd. S.

City Las Vegas State NV Zip Code 89109-

Purpose of Disbursement  
Facility Fees & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 23 / 2015

**Transaction ID : 50423.E335**

Amount of Each Disbursement this Period

6922.79

**[MEMO ITEM]**  
MEMO: FACILITY FEES & CATERING

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

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

16037.79



**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. Bourbon Steak @ Four Seasons Hotel**

Mailing Address 2800 Pennsylvania Avenue

City Washington State DC Zip Code 20007-

Purpose of Disbursement  
Facility Fees & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 23 / 2015

**Transaction ID : 50521.E344**

Amount of Each Disbursement this Period

1250.00

**[MEMO ITEM]**

MEMO: FACILITY FEES & CATERING

Full Name (Last, First, Middle Initial)

**B. Tarrance Group**

Mailing Address 201 North Union Street #410

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
Polling

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 09 / 2015

**Transaction ID : 50416.E330**

Amount of Each Disbursement this Period

36295.00

POLLING

Full Name (Last, First, Middle Initial)

**C. In Compliance Inc.**

Mailing Address PO Box 751271

City Las Vegas State NV Zip Code 89136-

Purpose of Disbursement  
Postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2015

**Transaction ID : 50205.E309**

Amount of Each Disbursement this Period

245.16

POSTAGE

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

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

36540.16

**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  
04 / 01 / 2015

**Transaction ID : 50401.E320**

Amount of Each Disbursement this Period

1750.00

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  
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

MM / DD / YYYY  
06 / 06 / 2015

**Transaction ID : 50617.E352**

Amount of Each Disbursement this Period

7733.11

SEE BELOW/CATERING & FACILITY FEES

Full Name (Last, First, Middle Initial)

**C. Lagasse Stadium**

Mailing Address 3325 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 / 06 / 2015

**Transaction ID : 50617.E353**

Amount of Each Disbursement this Period

7733.11

**[MEMO ITEM]**  
MEMO: CATERING & FACILITY FEES

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

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

9483.11

**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

MM / DD / YYYY  
02 / 04 / 2015

**Transaction ID : 50205.E305**

Amount of Each Disbursement this Period

316.50

SEE BELOW/CATERING

Full Name (Last, First, Middle Initial)

**B. Natures Bakery**

Mailing Address 5150 Convair Drive

City Carson City State NV Zip Code 89706-

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2015

**Transaction ID : 50226.E311**

Amount of Each Disbursement this Period

30.00

**[MEMO ITEM]**  
MEMO: CATERING

Full Name (Last, First, Middle Initial)

**C. Tahoe Toffy Candy**

Mailing Address PO Box 2221

City Gardnerville State NV Zip Code 89410-

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2015

**Transaction ID : 50226.E312**

Amount of Each Disbursement this Period

286.50

**[MEMO ITEM]**  
MEMO: CATERING

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

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

316.50

**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. Edgewater Tahoe GC**

Mailing Address PO Box 5400

City Lake Tahoe State NV Zip Code 89449-

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  
05 / 05 / 2015

**Transaction ID : 50507.E340**

Amount of Each Disbursement this Period

1760.00

CATERING & FACILITY FEES

Full Name (Last, First, Middle Initial)

**B. Autumn Productions**

Mailing Address PO Box 371553

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  
04 / 23 / 2015

**Transaction ID : 50423.E331**

Amount of Each Disbursement this Period

1163.56

TRAVEL

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

MM / DD / YYYY  
03 / 01 / 2015

**Transaction ID : 50305.E316**

Amount of Each Disbursement this Period

1277.16

SEE BELOW/CATERING & FACILITY FEES

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

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

4200.72

**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. Famous Daves**

Mailing Address 1951 N Rainbow Blvd

City Las Vegas State NV Zip Code 89108-

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  
03 / 01 / 2015

Transaction ID : 50305.E317

Amount of Each Disbursement this Period

1007.85

[MEMO ITEM]

MEMO: CATERING & FACILITY FEES

Full Name (Last, First, Middle Initial)

**B. Eldorado Hotel**

Mailing Address 140 S Water Street

City Henderson State NV Zip Code 89015-

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  
03 / 01 / 2015

Transaction ID : 50305.E318

Amount of Each Disbursement this Period

269.31

[MEMO ITEM]

MEMO: CATERING & FACILITY FEES

Full Name (Last, First, Middle Initial)

**C. November 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 / 30 / 2015

Transaction ID : 50716.E360

Amount of Each Disbursement this Period

2500.00

CONSULTING FUNDRAISING

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

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

2500.00

**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. In Compliance Inc.**

Mailing Address PO Box 751271

City Las Vegas State NV Zip Code 89136-

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2015

**Transaction ID : 50205.E307**

Amount of Each Disbursement this Period

0.20

PRINTING

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  
03 / 01 / 2015

**Transaction ID : 50305.E314**

Amount of Each Disbursement this Period

939.20

TRAVEL

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  
Postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 23 / 2015

**Transaction ID : 50423.E333**

Amount of Each Disbursement this Period

22.87

POSTAGE

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

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

962.27

**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/Lodging Hotel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2015

**Transaction ID : 50617.E349**

Amount of Each Disbursement this Period

5142.54

SEE BELOW/LODGING HOTEL

Full Name (Last, First, Middle Initial)

**B. Venetian Hotel**

Mailing Address 3355 South Las Vegas Boulevard

City Las Vegas State NV Zip Code 89109-

Purpose of Disbursement  
Lodging Hotel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2015

**Transaction ID : 50617.E350**

Amount of Each Disbursement this Period

5142.54

**[MEMO ITEM]**  
MEMO: LODGING HOTEL

Full Name (Last, First, Middle Initial)

**C. In Compliance Inc.**

Mailing Address PO Box 751271

City Las Vegas State NV Zip Code 89136-

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2015

**Transaction ID : 50205.E308**

Amount of Each Disbursement this Period

65.41

TRAVEL

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

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

5207.95

**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  
Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2015

**Transaction ID : 50617.E348**

Amount of Each Disbursement this Period

857.13

AIRFARE

Full Name (Last, First, Middle Initial)

**B. In Compliance Inc.**

Mailing Address PO Box 751271

City Las Vegas State NV Zip Code 89136-

Purpose of Disbursement  
Software & Support Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2015

**Transaction ID : 50205.E310**

Amount of Each Disbursement this Period

2000.00

SOFTWARE & SUPPORT SERVICES

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  
Consulting Fundraising

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2015

**Transaction ID : 50617.E347**

Amount of Each Disbursement this Period

4800.00

CONSULTING FUNDRAISING

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

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

7657.13



**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 / 30 / 2015

**Transaction ID : 50716.E355**

Amount of Each Disbursement this Period

5000.00

CONSULTING FUNDRAISING

Full Name (Last, First, Middle Initial)

**B. In Compliance Inc.**

Mailing Address PO Box 751271

City Las Vegas State NV Zip Code 89136-

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2015

**Transaction ID : 50430.E339**

Amount of Each Disbursement this Period

65.41

TRAVEL

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  
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  
02 / 04 / 2015

**Transaction ID : 50205.E303**

Amount of Each Disbursement this Period

2975.00

CONSULTING FUNDRAISING

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

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

8040.41

**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  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 23 / 2015

**Transaction ID : 50423.E336**

Amount of Each Disbursement this Period

1343.00

TRAVEL

Full Name (Last, First, Middle Initial)

**B. In Compliance Inc.**

Mailing Address PO Box 751271

City Las Vegas State NV Zip Code 89136-

Purpose of Disbursement  
Compliance Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2015

**Transaction ID : 50430.E337**

Amount of Each Disbursement this Period

1000.00

COMPLIANCE CONSULTING

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  
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  
03 / 01 / 2015

**Transaction ID : 50305.E313**

Amount of Each Disbursement this Period

750.00

CONSULTING FUNDRAISING

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

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

3093.00

**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  
Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2015

**Transaction ID : 50617.E351**

Amount of Each Disbursement this Period

167.39

MEALS

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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)..... ▶

167.39

96595.77

# 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 checked="" 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. National Republican Senatorial Committee

Date of Disbursement

Mailing Address 425 Second Street NE

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2015

City Washington State DC Zip Code 20002-

Transaction ID : 50127.E299

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

15000.00
----------

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

### B.

Date of Disbursement

Mailing Address

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

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

--

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

### C.

Date of Disbursement

Mailing Address

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

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

--

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

15000.00
----------

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

15000.00
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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 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. Friends Of Kelly Ayotte**

Mailing Address PO Box 937

City Manchester State NH Zip Code 03105-

Purpose of Disbursement  
GENERAL 2016

Candidate Name  
**KELLY A AYOTTE**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: NH District: 00

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2015

**Transaction ID : 50401.E324**

Amount of Each Disbursement this Period

2500.00

GENERAL 2016

Full Name (Last, First, Middle Initial)

**B. Barrasso Heller Victory Fund**

Mailing Address 901 North Washington Street #700

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
JOINT FUNDRAISING COMMITTEE

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2015

**Transaction ID : 50617.E354**

Amount of Each Disbursement this Period

3000.00

JOINT FUNDRAISING COMMITTEE

Full Name (Last, First, Middle Initial)

**C. Friends Of Roy Blunt**

Mailing Address PO Box 10178

City Columbia State MO Zip Code 65205-

Purpose of Disbursement  
PRIMARY 2016

Candidate Name  
**ROY BLUNT**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: MO District: 00

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2015

**Transaction ID : 50716.E358**

Amount of Each Disbursement this Period

5000.00

PRIMARY 2016

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

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

10500.00

**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) <b>A. Richard Burr Committee</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2015
Mailing Address PO Box 5928		<b>Transaction ID : 50401.E329</b>
City Winston-Salem	State NC	
Zip Code 27113-	Purpose of Disbursement GENERAL 2016	Amount of Each Disbursement this Period 5000.00
Candidate Name <b>RICHARD M BURR</b>	Category/Type	GENERAL 2016
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC	District: 00	

Full Name (Last, First, Middle Initial) <b>B. Richard Burr Committee</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2015
Mailing Address PO Box 5928		<b>Transaction ID : 50401.E328</b>
City Winston-Salem	State NC	
Zip Code 27113-	Purpose of Disbursement PRIMARY 2016	Amount of Each Disbursement this Period 5000.00
Candidate Name <b>RICHARD M BURR</b>	Category/Type	PRIMARY 2016
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC	District: 00	

Full Name (Last, First, Middle Initial) <b>C. Cresent Hardy For Congress</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2015
Mailing Address PO Box 753941		<b>Transaction ID : 50401.E322</b>
City Las Vegas	State NV	
Zip Code 89136-	Purpose of Disbursement PRIMARY 2016	Amount of Each Disbursement this Period 5000.00
Candidate Name <b>CRESENT HARDY</b>	Category/Type	PRIMARY 2016
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NV	District: 04	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	15000.00
<b>TOTAL</b> 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. Crescent Hardy For Congress**

Mailing Address PO Box 753941

City Las Vegas State NV Zip Code 89136-

Purpose of Disbursement  
GENERAL 2016

Candidate Name  
**CRESENT HARDY**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 30 / 2015

**Transaction ID : 50401.E323**

Amount of Each Disbursement this Period

5000.00

GENERAL 2016

Full Name (Last, First, Middle Initial)

**B. Friends of Joe Heck**

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136-

Purpose of Disbursement  
GENERAL 2016

Candidate Name  
**JOE HECK**

Office Sought:  House  
 Senate  
 President  
State: NV District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 22 / 2015

**Transaction ID : 50528.E346**

Amount of Each Disbursement this Period

5000.00

GENERAL 2016

Full Name (Last, First, Middle Initial)

**C. Friends of Joe Heck**

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136-

Purpose of Disbursement  
PRIMARY 2016

Candidate Name  
**JOE HECK**

Office Sought:  House  
 Senate  
 President  
State: NV District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 22 / 2015

**Transaction ID : 50528.E345**

Amount of Each Disbursement this Period

5000.00

PRIMARY 2016

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

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

15000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Ron Johnson For Senate Inc.**

Mailing Address 219 East Washington Avenue #101

City Oshkosh State WI Zip Code 54901-

Purpose of Disbursement  
GENERAL 2016

Candidate Name  
**RONALD HAROLD JOHNSON**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: WI District: 00

Date of Disbursement

/  /

**Transaction ID : 50401.E325**

Amount of Each Disbursement this Period

GENERAL 2016

Full Name (Last, First, Middle Initial)

**B. Kirk For Senate**

Mailing Address 55 West Monroe #940

City Chicago State IL Zip Code 60603-

Purpose of Disbursement  
GENERAL 2016

Candidate Name  
**MARK STEVEN KIRK**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: IL District: 00

Date of Disbursement

/  /

**Transaction ID : 50401.E326**

Amount of Each Disbursement this Period

GENERAL 2016

Full Name (Last, First, Middle Initial)

**C. Friends Of John McCain**

Mailing Address 228 South Washington Street #115

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
PRIMARY 2016

Candidate Name  
**JOHN S MCCAIN**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: AZ District: 00

Date of Disbursement

/  /

**Transaction ID : 50716.E359**

Amount of Each Disbursement this Period

PRIMARY 2016

**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. Portman For Senate Committee**

Mailing Address PO Box 39

City Terrace Park State OH Zip Code 45174-

Purpose of Disbursement  
GENERAL 2016

Candidate Name  
**ROB PORTMAN**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2015

**Transaction ID : 50507.E342**

Amount of Each Disbursement this Period

5,000.00
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GENERAL 2016

Full Name (Last, First, Middle Initial)

**B. Portman For Senate Committee**

Mailing Address PO Box 39

City Terrace Park State OH Zip Code 45174-

Purpose of Disbursement  
PRIMARY 2016

Candidate Name  
**ROB PORTMAN**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2015

**Transaction ID : 50507.E341**

Amount of Each Disbursement this Period

5,000.00
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PRIMARY 2016

Full Name (Last, First, Middle Initial)

**C. Friends Of Pat Toomey**

Mailing Address 228 South Washington Street #115

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
GENERAL 2016

Candidate Name  
**PATRICK JOSEPH TOOMEY**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2015

**Transaction ID : 50401.E327**

Amount of Each Disbursement this Period

2,500.00
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GENERAL 2016

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

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

12500.00
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63000.00
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