

# 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**  
**HEART DISEASE NETWORK OF AMERICA**

ADDRESS (number and street) **4712 El Presidente Dr**  
 Check if different than previously reported. (ACC) **LAS VEGAS NV 89129**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00667857** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  11 /  27 /  2018 through  12 /  31 /  2018

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

Signature of Treasurer *Pollock, Kecia, Marie, ,* [Electronically Filed] Date  01 /  30 /  2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**HEART DISEASE NETWORK OF AMERICA**

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="2018"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="41572.10"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="5475.00"/>	<input type="text" value="198854.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="47047.10"/>	<input type="text" value="198854.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="12507.82"/>	<input type="text" value="164314.72"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="34539.28"/>	<input type="text" value="34539.28"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**HEART DISEASE NETWORK OF AMERICA**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	200.00	1745.00
(ii) Unitemized .....	5275.00	197109.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5475.00	198854.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	5475.00	198854.00
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)).....▶	5475.00	198854.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5475.00	198854.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	12507.82	164314.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	12507.82	164314.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	12507.82	164314.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12507.82	164314.72

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5475.00	198854.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5475.00	198854.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	12507.82	164314.72
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	12507.82	164314.72

**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 12
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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)  
**HEART DISEASE NETWORK OF AMERICA**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
SAVIN, MICHAEL A, , ,

Mailing Address 14032 SW BENCHVIEW TER

City PORTLAND	State OR	Zip Code 97224
------------------	-------------	-------------------

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

Name of Employer (for Individual) OREGON HEALTH AND SCIENCE UNIVERSITY	Occupation (for Individual) PHYSICIAN
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2018

**Transaction ID : SA11AI-14625769**

Amount of Each Receipt this Period  
100.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
SAVIN, MICHAEL A, , ,

Mailing Address 14032 SW BENCHVIEW TER

City PORTLAND	State OR	Zip Code 97224
------------------	-------------	-------------------

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

Name of Employer (for Individual) OREGON HEALTH AND SCIENCE UNIVERSITY	Occupation (for Individual) PHYSICIAN
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2018

**Transaction ID : SA11AI-14625665**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	200.00

**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"/> 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)  
**HEART DISEASE NETWORK OF AMERICA**

Full Name (Last, First, Middle Initial) <b>A. Pollock, Kecia M, , ,</b>			Date of Disbursement MM / DD / YYYY 12 / 10 / 2018	
Mailing Address 4712 El Presidente Dr				
City Las Vegas		State NV	Zip Code 89129	
Purpose of Disbursement Payroll			<input type="text" value="001"/> Category/Type	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General	
			FEC Identification Number <input type="text" value="C"/> <b>Transaction ID : SB21B-24993</b> Amount of Each Disbursement this Period <input type="text" value="1919.50"/> <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Pollock, Kecia M, , ,</b>			Date of Disbursement MM / DD / YYYY 12 / 21 / 2018	
Mailing Address 4712 El Presidente Dr				
City Las Vegas		State NV	Zip Code 89129	
Purpose of Disbursement Payroll			<input type="text" value="001"/> Category/Type	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General	
			FEC Identification Number <input type="text" value="C"/> <b>Transaction ID : SB21B-24993</b> Amount of Each Disbursement this Period <input type="text" value="867.50"/> <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. American Technology Services LLC</b>			Date of Disbursement MM / DD / YYYY 11 / 28 / 2018	
Mailing Address 125 North 2nd Street Unit 110, Box 241				
City Phoenix		State AZ	Zip Code 85250	
Purpose of Disbursement Software Licensing			<input type="text" value="001"/> Category/Type	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General	
			FEC Identification Number <input type="text" value="C"/> <b>Transaction ID : SB21B-2498t</b> Amount of Each Disbursement this Period <input type="text" value="520.16"/> <input type="checkbox"/> Memo Item	

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

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

<input type="text" value="2307.16"/>
<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HEART DISEASE NETWORK OF AMERICA**

Full Name (Last, First, Middle Initial) <b>A. American Technology Services LLC</b>			Date of Disbursement MM / DD / YYYY 12 / 05 / 2018	
Mailing Address 125 North 2nd Street Unit 110, Box 241			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-24980</b> Amount of Each Disbursement this Period [REDACTED] 125.28	
City Phoenix	State AZ	Zip Code 85250	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Software Licensing		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. American Technology Services LLC</b>			Date of Disbursement MM / DD / YYYY 12 / 12 / 2018	
Mailing Address 125 North 2nd Street Unit 110, Box 241			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-24980</b> Amount of Each Disbursement this Period [REDACTED] 331.84	
City Phoenix	State AZ	Zip Code 85250	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Software Licensing		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. American Technology Services LLC</b>			Date of Disbursement MM / DD / YYYY 12 / 12 / 2018	
Mailing Address 125 North 2nd Street Unit 110, Box 241			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-24980</b> Amount of Each Disbursement this Period [REDACTED] 2092.32	
City Phoenix	State AZ	Zip Code 85250	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Software Licensing		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

2549.44

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HEART DISEASE NETWORK OF AMERICA**

**A. American Technology Services LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 125 North 2nd Street  
Unit 110, Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software Licensing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
12 / 19 / 2018

FEC Identification Number: C

Transaction ID : SB21B-24980

Amount of Each Disbursement this Period: 522.72

Memo Item

**B. Compliance Consultants LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1345 N Jefferson St  
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement credit card pmt processing and verifications

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
11 / 28 / 2018

FEC Identification Number: C

Transaction ID : SB21B-24984

Amount of Each Disbursement this Period: 738.30

Memo Item

**C. Compliance Consultants LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1345 N Jefferson St  
#454

City Milwaukee State WI Zip Code 53202

Purpose of Disbursement credit card pmt processing and verifications

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
12 / 05 / 2018

FEC Identification Number: C

Transaction ID : SB21B-24984

Amount of Each Disbursement this Period: 177.82

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1438.84

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HEART DISEASE NETWORK OF AMERICA**

Full Name (Last, First, Middle Initial) <b>A. Compliance Consultants LLC</b>		Date of Disbursement MM / DD / YYYY 12 / 12 / 2018
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-24985</b>
City Milwaukee	State WI	Zip Code 53202
Purpose of Disbursement credit card pmt processing and verifications		Amount of Each Disbursement this Period [REDACTED] 471.01
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. Compliance Consultants LLC</b>		Date of Disbursement MM / DD / YYYY 12 / 12 / 2018
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-24985</b>
City Milwaukee	State WI	Zip Code 53202
Purpose of Disbursement credit card pmt processing and verifications		Amount of Each Disbursement this Period [REDACTED] 2969.79
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. Compliance Consultants LLC</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2018
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-24985</b>
City Milwaukee	State WI	Zip Code 53202
Purpose of Disbursement credit card pmt processing and verifications		Amount of Each Disbursement this Period [REDACTED] 741.94
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 4182.74
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HEART DISEASE NETWORK OF AMERICA**

Full Name (Last, First, Middle Initial)

**A. Cox Communications, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		26		2018

Mailing Address 6205-B Peachtree Dunwoody Road NE

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B-24985**  
 Amount of Each Disbursement this Period  
 [ ] 140.24

City Atlanta State GA Zip Code 30328

Purpose of Disbursement Business Phones  
 Candidate Name  
 Category/Type **001**

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

Memo Item

Full Name (Last, First, Middle Initial)

**B. Unified Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		28		2018

Mailing Address 1350 W Southport Rd Box 130

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B-24988**  
 Amount of Each Disbursement this Period  
 [ ] 253.50

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement caging and escrow  
 Candidate Name  
 Category/Type **003**

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

Memo Item

Full Name (Last, First, Middle Initial)

**C. Unified Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		05		2018

Mailing Address 1350 W Southport Rd Box 130

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B-24988**  
 Amount of Each Disbursement this Period  
 [ ] 58.50

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement caging and escrow  
 Candidate Name  
 Category/Type **003**

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

Memo Item

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

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

452.24
[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**HEART DISEASE NETWORK OF AMERICA**

Full Name (Last, First, Middle Initial)

**A. Unified Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		12		2018

Mailing Address 1350 W Southport Rd  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement caging and escrow  
Candidate Name  
Category/Type **003**

FEC Identification Number

**C** [Redacted]  
**Transaction ID : SB21B-24989**  
Amount of Each Disbursement this Period  
[Redacted] 159.90

Memo Item

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

Full Name (Last, First, Middle Initial)

**B. Unified Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		12		2018

Mailing Address 1350 W Southport Rd  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement caging and escrow  
Candidate Name  
Category/Type **003**

FEC Identification Number

**C** [Redacted]  
**Transaction ID : SB21B-24989**  
Amount of Each Disbursement this Period  
[Redacted] 1014.00

Memo Item

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

Full Name (Last, First, Middle Initial)

**C. Unified Data Services LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		19		2018

Mailing Address 1350 W Southport Rd  
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement caging and escrow  
Candidate Name  
Category/Type **003**

FEC Identification Number

**C** [Redacted]  
**Transaction ID : SB21B-24989**  
Amount of Each Disbursement this Period  
[Redacted] 253.50

Memo Item

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

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

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

1427.40
12357.82