

**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="100.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="170589.00"/>	<input type="text" value="170689.00"/>
(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="170689.00"/>	<input type="text" value="170689.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="86932.65"/>	<input type="text" value="86932.65"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="83756.35"/>	<input type="text" value="83756.35"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	625.00	625.00
(ii) Unitemized	169964.00	170064.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	170589.00	170689.00
(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)	170589.00	170689.00
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)).....▶	170589.00	170689.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	170589.00	170689.00

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	86932.65	86932.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	86932.65	86932.65
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)) ..	86932.65	86932.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	86932.65	86932.65

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	170589.00	170689.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	170589.00	170689.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	86932.65	86932.65
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	86932.65	86932.65

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<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. SHAKE, DENISE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9702 NEWBRIDGE RD

City LOUISVILLE	State KY	Zip Code 40291
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2018

Transaction ID : SA11AI-2463417

Amount of Each Receipt this Period
150.00

Memo Item

B. SHAKE, DENISE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9702 NEWBRIDGE RD

City LOUISVILLE	State KY	Zip Code 40291
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2018

Transaction ID : SA11AI-2456567

Amount of Each Receipt this Period
75.00

Memo Item

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

Mailing Address 851 CLARA FOOTE RD

City BRAXTON	State MS	Zip Code 39044
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WOOD PRODUCTION	Occupation (for Individual) UNAVAILABLE
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2018

Transaction ID : SA11AI-2462421

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	425.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 18
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
STREET, GLADYS, , ,

Mailing Address 132 DOUGLAS LN

City BRISTOL	State TN	Zip Code 37620
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		08		2018

Transaction ID : SA11AI-2463613

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
STREET, GLADYS, , ,

Mailing Address 132 DOUGLAS LN

City BRISTOL	State TN	Zip Code 37620
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		13		2018

Transaction ID : SA11AI-2459475

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
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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	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	625.00

**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

A. Pollock, Kecia M, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4712 El Presidente Dr

City Las Vegas State NV Zip Code 89129

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 20 / 2018

FEC Identification Number: C

Transaction ID : SB21B-40101

Amount of Each Disbursement this Period: 919.50

Memo Item

B. Pollock, William C, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4712 El Presidente Dr

City Las Vegas State NV Zip Code 89129

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 20 / 2018

FEC Identification Number: C

Transaction ID : SB21B-40103

Amount of Each Disbursement this Period: 461.75

Memo Item

C. Pollock, Kecia M, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4712 El Presidente Dr

City Las Vegas State NV Zip Code 89129

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 27 / 2018

FEC Identification Number: C

Transaction ID : SB21B-4010!

Amount of Each Disbursement this Period: 919.50

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2300.75

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. Pollock, William C, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4712 El Presidente Dr

City Las Vegas State NV Zip Code 89129

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 27 / 2018

FEC Identification Number: C

Transaction ID : SB21B-40107

Amount of Each Disbursement this Period: 461.75

Memo Item

B. Pollock, Kecia M, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4712 El Presidente Dr

City Las Vegas State NV Zip Code 89129

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 03 / 2018

FEC Identification Number: C

Transaction ID : SB21B-40109

Amount of Each Disbursement this Period: 919.50

Memo Item

C. Pollock, William C, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4712 El Presidente Dr

City Las Vegas State NV Zip Code 89129

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 03 / 2018

FEC Identification Number: C

Transaction ID : SB21B-40111

Amount of Each Disbursement this Period: 461.75

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1843.00

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) A. Pollock, Kecia M, , ,		Date of Disbursement MM / DD / YYYY 09 / 07 / 2018	
Mailing Address 4712 El Presidente Dr		FEC Identification Number C [REDACTED] Transaction ID : SB21B-40113 Amount of Each Disbursement this Period 1839.00	
City Las Vegas	State NV	Zip Code 89129	Category/ Type 001
Purpose of Disbursement Payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
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. Pollock, William C, , ,		Date of Disbursement MM / DD / YYYY 09 / 07 / 2018	
Mailing Address 4712 El Presidente Dr		FEC Identification Number C [REDACTED] Transaction ID : SB21B-40115 Amount of Each Disbursement this Period 932.50	
City Las Vegas	State NV	Zip Code 89129	Category/ Type 001
Purpose of Disbursement Payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
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) C. Pollock, Kecia M, , ,		Date of Disbursement MM / DD / YYYY 09 / 14 / 2018	
Mailing Address 4712 El Presidente Dr		FEC Identification Number C [REDACTED] Transaction ID : SB21B-40117 Amount of Each Disbursement this Period 919.50	
City Las Vegas	State NV	Zip Code 89129	Category/ Type 001
Purpose of Disbursement Payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
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).....▶	3691.00
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. Pollock, William C, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4712 El Presidente Dr

City Las Vegas State NV Zip Code 89129

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 09 / 14 / 2018

FEC Identification Number C

Transaction ID : SB21B-40119

Amount of Each Disbursement this Period 461.75

Memo Item

B. Pollock, Kecia M, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4712 El Presidente Dr

City Las Vegas State NV Zip Code 89129

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 09 / 21 / 2018

FEC Identification Number C

Transaction ID : SB21B-40123

Amount of Each Disbursement this Period 919.50

Memo Item

C. Pollock, William C, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4712 El Presidente Dr

City Las Vegas State NV Zip Code 89129

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 09 / 21 / 2018

FEC Identification Number C

Transaction ID : SB21B-40121

Amount of Each Disbursement this Period 461.75

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1843.00

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)

A. Amazon.com, Inc.

Mailing Address PO Box 81226

City: Seattle, WA
State: WA
Zip Code: 98108-1226

Purpose of Disbursement
Office Equipment

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-40097
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. American Technology Services LLC

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

City: Phoenix
State: AZ
Zip Code: 85250

Purpose of Disbursement
Software Licensing

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-40051
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. American Technology Services LLC

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

City: Phoenix
State: AZ
Zip Code: 85250

Purpose of Disbursement
Software Licensing

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-4005:
Amount of Each Disbursement this Period

Memo Item

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

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) A. American Technology Services LLC			Date of Disbursement MM / DD / YYYY 08 / 01 / 2018	
Mailing Address 125 North 2nd Street Unit 110, Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-40055 Amount of Each Disbursement this Period 5143.20	
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. American Technology Services LLC			Date of Disbursement MM / DD / YYYY 09 / 14 / 2018	
Mailing Address 125 North 2nd Street Unit 110, Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-40057 Amount of Each Disbursement this Period 2313.76	
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) C. American Technology Services LLC			Date of Disbursement MM / DD / YYYY 09 / 24 / 2018	
Mailing Address 125 North 2nd Street Unit 110, Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-40058 Amount of Each Disbursement this Period 1512.80	
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)..... ▶

8969.76

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 26 / 2018

FEC Identification Number: C

Transaction ID : SB21B-40061

Amount of Each Disbursement this Period: 504.48

Memo Item

B. Bank of America

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 25118

City Tampa State FL Zip Code 33622

Purpose of Disbursement Merchant Service Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 02 / 2018

FEC Identification Number: C

Transaction ID : SB21B-40127

Amount of Each Disbursement this Period: 697.30

Memo Item

C. Bank of America

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 25118

City Tampa State FL Zip Code 33622

Purpose of Disbursement Authnet Gateway fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 02 / 2018

FEC Identification Number: C

Transaction ID : SB21B-40128

Amount of Each Disbursement this Period: 193.95

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1395.73

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. C. Terry Raben, LTD.

Full Name (Last, First, Middle Initial)

Mailing Address 3140 S. Rainbow Blvd #403

City Las Vegas State NV Zip Code 89146-6234

Purpose of Disbursement Business Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 07 / 17 / 2018

FEC Identification Number C

Transaction ID : SB21B-40099

Amount of Each Disbursement this Period 600.00

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 08 / 01 / 2018

FEC Identification Number C

Transaction ID : SB21B-40067

Amount of Each Disbursement this Period 7299.90

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 09 / 06 / 2018

FEC Identification Number C

Transaction ID : SB21B-40066

Amount of Each Disbursement this Period 28694.99

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 36594.89

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) A. Compliance Consultants LLC		Date of Disbursement MM / DD / YYYY 09 / 14 / 2018
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [] Transaction ID : SB21B-40071 Amount of Each Disbursement this Period [] 3283.87
City Milwaukee	State WI	Zip Code 53202
Purpose of Disbursement credit card pmt processing and verifications		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
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. Compliance Consultants LLC		Date of Disbursement MM / DD / YYYY 09 / 26 / 2018
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [] Transaction ID : SB21B-40073 Amount of Each Disbursement this Period [] 2147.23
City Milwaukee	State WI	Zip Code 53202
Purpose of Disbursement credit card pmt processing and verifications		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
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) C. Compliance Consultants LLC		Date of Disbursement MM / DD / YYYY 09 / 26 / 2018
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [] Transaction ID : SB21B-4007! Amount of Each Disbursement this Period [] 715.82
City Milwaukee	State WI	Zip Code 53202
Purpose of Disbursement credit card pmt processing and verifications		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
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).....▶	[] 6146.92
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)

A. Unified Data Services LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		09		2018

Mailing Address 1350 W Southport Rd
Box 130

City Indianapolis State TN Zip Code 46217

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

FEC Identification Number

C [Redacted]
Transaction ID : SB21B-40081
Amount of Each Disbursement this Period
[Redacted] 3525.60

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
07		26		2018

Mailing Address 1350 W Southport Rd
Box 130

City Indianapolis State TN Zip Code 46217

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

FEC Identification Number

C [Redacted]
Transaction ID : SB21B-40083
Amount of Each Disbursement this Period
[Redacted] 2691.00

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
08		01		2018

Mailing Address 1350 W Southport Rd
Box 130

City Indianapolis State TN Zip Code 46217

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

FEC Identification Number

C [Redacted]
Transaction ID : SB21B-4008!
Amount of Each Disbursement this Period
[Redacted] 2488.20

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).....▶

[Redacted] 8704.80
[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. Unified Data Services LLC

Mailing Address 1350 W Southport Rd
Box 130

City Indianapolis State TN 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:

Date of Disbursement
MM / DD / YYYY
09 / 13 / 2018

FEC Identification Number
C
Transaction ID : **SB21B-40087**
Amount of Each Disbursement this Period
1119.30

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Services LLC

Mailing Address 1350 W Southport Rd
Box 130

City Indianapolis State TN 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:

Date of Disbursement
MM / DD / YYYY
09 / 26 / 2018

FEC Identification Number
C
Transaction ID : **SB21B-40089**
Amount of Each Disbursement this Period
733.20

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Services LLC

Mailing Address 1350 W Southport Rd
Box 130

City Indianapolis State TN 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:

Date of Disbursement
MM / DD / YYYY
09 / 26 / 2018

FEC Identification Number
C
Transaction ID : **SB21B-40091**
Amount of Each Disbursement this Period
345.70

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2198.20
TOTAL This Period (last page this line number only).....▶	86830.28