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# REPORT OF RECEIPTS AND DISBURSEMENTS

**For Other than An Authorized Committee**
**(Summary Page)**

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
C00342386

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 |

☒ Twelfth day report preceding Primary election on 07/01/2000 (Type of Election) In the State of KS

☐ Thirtieth day report following the General Election on

in the State of

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

**SUMMARY**

5. Covering Period 07/01/2000 through 07/12/2000

| | | COLUMN A This Period | COLUMN B Calendar Year-to-date |
|---|---|---|---|
| 6. | (a) Cash on Hand January 1, 20 00 | | 1,278.45 |
| | (b) Cash on Hand at Beginning of Reporting Period | 8,805.26 | |
| | (c) Total Receipts (from Line 19) | 26.69 | 13,399.49 |
| | (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 8,831.95 | 14,677.94 |
| 7. | Total Disbursements (from Line 30) | 38.13 | 5,884.12 |
| 8. | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 8,793.82 | 8,793.82 |
| 9. | Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | | |
| 10. | Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 200.00 | |

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

*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 R Noland

Signature of Treasurer

Date 7/19/00

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 9/93)