REPORT OF RECEIPTS AND DISBURSEMENTS

For Other than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 OCT 25 A 10: 50

1. NAME OF COMMITTEE (in full)
Heart PAC

ADDRESS (number and street) ☐ Check if different than previously reported.
2250 N. Rock Rd. #118-224

CITY, STATE and ZIP CODE
Wichtita,, KS 67226

2. FEC IDENTIFICATION NUMBER
C00342388

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☒ 12 Day Pre-Election Report for the General (Type of Election) election on 11/07/2000 in the State of KS

☐ 30-Day Post Election Report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-date
5.	Covering Period 10/01/2000 through 10/18/2000		
6.	(a) Cash on Hand January 1, 2000		$1,278.45
	(b) Cash on Hand at Beginning of Reporting Period	$713.00	
	(c) Total Receipts (from Line 19)	$188.69	$13,709.59
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$901.69	$14,988.04
7.	Total Disbursements (from Line 30)	$357.97	$14,444.32
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$543.72	$543.72
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$0.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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

Type or Print Name of Treasurer: Robert Noland

Signature of Treasurer: [signature]

Date: 10/24/2000

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to penalties of 2 U.S.C. §437g.

FEC FORM 3X
(Revised 9/03)