PAGE 1 / 14

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

| FURIVI 3A   | For Other Than An  | Authorized Committee                                | Office Use Only  |
|---|--|---|--|
| NAME OF COMMITTEE (in full)   | TYPE OR PRINT ▼  | Example: If typing, type over the lines.            | 12FE4M5  |
| HEART DISEAS  | E NETWORK OF AME   | ERICA   |  |
|   |  |   |  |
| ADDRESS (number and s  ▼ Check if differe than previously reported. (ACC)   | nt LAS VEGAS   | <u>, , , , , , , , , , , , , , , , , , , </u>       | NV 89129  -  |
| 2. FEC IDENTIFICAT  |  | CITY A  | STATE ▲ ZIP CODE ▲   |
| C C00667857   |  | 3. IS THIS REPORT NEW (N) OF                        | AMENDED (A)  |
| 4. TYPE OF REPO (Choose One)  (a) Quarterly Report  April 15 Quarterly R  July 15 Quarterly R  October 15 Quarterly R  January 31 Year-End R  July 31 Mic Report (Nor Year Only)  Termination (TER) | Report Due On:  (c) 12-Day PRE-Election Report (Q2)  Report (Q3)  Report (YE)  I-Year n-election (MY)  Report  (d) 30-Day POST-Election Report for the second secon | the: Convention (12C)  Election on  # General (30G) | Si) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)  Sep 20 (M9) Pec 20 (M12) (Non-Election Year Only) |
| 5. Covering Period  | M = M / D = D / Y = 3  |   | M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| I certify that I have exan<br>Type or Print Name of T   | Pollock, Kecia, Marie  | est of my knowledge and belief it is                | true, correct and complete.  |
| Signature of Treasurer  | Pollock, Kecia, Marie, ,   | [Electronically Filed]                              | Date 12 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|   | e, erroneous, or incomplete infor  | rmation may subject the person signing              | this Report to the penalties of 52 U.S.C. § 30109  |
| Office<br>Use   |  |   | FEC FORM 3X<br>Rev. 05/2016  |

**SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name HEART DISEASE NETWORK OF AMERICA 10 18 2018 11 26 2018 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 0.00 January 1, 2018 (b) Cash on Hand at 83756.35 Beginning of Reporting Period..... 17215.00 187904.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 187904.00 100971.35 6(a) and 6(c) for Column B)..... 13114.74 100047.39 7. Total Disbursements (from Line 31)......

Debts and Obligations Owed **TO** 

10. Debts and Obligations Owed **BY** the Committee (Itemize all on

the Committee (Itemize all on

Schedule C and/or Schedule D) .....

Schedule C and/or Schedule D) .....

|       | 87856.61 |
|-------|----------|
| 45 45 | 450      |
|       |          |
|       |          |

87856.61



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. 05/2016)

Write or Type Committee Name

#### HEART DISEASE NETWORK OF AMERICA

10 2018 11 26 2018 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 920.00 1545.00 (i) Itemized (use Schedule A)..... 16295.00 186359.00 (ii) Unitemized ..... (iii) TOTAL (add 17215.00 187904.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 187904.00 17215.00 Totals to Line 33, page 5) .....▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ....... (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 187904.00 12, 13, 14, 15, 16, 17, and 18(c))....... 17215.00 20. Total Federal Receipts 17215.00 187904.00 (subtract Line 18(c) from Line 19) .......▶

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements   | Total This Period |  |  |  |  |
|---|-------------------|--|--|--|--|
| Operating Expenditures:         (a) Allocated Federal/Non-Federal |                   | Calendar Year-to-Date                    |  |  |  |
| Activity (from Schedule H4)                                       | 0.00              |  |  |  |  |
| (i) Federal Share   | 0.00              | 0.00                                     |  |  |  |
| (ii) Non-Federal Share  | 0.00              | 0.00                                     |  |  |  |
| (b) Other Federal Operating Expenditures                          | 13114.74          | 100047.39                                |  |  |  |
| (c) Total Operating Expenditures                                  | 4 4               |  |  |  |  |
| (add 21(a)(i), (a)(ii), and (b))▶                                 | 13114.74          | 100047.39                                |  |  |  |
| 2. Transfers to Affiliated/Other Party  Committees                | 0.00              | 0.00                                     |  |  |  |
| Contributions to     Federal Candidates/Committees                | 7 7               | 0.00                                     |  |  |  |
| and Other Political Committees                                    | 0.00              | 0.00                                     |  |  |  |
| (use Schedule E)  | 0.00              | 0.00                                     |  |  |  |
| (52 U.S.C. § 30116(d))<br>(use Schedule F)                        | 0.00              | 0.00                                     |  |  |  |
| (400 001104410 1 )  |                   | 0.00                                     |  |  |  |
| . Loan Repayments Made  | 0.00              | 0.00                                     |  |  |  |
| Loans Made  | 0.00              | 0.00                                     |  |  |  |
| Refunds of Contributions To: (a) Individuals/Persons Other        | 4 4               | 4 4                                      |  |  |  |
| 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                                    |                   | 4-14-14-14-14-14-14-14-14-14-14-14-14-14 |  |  |  |
| (add Lines 28(a), (b), and (c))                                   | 0.00              | 0.00                                     |  |  |  |
| . Other Disbursements (Including                                  |                   |  |  |  |  |
| Non-Federal Donations)  | 0.00              | 0.00                                     |  |  |  |
| Federal Election Activity (52 U.S.C. § 30101(20                   | 0)))              |  |  |  |  |
| (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   | 2.00              | 0.00                                     |  |  |  |
| (c) Total Federal Election Activity (add                          | 0.00              | 0.00                                     |  |  |  |
| Lines 30(a)(i), 30(a)(ii) and 30(b))                              | 0.00              | 0.00                                     |  |  |  |
| Total Disbursements (add Lines 21(c), 22,                         |                   |  |  |  |  |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c))                          | 13114.74          | 100047.39                                |  |  |  |
| Total Federal Disbursements                                       | 7 7 7             |  |  |  |  |
| (subtract Line 21(a)(ii) and Line 30(a)(ii)                       |                   |  |  |  |  |
| from Line 31)   | 13114.74          | 100047.39                                |  |  |  |

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016) III. Net Contributions/

**Operating Expenditures** 

33. Total Contributions (other than loans)

35. Net Contributions (other than loans)

36. Total Federal Operating Expenditures

37. Offsets to Operating Expenditures

38. Net Operating Expenditures

34. Total Contribution Refunds

Page 5 **COLUMN A** COLUMN B **Total This Period** Calendar Year-to-Date 17215.00 187904.00 (from Line 11(d), page 3) ..... 0.00 0.00 (from Line 28(d))..... 187904.00 17215.00 (subtract Line 34 from Line 33) ..... 13114.74 100047.39 (add Line 21(a)(i) and Line 21(b)) .......▶ 0.00 0.00 (from Line 15, page 3)..... 13114.74 100047.39 (subtract Line 37 from Line 36) ......

# 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 |  | 14 |
|------------------|---|-----|--|-----|--|------|--|----|----|--|----|
| (check only one) |   |     |  |     |  |      |  |    |    |  |    |
|                  | X | 11a |  | 11b |  | 11c  |  | 12 |    |  |    |
|                  |   | 13  |  | 14  |  | 15   |  | 16 | ;  |  | 17 |

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|-------------------|---|---------------|-------------------|----------------------------|--------------------------|--------------------------|
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) HEART DISEASE NETWORK O   | F AME         | ERIC              | A                          |                          |                          |
| Α.                | Full Name of Individual (Last, First, Middle Initia<br>DOCKTOR, RYON, , ,<br>Mailing Address 2801 JOAN AVE  | al) or Full ( | Organ             | nization Name              | Date of R                | eceipt                   |
|                   | -   | 1-            |                   |                            | 11                       | 01 2018                  |
|                   | City LOUISVILLE   | State<br>KY   |                   | Zip Code<br>40205          |                          | tion ID : SA11AI-8078427 |
|                   |   | Ki            | 40205             | Amount of                  | Each Receipt this Period |                          |
|                   | FEC ID number of contributing federal political committee.  | С             |                   |                            | <u></u>                  | 170.00                   |
|                   | Name of Employer (for Individual)   | Occ           | ccupati           | ion (for Individual)       | Mem                      | o Item                   |
|                   | MUSLE BURGER BAR  | mu            | iuscle a          | and burger                 |                          |                          |
|                   | Receipt For:  Primary General  Other (specify) ▼  | Aggregate     | te Yea            | r-to-Date ▼ 320.00         |                          |                          |
| В.                | Full Name of Individual (Last, First, Middle Initia HALL, JANICE, , , Mailing Address 1116 DOUBLE BRIDGE RD | al) or Full ( | Organ             | nization Name              | Date of R                | eceipt                   |
|                   |   |               |                   |                            | 11                       | 19 2018                  |
|                   | City  | State         |                   | Zip Code                   |                          | tion ID : SA11AI-8077815 |
|                   | STEELE  | AL            |                   | 35987                      | Amount of                | Each Receipt this Period |
|                   | FEC ID number of contributing federal political committee.  | C             |                   |                            | <u></u>                  | 100.00                   |
|                   | Name of Employer (for Individual)<br>RETIRED  |               | ccupat<br>ETIRE   | ion (for Individual)<br>:D | Mem                      | o Item                   |
|                   | Receipt For:  Primary General  Other (specify) ▼  | Aggregate     | te Yea            | r-to-Date ▼<br>200.00      |                          |                          |
| С.                | Full Name of Individual (Last, First, Middle Initia KOHR, CHRISTINE M, , ,                                  | al) or Full ( | Organ             | nization Name              | Date of R                | eceipt                   |
|                   | Mailing Address 789 FAIRWOOD FOREST DR  |               |                   |                            | 11                       | 01 2018                  |
|                   | City  | State         |                   | Zip Code                   | Transac                  | tion ID : SA11AI-8078439 |
|                   | CLEARWATER  | FL            |                   | 33759                      | Amount of                | Each Receipt this Period |
|                   | FEC ID number of contributing federal political committee.  | С             |                   |                            |                          | 150.00                   |
|                   | Name of Employer (for Individual) RETIRED   |               | ccupati<br>ETIREI | ion (for Individual)       | Mem                      | o Item                   |
|                   | Receipt For:  | Aggregate     | te Yea            | r-to-Date ▼                |                          |                          |
|                   | Primary General Other (specify)   |               | -9-               | 250.00                     |                          |                          |
| s                 | UBTOTAL of Receipts This Page (optional)  |               |                   |                            |                          | 420.00                   |
| т                 | OTAL This Period (last page this line number or   | nly)          |                   | <b>&gt;</b>                |                          | 7 1 7 1 7                |

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

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

| F  | OR  | LINE    | NU | MBER | : | PAGE | 7  | OF | 14 |
|----|-----|---------|----|------|---|------|----|----|----|
| (0 | che | ck only | or | ne)  |   |      |    |    |    |
|    | X   | 11a     |    | 11b  |   | 11c  | 12 |    |    |
|    |     | 13      |    | 14   |   | 15   | 16 |    | 17 |

|            | for commercial purposes, other than using the n  |           |  |  |
|------------|--|-----------|--|--|
| $\rangle$  | NAME OF COMMITTEE (In Full) HEART DISEASE NETWORK OF   | = AMI     | ERICA  |  |
| <b>A</b> . | Full Name of Individual (Last, First, Middle Initial LEACH JR, LAWRENCE, , ,  Mailing Address 1233 E WALDBURG ST  City SAVANNAH  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  RETIRED  Receipt For:  Primary General Other (specify) | State GA  | Zip Code 31404  Decupation (for Individual) RETIRED ate Year-to-Date ▼  300.00     | Date of Receipt  11 01 2018  Transaction ID: SA11AI-8078457  Amount of Each Receipt this Period  200.00  Memo Item |
| В.         | Full Name of Individual (Last, First, Middle Initial MWANSA, VICTOR, , , Mailing Address 2201 BRENTWOOD DR   | l) or Ful | Il Organization Name   | Date of Receipt  11 05 2018  |
|            | City MARION  FEC ID number of contributing federal political committee.  | State IL  | Zip Code<br>62959  | Transaction ID : SA11AI-8078159  Amount of Each Receipt this Period  300.00  |
|            | Name of Employer (for Individual) Best Efforts  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼  | (         | Occupation (for Individual)  CARDIOLOGIST  ate Year-to-Date ▼  375.00              | Memo Item  |
| c.         | Full Name of Individual (Last, First, Middle Initial Mailing Address  City  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For:  Primary General Other (specify)   | State     | Zip Code    Zip Code   Description (for Individual)   Description (for Individual) | Date of Receipt  M M / D D / Y Y Y Y  Amount of Each Receipt this Period  Memo Item                                |
| S          | UBTOTAL of Receipts This Page (optional)   |           | <b>&gt;</b>  | 500.00   |
| Т          | OTAL This Period (last page this line number on  | ly)       |  | 920.00   |

| SCHEDULE B (FEC Form 3X)  |             |                                   | FOR LIN           | NE NUMBER                          | :                | PAGE 8 OF 14             |  |  |  |  |
|---|-------------|-----------------------------------|-------------------|------------------------------------|------------------|--------------------------|--|--|--|--|
| ITEMIZED DISBURSEMENTS  |             | arate schedule(s) category of the | I `               | only one)                          |                  |                          |  |  |  |  |
|   |             | Summary Page                      | <b>X</b> 2        | 1b 22<br>3a 28b                    | 23<br>28c        | 26 27<br>29 30b          |  |  |  |  |
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| or for commercial purposes, other than using the na                         |             |                                   |                   |                                    |                  |                          |  |  |  |  |
| NAME OF COMMITTEE (In Full)   |             |                                   |                   |                                    |                  |                          |  |  |  |  |
| $ \; angle$ HEART DISEASE NETWORK OF  | AMERI       | CA                                |                   |                                    |                  |                          |  |  |  |  |
| Full Name (Lost First Middle Initial)                                       |             |                                   |                   |                                    |                  |                          |  |  |  |  |
| Full Name (Last, First, Middle Initial)  A. Pollock, Kecia M, , ,           |             |                                   |                   | Date o                             | f Disburse       | ement                    |  |  |  |  |
| - Ollock, Recia W, , ,  |             |                                   |                   | M = M                              | / D              | D / Y Y Y Y              |  |  |  |  |
| Mailing Address 4712 El Presidente Dr                                       |             |                                   |                   | 10                                 | 2                | 2 2018                   |  |  |  |  |
| City  | State       | Zip Code                          |                   |                                    |                  |                          |  |  |  |  |
| Las Vegas   | NV          | 89129                             |                   | FEC Id                             | lentificatior    | n Number                 |  |  |  |  |
| Purpose of Disbursement   |             |                                   |                   | С                                  |                  |                          |  |  |  |  |
| Payroll Control of the Name   |             |                                   | 001               |                                    | ansaction        | ID : SB21B-80271         |  |  |  |  |
| Candidate Name  |             |                                   | Category/<br>Type | Amoun                              | t of Each        | Disbursement this Period |  |  |  |  |
| Office Sought: House Disburse   | ement For:  |                                   | туре              | - [                                |                  | 461.75                   |  |  |  |  |
| Senate  | Primary     | General                           |                   |                                    | 7                | 4 4                      |  |  |  |  |
| President   | Other (spe  | ecify) ▼                          |                   | Me                                 | emo Item         |                          |  |  |  |  |
| State: District:  |             |                                   |                   |                                    |                  |                          |  |  |  |  |
| Full Name (Last, First, Middle Initial)  B. American Technology Services LI | C           |                                   |                   | Date o                             | f Disburse       | ement                    |  |  |  |  |
| - American reciniology Services Li  | _C          |                                   |                   | M                                  | _                | D / Y Y Y Y              |  |  |  |  |
| Mailing Address 125 North 2nd Street  |             |                                   |                   | 10 19 2018                         |                  |                          |  |  |  |  |
| Unit 110, Box 241   |             | 7. 0.1                            |                   |                                    |                  |                          |  |  |  |  |
| City<br>Phoenix   | State<br>AZ | Zip Code<br>85250                 |                   | FEC Identification Number          |                  |                          |  |  |  |  |
| Purpose of Disbursement   |             | 1 55255                           |                   |                                    |                  |                          |  |  |  |  |
| Software Licensing  |             |                                   | 001               |                                    | ID : SB21B-80229 |                          |  |  |  |  |
| Candidate Name  |             |                                   | Category/         | Amount of Each Disbursement this P |                  |                          |  |  |  |  |
| Office Sought: House Disburse   | ement For:  | Type Type                         |                   |                                    | 1063.36          |                          |  |  |  |  |
| Senate  | Primary     | General                           |                   |                                    | 4 4              |                          |  |  |  |  |
| President   | Other (spe  | ecify)                            |                   | Me                                 | emo Item         |                          |  |  |  |  |
| State: District:  |             |                                   |                   |                                    |                  |                          |  |  |  |  |
| Full Name (Last, First, Middle Initial)                                     | C           |                                   |                   | Date o                             | f Disburse       | ement                    |  |  |  |  |
| C. American Technology Services LI  | _C          |                                   |                   | M M                                | / D              |                          |  |  |  |  |
| Mailing Address 125 North 2nd Street  |             |                                   |                   | 11                                 | Ō                |                          |  |  |  |  |
| Unit 110, Box 241   | 04-4-       | Zin Codo                          |                   |                                    |                  |                          |  |  |  |  |
| City<br>Phoenix   | State<br>AZ | Zip Code<br>85250                 |                   | FEC Id                             | lentification    | n Number                 |  |  |  |  |
| Purpose of Disbursement   |             |                                   |                   | С                                  |                  |                          |  |  |  |  |
| Software Licensing  |             |                                   | 001               |                                    | ansaction        | ID : SB21B-80231         |  |  |  |  |
| Candidate Name  |             |                                   | Category/         | Amoun                              | t of Each        | Disbursement this Period |  |  |  |  |
| Office Sought: House Disburse   | ement For:  |                                   | Type              |                                    |                  | 883.20                   |  |  |  |  |
| Senate  | Primary     | General                           |                   |                                    | 7                | 4 4                      |  |  |  |  |
| President   | Other (spe  | ecify) 🔻                          |                   | Me                                 | emo Item         |                          |  |  |  |  |
| State: District:  |             |                                   |                   |                                    |                  |                          |  |  |  |  |
| CURTOTAL of Dishumananan This Dame (and the                                 |             |                                   |                   |                                    |                  | 2408.31                  |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)                              |             |                                   | ······            | - 1=                               | 17               | 2.0001                   |  |  |  |  |
| TOTAL This Period (last page this line number only                          | <i>y</i> )  |                                   |                   |                                    |                  |                          |  |  |  |  |

| SC         | CHEDULE B (FEC Form 3X)                                | 11                   | wate activity                         | FOF           | OR LINE NUMBER: PAGE |   |            |               |           | E 9 O                  | F 14  |  |
|------------|--|----------------------|---------------------------------------|---------------|----------------------|---|------------|---------------|-----------|------------------------|-------|--|
| ITI        | EMIZED DISBURSEMENTS                                   |                      | arate schedule(s) category of the     | I ` —         | ck only              | ,   |            |               | 06 [      |                        |       |  |
|            |  |                      | Summary Page                          | *             | 21b<br>28a           | 22<br>28b   | 23         |               | 26<br>29  | 27<br>30b              |       |  |
| Δn         | y information copied from such Reports and State       | ments may r          | not he sold or use                    | ed by ar      |                      |   |            |               |           |                        | ons   |  |
|            | for commercial purposes, other than using the nar      |                      |                                       |               |                      |   |            |               |           |                        |       |  |
|            | NAME OF COMMITTEE (In Full)                            |                      | · · · · · · · · · · · · · · · · · · · |               |                      |   | •          |               |           |                        |       |  |
| $ \rangle$ | HEART DISEASE NETWORK OF                               | AMERIC               | CA                                    |               |                      |   |            |               |           |                        |       |  |
| <u></u>    | Full Name (Last, First, Middle Initial)                |                      |                                       |               |                      |   |            |               |           |                        |       |  |
| A.         | American Technology Services LL                        | С                    |                                       |               |                      | Date of   | f Disbur   | sement        |           |                        |       |  |
|            |  |                      |                                       |               |                      | M = M   | / D        | D /           | Υ         | 0040                   | Y     |  |
|            | Mailing Address 125 North 2nd Street Unit 110, Box 241 |                      |                                       |               |                      | 11  |            | 13            |           | 2018                   | _     |  |
|            |  | State                | EEC Id                                | entificati    | on Nur               | nhor  |            |               |           |                        |       |  |
|            | Phoenix Phoenix  | AZ                   | 85250                                 |               |                      |   | onuncal    | on inul       | I IDEI    | -                      |       |  |
|            | Purpose of Disbursement<br>Software Licensing          |                      |                                       | 001           |                      | C   |            |               |           |                        |       |  |
|            | Candidate Name   |                      |                                       | Catego        |                      | 1   | ansactio   |               |           | 8-80233<br>ent this Po | eriod |  |
|            |  |                      |                                       | Typ           | -                    | Amoun   | . or Lac   | ומפום ו       | اااات داد |                        |       |  |
|            |  | ment For:            |                                       |               |                      | <u> </u>  |            |               | 7         | 1062.24                |       |  |
|            | Senate   President                                     | Primary Other (spec  | General                               |               |                      |   |            |               |           |                        |       |  |
|            | State: District:                                       | outer (spec          | <i>₁)</i> ▼                           |               |                      | Me  | emo Item   | ı             |           |                        |       |  |
|            | Full Name (Last, First, Middle Initial)                |                      |                                       |               |                      |   |            |               |           |                        |       |  |
| B.         | American Technology Services LL                        | .C                   |                                       |               |                      | Date of   | f Disbur   | sement        |           |                        |       |  |
|            | Mailing Address 125 North 2nd Street                   |                      |                                       |               |                      | 11 20 2018  |            |               |           |                        |       |  |
|            | Unit 110, Box 241                                      |                      |                                       |               |                      |   | -          | 20            |           | 2010                   | _     |  |
|            | City   |                      | FEC Id                                | entificati    | on Nur               | nber  |            |               |           |                        |       |  |
|            | Phoenix Purpose of Disbursement                        | AZ                   |                                       |               |                      |   | -          |               |           |                        |       |  |
|            | Software Licensing                                     | 001<br>Category/     |                                       |               |                      | C   | nos4! -    | n ID : 1      | PD4P      | 90225                  |       |  |
|            | Candidate Name   |                      |                                       |               |                      | Transaction ID: SB21B-80235 Amount of Each Disbursement this Pe |            |               |           |                        | eriod |  |
|            | Office Sought: House Disburse                          | mont For             | nent For:                             |               |                      | 501.12  |            |               |           |                        |       |  |
|            | Office Sought: House Disburse                          | ment For:<br>Primary |                                       |               |                      |   | -          |               | 7         | 301.12                 |       |  |
|            | President  | Other (spec          |                                       |               |                      | NAC NAC   | emo Item   |               |           |                        |       |  |
|            | State: District:                                       |                      |                                       |               |                      | I IVIE  | ino itell  | ı             |           |                        |       |  |
| _          | Full Name (Last, First, Middle Initial)                |                      |                                       |               |                      | Doto -  | f Disburs  | omest.        |           |                        |       |  |
| U.         | Bank of Nevada   |                      |                                       |               |                      | Date of   | _          | sement        |           | Y                      | v .   |  |
|            | Mailing Address PO Box 26237                           |                      |                                       |               |                      | 10  |            | 23            | Ľ         | 2018                   |       |  |
|            | City   | Ctata                | Zin Cada                              |               |                      |   |            |               |           |                        |       |  |
|            | City Las Vegas   | State<br>NV          | Zip Code<br>89126                     |               |                      | FEC Id  | entificati | on Nur        | nber      |                        |       |  |
|            | Purpose of Disbursement                                |                      |                                       |               | _                    | С   |            |               |           |                        |       |  |
|            | Bank Fees  |                      |                                       | 001           |                      | Tra   | ansactio   |               |           |                        |       |  |
|            | Candidate Name   |                      |                                       | Catego<br>Typ |                      | Amoun   | t of Eac   | h Disbu       | urseme    | ent this P             | eriod |  |
|            | Office Sought: House Disburse                          | ment For:            |                                       | iyp           |                      |   |            |               |           | 306.45                 | 5     |  |
|            | Senate   | Primary              | General                               |               |                      |   |            |               |           | - 40                   |       |  |
|            | President State:                                       | Other (spec          | cify) 🔻                               |               |                      | Me  | mo Item    | ı             |           |                        |       |  |
|            | State: District:                                       |                      |                                       |               |                      |   |            |               |           |                        |       |  |
| s          | UBTOTAL of Disbursements This Page (optional)          |                      |                                       |               | 🕨                    |   |            |               |           | 1869.8                 | 1     |  |
| H          |  |                      |                                       |               |                      | -   | - 7        | <del>++</del> | 7         | - 4                    | ≒     |  |
| T          | OTAL This Period (last page this line number only      | )                    |                                       |               |                      | 1 .   |            | _             |           |                        |       |  |

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| SCHEDULE B (FEC Form 3X)   |             |                                    | FOR LIN           | R LINE NUMBER: PAGE 1               |                       |   |  |  |  |  |  |
|--|-------------|------------------------------------|-------------------|-------------------------------------|-----------------------|---|--|--|--|--|--|
| ITEMIZED DISBURSEMENTS   |             | parate schedule(s) category of the | 1 (0110011 0      | only one)                           |                       |   |  |  |  |  |  |
|  |             | Summary Page                       | <b>X</b> 2        | 1b 22<br>3a 28b                     | 23<br>28c             | 26 27<br>29 30b                         |  |  |  |  |  |
| Any information copied from such Reports and State                     | tomonto mov | not be cold or up                  |                   |                                     |                       |   |  |  |  |  |  |
| or for commercial purposes, other than using the n                     |             |                                    |                   |                                     |                       |   |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)  |             |                                    |                   |                                     |                       |   |  |  |  |  |  |
| $ \; angle$ HEART DISEASE NETWORK OI                                   | F AMERI     | CA                                 |                   |                                     |                       |   |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)                                |             |                                    |                   |                                     |                       |   |  |  |  |  |  |
| A. C. Terry Raben, LTD.  |             |                                    |                   | Date of                             | Disburse              | ment                                    |  |  |  |  |  |
|  |             |                                    |                   | M = M                               | / D                   |   |  |  |  |  |  |
| Mailing Address 3140 S. Rainbow Blvd<br>#403                           |             |                                    |                   | 11                                  | 19                    | 9 2018                                  |  |  |  |  |  |
| City   | State       | Zip Code                           |                   | FFO 14                              |                       | . Ni mala a m                           |  |  |  |  |  |
| Las Vegas  | NV          | 89146-6234                         |                   | FEC IO                              | entification          | 1 Number                                |  |  |  |  |  |
| Purpose of Disbursement Payroll processing                             |             |                                    | 004               | C                                   |                       |   |  |  |  |  |  |
| Candidate Name   |             |                                    | 001               |                                     |                       | ID: SB21B-80267                         |  |  |  |  |  |
| Candidate Name   |             |                                    | Category/<br>Type | Amount                              | of Each               | Disbursement this Period                |  |  |  |  |  |
| Office Sought: House Disburs   | sement For: | I                                  |                   | <b>∃</b>                            |                       | 400.00                                  |  |  |  |  |  |
| Senate   | Primary     | General                            |                   |                                     | ,                     | , |  |  |  |  |  |
| State: District:   | Other (sp   | ecify) $lacktriangleright$         |                   | Me                                  | mo Item               |   |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)                                |             |                                    |                   |                                     |                       |   |  |  |  |  |  |
| B. Compliance Consultants LLC  |             |                                    |                   | Date of                             | Disburse              | ment                                    |  |  |  |  |  |
|  |             |                                    |                   | M = M                               | M M / D D / Y Y Y Y Y |   |  |  |  |  |  |
| Mailing Address 1345 N Jefferson St<br>#454                            |             |                                    |                   | 10                                  | 19                    | 9 2018                                  |  |  |  |  |  |
| City<br>Milwaukee  | State<br>WI | Zip Code<br>53202                  |                   | FEC Ide                             | entification          | n Number                                |  |  |  |  |  |
| Purpose of Disbursement  | 1 ***       | 33202                              |                   | C                                   |                       |   |  |  |  |  |  |
| credit card pmt processing and verifications                           |             |                                    | 001               | Transaction ID : SB21B-80237        |                       |   |  |  |  |  |  |
| Candidate Name   |             |                                    | Category/         | Amount of Each Disbursement this Pe |                       |   |  |  |  |  |  |
| Office Sought: House Disburs   | sement For: | Type Type                          |                   |                                     | 1509.31               |   |  |  |  |  |  |
| Senate   | Primary     | General                            |                   |                                     | 1303.51               |   |  |  |  |  |  |
| President  | Other (sp   | ecify)                             |                   | │                                   | Memo Item             |   |  |  |  |  |  |
| State: District:   |             |                                    |                   | Н .                                 |                       |   |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  C. Compliance Consultants LLC |             |                                    |                   | Date of                             | Disburse              | ment                                    |  |  |  |  |  |
| ·  |             |                                    |                   | M = M                               | / D                   |   |  |  |  |  |  |
| Mailing Address 1345 N Jefferson St<br>#454                            |             |                                    |                   | 11                                  | 06                    | 6 2018                                  |  |  |  |  |  |
| City   | State       | Zip Code                           |                   | EEC Id                              | entification          | Number                                  |  |  |  |  |  |
| Milwaukee  | WI          | 53202                              |                   |                                     | ritineation           | Trumber                                 |  |  |  |  |  |
| Purpose of Disbursement credit card pmt processing and verifications   |             |                                    | 001               | C                                   | naadian               | ID : SB21B-80239                        |  |  |  |  |  |
| Candidate Name   |             |                                    | Category/         |                                     |                       | Disbursement this Period                |  |  |  |  |  |
| Office Sought: House Disburs   | sement For: |                                    | Type              |                                     |                       | 1253.59                                 |  |  |  |  |  |
| Senate Disburs   | Primary     | General                            |                   |                                     |                       | 1230.00                                 |  |  |  |  |  |
| President  | Other (sp   |                                    |                   | ПМ                                  | mo Item               |   |  |  |  |  |  |
| State: District:   |             |                                    |                   | I I IVIE                            | ווט ונכווו            |   |  |  |  |  |  |
|  |             |                                    |                   |                                     |                       | 3162.90                                 |  |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional                          | )           |                                    | ······            |                                     |                       | 3102.30                                 |  |  |  |  |  |
| TOTAL This Period (last page this line number on                       | lv)         |                                    |                   |                                     |                       |   |  |  |  |  |  |

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| SCHEDULE B (FEC Form 3X)   | Lles see            | woto osbestalicie/                | FOR LINE NUMBER: PAGE 11 ( |             |                           |            |          | OF 14      |                     |        |  |
|--|---------------------|-----------------------------------|----------------------------|-------------|---------------------------|------------|----------|------------|---------------------|--------|--|
| ITEMIZED DISBURSEMENTS   |                     | arate schedule(s) category of the | (check                     | -           |                           |            | _        | ¬ oc       |                     |        |  |
|  |                     | Summary Page                      |                            | 21b<br>28a  | 22<br>28b                 | 23         |          | 26<br>29   | 27<br>30b           |        |  |
| Any information control from such December and City  | onto                | not bo salal si                   |                            |             |                           |            |          |            |                     | tions  |  |
| Any information copied from such Reports and Statem or for commercial purposes, other than using the nam |                     |                                   |                            |             |                           |            |          |            |                     |        |  |
| NAME OF COMMITTEE (In Full)  |                     |                                   |                            |             |                           |            |          |            |                     |        |  |
| HEART DISEASE NETWORK OF   | AMERIC              | CA                                |                            |             |                           |            |          |            |                     |        |  |
| Full Name (Last, First, Middle Initial)  |                     |                                   |                            |             |                           |            |          |            |                     |        |  |
| A. Compliance Consultants LLC  |                     |                                   |                            |             | Date of Disbursement      |            |          |            |                     |        |  |
| Mailing Address 1345 N Jefferson St<br>#454  |                     | 1                                 |                            |             | 11                        |            | 13       |            | 2018                |        |  |
| Milwaukee  | tate<br>WI          | Zip Code<br>53202                 |                            |             | FEC Identification Number |            |          |            |                     |        |  |
| Purpose of Disbursement credit card pmt processing and verifications                                     |                     |                                   | 001                        |             | C                         | nsacti     | on ID    | : SB21     | B-80241             |        |  |
| Candidate Name   |                     |                                   | Category<br>Type           | y/          | Amount                    | of Ead     | ch Dis   | sbursem    | ent this            |        |  |
| Office Sought: House Disbursem Senate  | ent For:<br>Primary | General                           |                            |             |                           | 7          | -        | 7          | 716.5               | 00     |  |
| President  State: District:  | Other (spec         | cify) ▼                           |                            |             | Me                        | mo Iter    | n        |            |                     |        |  |
| Full Name (Last, First, Middle Initial)  |                     |                                   |                            |             |                           |            |          |            |                     |        |  |
| B. Compliance Consultants LLC  |                     |                                   |                            |             | Date of                   | Disbui     |          | ent<br>/ Y | TY TY               | Υ      |  |
| Mailing Address 1345 N Jefferson St #454   |                     | le a l                            |                            |             |                           | 11 20 2018 |          |            |                     |        |  |
| ,  | tate<br>WI          | Zip Code<br>53202                 |                            |             | FEC Ide                   | entificat  | ion N    | lumber     |                     |        |  |
| Purpose of Disbursement credit card pmt processing and verifications                                     | 001                 |                                   |                            |             | C                         |            |          |            |                     |        |  |
| Candidate Name   |                     | ry/ Amount of Each Disburseme     |                            |             |                           |            |          | Period     |                     |        |  |
| Office Sought: House Disbursem   | nent For:           |                                   |                            |             |                           |            |          | -          | 711.2               | 28     |  |
|  | Primary             | General                           |                            |             |                           |            |          |            |                     |        |  |
| State: President  District:  | Other (spec         | сіту)                             |                            |             | Me                        | mo Iter    | n        |            |                     |        |  |
| Full Name (Last, First, Middle Initial)  C. NV Employment, Training & Rehab                              | ilitation           |                                   |                            |             | Date of                   | Disbu      | seme     | ent        |                     |        |  |
| Mailing Address 500 E. 3rd St.   |                     |                                   |                            |             | 10                        | / D        | 31       | / Y        | 2018                | Y      |  |
| City   | tate                | Zip Code                          |                            | +           | EEO 14                    | ontificat  | ion N    | lumbar     |                     |        |  |
| Carson City  | NV                  | 89713                             |                            |             | FEC Ide                   | enunca     | IIOII IN | uniber     |                     |        |  |
| Purpose of Disbursement Unemployment Ins.  |                     |                                   | 004                        | $\neg \top$ | C                         |            |          |            |                     |        |  |
| Candidate Name   |                     |                                   | O01 Category Type          | y/          |                           |            |          |            | B-80263<br>ent this | Period |  |
| Office Sought: House Disbursem   | ent For:            |                                   | туре                       |             |                           |            |          |            | 315.0               | 00     |  |
|  | Primary             | General                           |                            |             |                           |            |          | 7          | - 40                |        |  |
|  | Other (spec         | cify) 🔻                           |                            |             | Me                        | mo Iter    | n        |            |                     |        |  |
| State: District:   |                     |                                   |                            |             |                           |            |          |            |                     |        |  |
| SUBTOTAL of Disbursements This Page (optional)   |                     |                                   |                            | <u> </u>    |                           | -          |          | 7          | 1742.               | 78     |  |
| TOTAL This Period (last page this line number only).   |                     |                                   |                            | •           |                           |            |          |            |                     |        |  |

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| SC          | CHEDULE B (FEC Form 3X)  | CHEDULE B (FEC Form 3X) |                              |                   |  |  |  |  |  |  |  |
|-------------|--|-------------------------|------------------------------|-------------------|--|--|--|--|--|--|--|
| IT          | EMIZED DISBURSEMENTS   |                         | arate schedule(s)            | (CILECK OITI)     |  |  |  |  |  |  |  |
|             | · <del></del>  |                         | category of the Summary Page | <b>X</b> 21b      | 22 23 26 27  |  |  |  |  |  |  |
|             |  |                         |                              | 28a               | 28b 28c 29 30b   |  |  |  |  |  |  |
|             | y information copied from such Reports and Stater<br>for commercial purposes, other than using the nar |                         |                              |                   |  |  |  |  |  |  |  |
| <u> </u>    | NAME OF COMMITTEE (In Full)  |                         | Tool or any point            |                   |  |  |  |  |  |  |  |
| $  \rangle$ | HEART DISEASE NETWORK OF   | AMERIC                  | CA.                          |                   |  |  |  |  |  |  |  |
| $\angle$    | TIE, III BIOL, IOE HET WORK OF   | 7 (IVI = 1 (I)          |                              |                   |  |  |  |  |  |  |  |
|             | Full Name (Last, First, Middle Initial)  |                         |                              |                   | Data of Disharanana  |  |  |  |  |  |  |
| Α.          | NV Employment, Training & Rehal  | oilitation              |                              |                   | Date of Disbursement   |  |  |  |  |  |  |
|             | Mailing Address 500 E. 3rd St.   |                         |                              |                   | 11 01 2018   |  |  |  |  |  |  |
|             | Mailing Address 666 E. old 6t.   |                         |                              |                   |  |  |  |  |  |  |  |
|             | ,  | State                   | Zip Code                     |                   | FEC Identification Number  |  |  |  |  |  |  |
|             | Carson City Purpose of Disbursement  | NV                      | 89713                        |                   |  |  |  |  |  |  |  |
|             | Unemployment Ins.  |                         |                              | 001               | C  |  |  |  |  |  |  |
|             | Candidate Name   |                         |                              |                   | Transaction ID : SB21B-80265 Amount of Each Disbursement this Period |  |  |  |  |  |  |
|             |  |                         |                              | Category/<br>Type | Amount of Each Dispulsement this Penou                               |  |  |  |  |  |  |
|             | Office Sought: House Disburse  | ment For:               |                              |                   | 315.00   |  |  |  |  |  |  |
|             | Senate   | Primary                 | General                      |                   |  |  |  |  |  |  |  |
|             | State: District:   | Other (spec             | cify) $\blacktriangledown$   |                   | Memo Item  |  |  |  |  |  |  |
| _           | Full Name (Last, First, Middle Initial)  |                         |                              |                   | _  |  |  |  |  |  |  |
| В.          | •  |                         |                              |                   | Date of Disbursement   |  |  |  |  |  |  |
|             | Offined Data Services LLO  |                         |                              |                   | M = M / D = D / Y = Y = Y  |  |  |  |  |  |  |
|             | Mailing Address 1350 W Southport Rd  |                         |                              |                   | 10 19 2018   |  |  |  |  |  |  |
|             | Box 130  |                         |                              |                   |  |  |  |  |  |  |  |
|             | City Indianapolis  |                         | FEC Identification Number    |                   |  |  |  |  |  |  |  |
|             | Purpose of Disbursement  | TN                      | 46217                        |                   | Transaction ID : SB21B-80245 Amount of Each Disbursement this Period |  |  |  |  |  |  |
|             | caging and escrow  |                         |                              | 003               |  |  |  |  |  |  |  |
|             | Candidate Name   |                         |                              | Category/         |  |  |  |  |  |  |  |
|             | Office Country   |                         |                              | Type              | 514.90   |  |  |  |  |  |  |
|             | Office Sought: House Disburser Senate  | ment For:<br>Primary    | General                      |                   | 514.80   |  |  |  |  |  |  |
|             | President  | Other (spec             |                              |                   | П.,  |  |  |  |  |  |  |
|             | State: District:   | (-1                     | - ,,                         |                   | Memo Item  |  |  |  |  |  |  |
|             | Full Name (Last, First, Middle Initial)  |                         |                              |                   |  |  |  |  |  |  |  |
| C.          | Unified Data Services LLC  |                         |                              |                   | Date of Disbursement   |  |  |  |  |  |  |
|             | NA 37 A 11   |                         |                              |                   | M M / D D / Y Y Y Y  |  |  |  |  |  |  |
|             | Mailing Address 1350 W Southport Rd Box 130  |                         |                              |                   | 11 06 2018   |  |  |  |  |  |  |
|             |  | State                   | Zip Code                     |                   | FEC Identification Number  |  |  |  |  |  |  |
|             | Indianapolis   | TN                      | 46217                        |                   |  |  |  |  |  |  |  |
|             | Purpose of Disbursement caging and escrow  |                         |                              | 000               |  |  |  |  |  |  |  |
|             | Candidate Name   |                         |                              | 003               | Transaction ID : SB21B-80247   |  |  |  |  |  |  |
|             | Candidate Name   |                         |                              | Category/<br>Type | Amount of Each Disbursement this Period                              |  |  |  |  |  |  |
|             | Office Sought: House Disburse  | ment For:               |                              | .,,,,             | 429.00   |  |  |  |  |  |  |
|             | Senate   | Primary                 | General                      |                   | 7 7 7  |  |  |  |  |  |  |
|             | President  | Other (spec             | cify) ▼                      |                   | Memo Item  |  |  |  |  |  |  |
|             | State: District:   |                         |                              |                   |  |  |  |  |  |  |  |
| _           | IIDTOTAL of Disharas are the Third Day ( 17 17 17 17 17 17 17 17 17 17 17 17 17                        |                         |                              |                   | 1258.80  |  |  |  |  |  |  |
| L           | UBTOTAL of Disbursements This Page (optional)  |                         |                              | ······            | 1200.00  |  |  |  |  |  |  |
| ۱,          | OTAL This Period (last nage this line number only)   | ١                       |                              |                   |  |  |  |  |  |  |  |

| SCHEDULE B   |                                  |                             | LINE       | NE NUMBER: PAGE 13 OF 14  |                           |  |  |           |        |   |  |  |  |  |
|--|----------------------------------|-----------------------------|------------|---------------------------|---------------------------|--|--|-----------|--------|---|--|--|--|--|
| ITEMIZED DIS   |                                  | Use separate schedule(s) (( |            |                           | one)                      |  |  |           |        |   |  |  |  |  |
|  |                                  | Summary Page                | <u>  x</u> | 21b<br>28a                | 22<br>28b                 | 23<br>28c  | 26   | 27<br>30b |        |   |  |  |  |  |
| Amu information cont   | ed from such Reports and State   |                             |            |                           |                           |  |  |           |        |   |  |  |  |  |
|  | rposes, other than using the na  |                             |            |                           |                           |  |  |           |        |   |  |  |  |  |
| NAME OF COMM   | ITTEE (In Full)                  |                             |            |                           |                           |  |  |           |        |   |  |  |  |  |
| HEART DIS  | EASE NETWORK OF                  | AMERI                       | CA         |                           |                           |  |  |           |        |   |  |  |  |  |
| _  | First, Middle Initial)           |                             |            |                           |                           | 5 .  |  |           |        |   |  |  |  |  |
| A. Unified Data Services LLC  Mailing Address 1350 W Southport Rd  |                                  |                             |            |                           |                           |  | Date of Disbursement   |           |        |   |  |  |  |  |
| -  | 350 W Southport Rd<br>Box 130    |                             |            |                           |                           | 11   |  | 13        | 2018   | _ |  |  |  |  |
| City   | Zip Code                         |                             |            | FEC Identification Number |                           |  |  |           |        |   |  |  |  |  |
| Indianapolis  Purpose of Disbur                                    | TN                               | 46217                       |            |                           |                           |  |  |           |        |   |  |  |  |  |
| caging and escro   |                                  | 003                         |            |                           |                           | C  |  |           |        |   |  |  |  |  |
| Candidate Name   |                                  |                             |            |                           | /                         |  | Transaction ID : SB21B-80249  ount of Each Disbursement this Period  |           |        |   |  |  |  |  |
|  |                                  | Catego<br>Type              |            | Amoun                     | t of Each                 | Disbursen  | nent this Per  | 100       |        |   |  |  |  |  |
| Office Sought:   | House Disburse                   | ment For:                   |            |                           |                           | L.   | 245.70   |           |        |   |  |  |  |  |
|  | Senate                           | Primary                     | General    |                           |                           |  |  |           |        |   |  |  |  |  |
| State:   | President District:              | Other (spe                  | ecity) 🔻   |                           |                           | Me   | mo Item  |           |        |   |  |  |  |  |
|  | First, Middle Initial)           |                             |            |                           |                           |  |  |           |        |   |  |  |  |  |
| B. Unified Data Services LLC                                       |                                  |                             |            |                           |                           |  | Date of Disbursement   |           |        |   |  |  |  |  |
| Mailing Address 1350 W Southport Rd Box 130                        |                                  |                             |            |                           |                           | 11 20 2018   |  |           |        |   |  |  |  |  |
| City State Zip Code Indianapolis TN 46217                          |                                  |                             |            |                           |                           | FEC Identification Number  |  |           |        |   |  |  |  |  |
| Purpose of Disbursement  |                                  |                             |            |                           |                           | C  |  |           |        |   |  |  |  |  |
| caging and escrow 003  |                                  |                             |            |                           |                           |  | Transaction ID : SB21B-80251 Amount of Each Disbursement this Period |           |        |   |  |  |  |  |
| Candidate Name Category/   |                                  |                             |            |                           |                           |  |  |           |        |   |  |  |  |  |
| Office Sought:   | House Disburse                   | ement For:                  |            | Туре                      |                           |  |  |           | 241.80 | П |  |  |  |  |
| omeo coag.m  | General                          | General                     |            |                           |                           |  |  |           |        |   |  |  |  |  |
| President Other (specify)  |                                  |                             |            |                           |                           | Ме   |  |           |        |   |  |  |  |  |
| State:   | District:                        |                             |            |                           |                           | <u> </u>   |  |           |        |   |  |  |  |  |
| Full Name (Last, First, Middle Initial)  C. United States Treasury |                                  |                             |            |                           |                           |  | Date of Disbursement   |           |        |   |  |  |  |  |
| Mailing Address 1500 Pennsylvania Avenue NW                        |                                  |                             |            |                           |                           | 11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                              |  |           |        |   |  |  |  |  |
| City   | •••                              | State                       | Zip Code   |                           |                           | EEO 14   | ontificati -   | n Number  |        |   |  |  |  |  |
| Washington   | DC 20003                         |                             |            |                           | FEC Identification Number |  |  |           |        |   |  |  |  |  |
| Purpose of Disbursement Taxes 001                                  |                                  |                             |            |                           |                           | Transaction ID : SB21B-8025; Amount of Each Disbursement this Period |  |           |        |   |  |  |  |  |
| Candidate Name  Category/ Type                                     |                                  |                             |            |                           |                           |  |  |           |        |   |  |  |  |  |
| Office Sought: House Disbursement For:  Senate Primary General     |                                  |                             |            |                           |                           |  |  | -         | 101.50 |   |  |  |  |  |
|  | Primary                          | •                           |            |                           |                           |  |  |           |        |   |  |  |  |  |
| President Other (specify) ▼ State: District:                       |                                  |                             |            |                           |                           | Me   | mo Item  |           |        |   |  |  |  |  |
| Ciaio.   | 2.04.104.                        |                             |            |                           |                           |  |  |           |        | _ |  |  |  |  |
| SUBTOTAL of Disb   | ursements This Page (optional)   |                             |            |                           |                           |  | 4  |           | 589.00 |   |  |  |  |  |
|  |                                  | `                           |            |                           |                           | -  |  |           |        | 司 |  |  |  |  |
| I TOTAL This Period  | (last page this line number only | /)                          |            |                           | . 👞                       |  |  |           |        |   |  |  |  |  |

| SCHEDULE B (FEC Form 3X)                             |                                 | FOF   | FOR LINE NUMBER: PAGE 14 OF 14 |      |                              |                           |   |                      |      |          |       |           |       |  |  |  |
|--|---------------------------------|---|--------------------------------|------|------------------------------|---------------------------|---|----------------------|------|----------|-------|-----------|-------|--|--|--|
| ITEMIZED DISBURSEMENTS                               | Use sepa                        | (che  | eck                            | only | y one)                       |                           |   |                      |      |          |       |           |       |  |  |  |
|  |                                 | for each category of the<br>Detailed Summary Page |                                |      | 1b<br>8a                     | 22<br>28b                 |   | 23<br>28c            | L    | 26<br>29 |       | 27<br>30b |       |  |  |  |
| Any information copied from such Reports and State   | ments may                       | ents may not be sold or use                       |                                |      |                              |                           | nur                                     |                      | of c |          | ing c |           | ons   |  |  |  |
| or for commercial purposes, other than using the nar |                                 |   |                                |      |                              |                           |   |                      |      |          |       |           |       |  |  |  |
| NAME OF COMMITTEE (In Full)                          | A B 4                           | 2.4   |                                |      |                              |                           |   |                      |      |          |       |           |       |  |  |  |
| HEART DISEASE NETWORK OF                             | AMERI(                          | JA  |                                |      |                              |                           |   |                      |      |          |       |           |       |  |  |  |
| Full Name (Last, First, Middle Initial)              |                                 |   |                                |      |                              |                           |   |                      |      |          |       |           |       |  |  |  |
| A. United States Treasury                            |                                 |   |                                |      |                              |                           |   | Date of Disbursement |      |          |       |           |       |  |  |  |
| Mailing Address 1500 Pennsylvania Avenue             |                                 |   |                                |      |                              |                           |   | 11 05 2018           |      |          |       |           |       |  |  |  |
| NW   |                                 |   |                                |      |                              |                           |   |                      |      |          |       |           |       |  |  |  |
| City<br>Washington                                   | State Zip Code<br>DC 20003      |   |                                |      |                              | FEC Identification Number |   |                      |      |          |       |           |       |  |  |  |
| Purpose of Disbursement                              |                                 | 20000   | _                              | 7    | C                            |                           |   |                      |      |          |       |           |       |  |  |  |
| Taxes  |                                 | 001   | 1                              | Ш    | Transaction ID : SB21B-80255 |                           |   |                      |      |          |       |           |       |  |  |  |
| Candidate Name                                       |                                 | Category,<br>Type                                 |                                |      |                              |                           | nt of                                   | Each                 | Dis  | sburs    | emen  | t this P  | eriod |  |  |  |
| Office Sought: House Disburse                        | ment For:                       |   |                                |      |                              |                           |   |                      |      | _        |       | 1734.00   | )     |  |  |  |
| Senate   | Primary General                 |   |                                |      |                              |                           |   | ,                    |      | ,        |       |           |       |  |  |  |
| State: District:                                     | Other (spe                      | CITY) $\blacktriangledown$                        |                                |      |                              | Memo Item                 |   |                      |      |          |       |           |       |  |  |  |
| Full Name (Last, First, Middle Initial)              |                                 |   |                                |      |                              |                           |   |                      |      |          |       |           |       |  |  |  |
| В.   |                                 |   |                                |      |                              |                           |   | sburse               | eme  | ent      |       |           |       |  |  |  |
| Mailing Address                                      |                                 |   |                                |      |                              |                           | M M / D D / Y Y Y Y                     |                      |      |          |       |           |       |  |  |  |
|  |                                 |   |                                |      |                              |                           |   |                      |      |          |       |           |       |  |  |  |
| City State Zip Code                                  |                                 |   |                                |      |                              |                           | FEC Identification Number               |                      |      |          |       |           |       |  |  |  |
| Purpose of Disbursement                              |                                 | C   |                                |      |                              |                           |   |                      |      |          |       |           |       |  |  |  |
| Condidate Name                                       |                                 |   |                                |      |                              |                           |   |                      |      |          |       |           |       |  |  |  |
| Candidate Name  Category/ Type                       |                                 |   |                                |      |                              |                           | Amount of Each Disbursement this Period |                      |      |          |       |           |       |  |  |  |
| Office Sought: House Disburse                        | ment For:                       |   |                                |      |                              |                           |   |                      |      |          |       |           |       |  |  |  |
| Senate   | Primary General Other (specify) |   |                                |      |                              |                           |   |                      |      |          |       |           |       |  |  |  |
| President State: District:                           |                                 | Memo Item   |                                |      |                              |                           |   |                      |      |          |       |           |       |  |  |  |
| Full Name (Last, First, Middle Initial)              |                                 |   |                                |      |                              |                           |   |                      |      |          |       |           |       |  |  |  |
| C.   |                                 |   |                                |      |                              |                           | Date of Disbursement                    |                      |      |          |       |           |       |  |  |  |
| Mailing Address                                      |                                 |   |                                |      |                              |                           | M M / D D / Y Y Y Y                     |                      |      |          |       |           |       |  |  |  |
|  |                                 |   |                                |      |                              |                           |   |                      |      |          |       |           |       |  |  |  |
| City   | State                           | Zip Code  |                                |      |                              | FEC Id                    | denti                                   | ficatio              | n N  | lumb     | er    |           |       |  |  |  |
| Purpose of Disbursement                              |                                 |   |                                |      |                              |                           | C                                       |                      |      |          |       |           |       |  |  |  |
| Candidate Name                                       |                                 |   |                                |      |                              |                           |   |                      |      |          |       |           |       |  |  |  |
| Candidate Name Category/ Type                        |                                 |   |                                |      |                              |                           | Amount of Each Disbursement this Period |                      |      |          |       |           |       |  |  |  |
|  | ment For:                       |   |                                |      |                              |                           |   |                      |      |          |       | 1 45      |       |  |  |  |
| Senate President                                     |                                 |   |                                |      |                              |                           |   |                      |      |          |       |           |       |  |  |  |
| State: District:                                     |                                 | Me  | emo                            | Item |                              |                           |   |                      |      |          |       |           |       |  |  |  |
|  |                                 |   |                                |      |                              |                           | -                                       | -                    |      | -        | -     |           |       |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)       |                                 |   |                                | )    | <u> </u>                     | <u></u>                   | _                                       | 7                    |      |          |       | 1734.0    | 0     |  |  |  |
| TOTAL This Period (last page this line number only   | )                               |   |                                | 1    | •                            |                           |   |                      |      |          | 1     | 2765.6    | 0     |  |  |  |