

NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)
This form should be filed after the Committee qualifies as a multicandidate committee.

1. (a) NAME OF COMMITTEE IN FULL HIGHWATER PAC		
(b) Number and Street Address 1327 H St Ste 101		2. FEC IDENTIFICATION NUMBER C00832568
(c) City, State and ZIP Code LincolnNE68508		3. TYPE OF COMMITTEE (check one) ☐ STATE PARTY ☒ OTHER

I certify that **one** of the following situations is correct (complete line 4 or 5):

4. **STATUS BY AFFILIATION:** The committee submitted its Statement of Organization (FEC FORM 1) on _____ and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: _____

FEC Identification Number: _____.

5. **STATUS BY QUALIFICATION:**

(a) **Candidates:** The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):

	Name	Office Sought	State/District	Date
(i)	CRUZ, RAFAEL, , ,	Senate	TX00	10/09/2024
(ii)	Steil, Bryan, , ,	House	WI01	06/26/2025
(iii)	Johnson, Dusty, , ,	House	SD00	06/26/2025
(iv)	Hern, Kevin, , ,	House	OK01	06/26/2025
(v)	Cole, Tom, , ,	House	OK04	06/04/2025

(b) **Contributors:** The committee received a contribution from its 51st contributor on: 05/02/2025 .

(c) **Registration:** The committee has been registered for at least 6 months. FEC FORM1 was submitted on: 02/01/2023 .

(d) **Qualification:** The committee met the above requirements on: 06/26/2025 .

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER Phillips, Robert, , ,	SIGNATURE OF TREASURER Phillips, Robert, , ,	DATE 10/29/2025
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. § 30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.