

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 / / 2019 through / / 2019

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 / / 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="2019"/>		34539.28
(b) Cash on Hand at Beginning of Reporting Period.....	34539.28	
(c) Total Receipts (from Line 19)	119754.87	119754.87
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	154294.15	154294.15
7. Total Disbursements (from Line 31).....	141910.31	141910.31
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	12383.84	12383.84
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	

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)

Page 3

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).....	4820.00	4820.00
(ii) Unitemized	114934.87	114934.87
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	119754.87	119754.87
(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)	119754.87	119754.87
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)).....▶	119754.87	119754.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	119754.87	119754.87

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	141910.31	141910.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	141910.31	141910.31
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)) ..	141910.31	141910.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	141910.31	141910.31

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)	119754.87	119754.87
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	119754.87	119754.87
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	141910.31	141910.31
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	141910.31	141910.31

**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 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. BOYKIN, BRANDON S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1038
 City MONTICELLO State AR Zip Code 71657
 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 ▼ 300.00

Date of Receipt 03 / 08 / 2019
Transaction ID : SA11AI-16026308
 Amount of Each Receipt this Period 300.00
 Memo Item

B. CARTER, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4502 AVONDALE ST APT 1
 City BETHESDA State MD Zip Code 20814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt 01 / 28 / 2019
Transaction ID : SA11AI-16027837
 Amount of Each Receipt this Period 50.00
 Memo Item

C. CARTER, RUBY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 SISSON AVE APT A12
 City HARTFORD State CT Zip Code 06105
 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 ▼ 210.00

Date of Receipt 02 / 02 / 2019
Transaction ID : SA11AI-16026740
 Amount of Each Receipt this Period 105.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 455.00
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: (check only one)	PAGE 7 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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. CARTER, RUBY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 SISSON AVE
 APT A12
 City HARTFORD State CT Zip Code 06105
 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 ▼ 210.00

Date of Receipt **03 / 04 / 2019**
Transaction ID : SA11AI-16024087
 Amount of Each Receipt this Period 105.00
 Memo Item

B. CARTER, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4502 AVONDALE ST
 APT 1
 City BETHESDA State MD Zip Code 20814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt **05 / 04 / 2019**
Transaction ID : SA11AI-16026119
 Amount of Each Receipt this Period 305.00
 Memo Item

C. DONOVAN, ROSANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 520 W CLARENDON AVE
 City PHOENIX State AZ Zip Code 85013
 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 ▼ 200.00

Date of Receipt **01 / 29 / 2019**
Transaction ID : SA11AI-16027667
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	610.00
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: (check only one)	PAGE 8 OF 55
<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

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

A. JOHNSON, MOLLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9975 E ADRIANNE PL
 City TUCSON State AZ Zip Code 85730
 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 ▼ 315.00

Date of Receipt 01 / 28 / 2019
Transaction ID : SA11AI-16027985
 Amount of Each Receipt this Period 100.00
 Memo Item

B. JOHNSON, MOLLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9975 E ADRIANNE PL
 City TUCSON State AZ Zip Code 85730
 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 ▼ 315.00

Date of Receipt 05 / 06 / 2019
Transaction ID : SA11AI-16026096
 Amount of Each Receipt this Period 215.00
 Memo Item

C. KEPLINGER, STEPHANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8454 TUSINGS WAY
 City BOONSBORO State MD Zip Code 21713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CREW MEMBER Occupation (for Individual) BURGER KING
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt 01 / 29 / 2019
Transaction ID : SA11AI-16027644
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	365.00
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: (check only one)	PAGE 9 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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. KEPLINGER, STEPHANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8454 TUSINGS WAY
 City BOONSBORO State MD Zip Code 21713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CREW MEMBER Occupation (for Individual) BURGER KING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt 05 / 04 / 2019
Transaction ID : SA11AI-16026147
 Amount of Each Receipt this Period 305.00
 Memo Item

B. LARA, HECTOR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6242 SUWANEE DAM RD
 City SUGAR HILL State GA Zip Code 30518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CONSTRUCTION Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 01 / 31 / 2019
Transaction ID : SA11AI-16026964
 Amount of Each Receipt this Period 200.00
 Memo Item

C. MARIANNO, DELORIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4316 LARIO WAY
 City PENNSAUKEN State NJ Zip Code 08110
 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 ▼ 290.00

Date of Receipt 01 / 29 / 2019
Transaction ID : SA11AI-16027551
 Amount of Each Receipt this Period 175.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	680.00
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 10 OF 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MARIANNO, DELORIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4316 LARIO WAY
 City PENNSAUKEN State NJ Zip Code 08110
 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 ▼ 290.00

Date of Receipt 06 / 12 / 2019
Transaction ID : SA11AI-16025394
 Amount of Each Receipt this Period 115.00
 Memo Item

B. MARSH, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 350 51ST ST
 City OAKLAND State CA Zip Code 94609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FOOD CLERK Occupation (for Individual) SAFSEWAR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 01 / 28 / 2019
Transaction ID : SA11AI-16027760
 Amount of Each Receipt this Period 200.00
 Memo Item

C. MCCAULEY, ROBIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7570 TOTTENHAM DR
 City WHITE PLAINS State MD Zip Code 20695
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mortgage Banker Occupation (for Individual) Banker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 25 / 2019
Transaction ID : SA11AI-16025780
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 565.00
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: (check only one)	PAGE 11 OF 55
<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

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

A. POE, RYAN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 123 HIGHLAND DR

City ALEDO	State TX	Zip Code 76008
---------------	-------------	-------------------

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

Name of Employer (for Individual) Best Efforts	Occupation (for Individual) FARMER
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2019

Transaction ID : SA11AI-16028046

Amount of Each Receipt this Period
100.00

Memo Item

B. POE, RYAN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 123 HIGHLAND DR

City ALEDO	State TX	Zip Code 76008
---------------	-------------	-------------------

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

Name of Employer (for Individual) Best Efforts	Occupation (for Individual) FARMER
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2019

Transaction ID : SA11AI-16026246

Amount of Each Receipt this Period
110.00

Memo Item

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

Mailing Address 759 WELSH RD
APT 4

City HUNTINGDON VALLEY	State PA	Zip Code 19006
---------------------------	-------------	-------------------

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 ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2019

Transaction ID : SA11AI-16027134

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	360.00
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: (check only one)	PAGE 12 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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. RICHTER, MARCIA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 759 WELSH RD
APT 4

City HUNTINGDON VALLEY State PA Zip Code 19006

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 ▼
275.00

Date of Receipt
06 / 05 / 2019
Transaction ID : SA11AI-16025724

Amount of Each Receipt this Period
125.00

Memo Item

B. SHAPIRO, BRIAN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 191 UNIVERSITY BLVD
SUITE 720

City DENVER State CO Zip Code 80206

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

Name of Employer (for Individual) TL Occupation (for Individual) COUNTY FAVOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
01 / 28 / 2019
Transaction ID : SA11AI-16028015

Amount of Each Receipt this Period
400.00

Memo Item

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

Mailing Address 8104 PINTO PATH

City AUSTIN State TX Zip Code 78736

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
410.00

Date of Receipt
01 / 28 / 2019
Transaction ID : SA11AI-16027856

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 725.00

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: (check only one)	PAGE 13 OF 55
<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

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

A. STEWART, SARA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8104 PINTO PATH

City AUSTIN	State TX	Zip Code 78736
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
410.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2019

Transaction ID : SA11AI-16026250

Amount of Each Receipt this Period
210.00

Memo Item

B. STWELL, THOMAS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 321 COMMERCE ST

City NORFOLK	State VA	Zip Code 23510
-----------------	-------------	-------------------

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 ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2019

Transaction ID : SA11AI-16026943

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 321 COMMERCE ST

City NORFOLK	State VA	Zip Code 23510
-----------------	-------------	-------------------

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 ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2019

Transaction ID : SA11AI-16025726

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	410.00
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: (check only one)	PAGE 14 OF 55
<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

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

A. TAYLOR, DOMERE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7747 MARION AVE
 City MERCHANTVILLE State NJ Zip Code 08109
 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 ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2019
Transaction ID : SA11AI-16026292
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. TURNER, KENNETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1912 SONORA ST
 City FORT COLLINS State CO Zip Code 80525
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 29 / 2019
Transaction ID : SA11AI-16027548
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. VILLALOBOS, JUAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 733 S ALMADEN AVE
 City SAN JOSE State CA Zip Code 95110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LANDSCAPE Occupation (for Individual) Best Efforts
 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
 03 / 04 / 2019
Transaction ID : SA11AI-16024019
 Amount of Each Receipt this Period
 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	4820.00

**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) A. Pollock, Kecia, , ,			Date of Disbursement MM / DD / YYYY 02 / 28 / 2019	
Mailing Address 4712 El Presidente Dr				
City Las Vegas	State NV	Zip Code 89129	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Payroll		Category/Type 001	Transaction ID : SB21B-26451 Amount of Each Disbursement this Period [REDACTED] 1274.25	
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, , ,			Date of Disbursement MM / DD / YYYY 02 / 28 / 2019	
Mailing Address 4712 El Presidente Dr				
City Las Vegas	State NV	Zip Code 89129	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Payroll		Category/Type 001	Transaction ID : SB21B-26451 Amount of Each Disbursement this Period [REDACTED] 456.75	
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, , ,			Date of Disbursement MM / DD / YYYY 03 / 14 / 2019	
Mailing Address 4712 El Presidente Dr				
City Las Vegas	State NV	Zip Code 89129	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Payroll		Category/Type 001	Transaction ID : SB21B-26451 Amount of Each Disbursement this Period [REDACTED] 1274.25	
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).....			[REDACTED] 3005.25	
TOTAL 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

A. Pollock, William, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4712 El Presidente Dr

City Las Vegas State NV Zip Code 89129

Purpose of Disbursement Payroll 001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement 03 / 14 / 2019

FEC Identification Number C

Transaction ID : SB21B-26452

Amount of Each Disbursement this Period 456.75

Memo Item

B. Pollock, Kecia, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4712 El Presidente Dr

City Las Vegas State NV Zip Code 89129

Purpose of Disbursement Payroll 001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement 03 / 28 / 2019

FEC Identification Number C

Transaction ID : SB21B-26452

Amount of Each Disbursement this Period 1274.25

Memo Item

C. Pollock, William, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4712 El Presidente Dr

City Las Vegas State NV Zip Code 89129

Purpose of Disbursement Payroll 001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement 03 / 28 / 2019

FEC Identification Number C

Transaction ID : SB21B-26452

Amount of Each Disbursement this Period 456.75

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2187.75

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

Full Name (Last, First, Middle Initial) A. Pollock, Kecia, , ,			Date of Disbursement MM / DD / YYYY 04 / 11 / 2019		
Mailing Address 4712 El Presidente Dr					
City Las Vegas		State NV	Zip Code 89129		
Purpose of Disbursement Payroll				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:		<input type="checkbox"/> Memo Item			

FEC Identification Number
C []
Transaction ID : SB21B-26452
Amount of Each Disbursement this Period
[] 868.50

Full Name (Last, First, Middle Initial) B. Pollock, William, , ,			Date of Disbursement MM / DD / YYYY 04 / 11 / 2019		
Mailing Address 4712 El Presidente Dr					
City Las Vegas		State NV	Zip Code 89129		
Purpose of Disbursement Payroll				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:		<input type="checkbox"/> Memo Item			

FEC Identification Number
C []
Transaction ID : SB21B-26452
Amount of Each Disbursement this Period
[] 456.75

Full Name (Last, First, Middle Initial) C. American Incorporators LTD			Date of Disbursement MM / DD / YYYY 01 / 02 / 2019		
Mailing Address 1013 Centre Road Suite 403-A					
City Wilmington		State DE	Zip Code 19805-1270		
Purpose of Disbursement Business Registration Fees				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:		<input type="checkbox"/> Memo Item			

FEC Identification Number
C []
Transaction ID : SB21B-2644;
Amount of Each Disbursement this Period
[] 150.00

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1475.25
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 Incorporators LTD		Date of Disbursement MM / DD / YYYY 05 / 08 / 2019	
Mailing Address 1013 Centre Road Suite 403-A		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26442 Amount of Each Disbursement this Period [REDACTED] 464.00	
City Wilmington	State DE	Zip Code 19805-1270	Category/ Type 001
Purpose of Disbursement Business Registration Fees		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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. American Incorporators LTD		Date of Disbursement MM / DD / YYYY 05 / 09 / 2019	
Mailing Address 1013 Centre Road Suite 403-A		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26442 Amount of Each Disbursement this Period [REDACTED] 300.00	
City Wilmington	State DE	Zip Code 19805-1270	Category/ Type 001
Purpose of Disbursement Business Registration Fees		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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. American Technology Services		Date of Disbursement MM / DD / YYYY 01 / 08 / 2019	
Mailing Address 2522 W 41st St #180		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26442 Amount of Each Disbursement this Period [REDACTED] 337.76	
City Sioux Falls	State SD	Zip Code 57105	Category/ Type 001
Purpose of Disbursement Software Licensing		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:	<input type="checkbox"/> Memo Item		

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

[REDACTED] 1101.76

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

Full Name (Last, First, Middle Initial)

Mailing Address 2522 W 41st St #180

City Sioux Falls State SD Zip Code 57105

Purpose of Disbursement Software Licensing

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 14 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26442

Amount of Each Disbursement this Period: 133.60

Memo Item

B. American Technology Services

Full Name (Last, First, Middle Initial)

Mailing Address 2522 W 41st St #180

City Sioux Falls State SD Zip Code 57105

Purpose of Disbursement Software Licensing

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 18 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26442

Amount of Each Disbursement this Period: 268.48

Memo Item

C. American Technology Services

Full Name (Last, First, Middle Initial)

Mailing Address 2522 W 41st St #180

City Sioux Falls State SD Zip Code 57105

Purpose of Disbursement Software Licensing

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 29 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26442

Amount of Each Disbursement this Period: 318.88

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 720.96

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

Mailing Address 2522 W 41st St
#180

City Sioux Falls State SD Zip Code 57105

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-26442
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. American Technology Services

Mailing Address 2522 W 41st St
#180

City Sioux Falls State SD Zip Code 57105

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-26443
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. American Technology Services

Mailing Address 2522 W 41st St
#180

City Sioux Falls State SD Zip Code 57105

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-26444
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		Date of Disbursement MM / DD / YYYY 02 / 15 / 2019
Mailing Address 2522 W 41st St #180		FEC Identification Number C [] Transaction ID : SB21B-26443
City Sioux Falls	State SD	Zip Code 57105
Purpose of Disbursement Software Licensing		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period [] 4618.56
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. American Technology Services		Date of Disbursement MM / DD / YYYY 02 / 26 / 2019
Mailing Address 2522 W 41st St #180		FEC Identification Number C [] Transaction ID : SB21B-26443
City Sioux Falls	State SD	Zip Code 57105
Purpose of Disbursement Software Licensing		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period [] 5234.72
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. American Technology Services		Date of Disbursement MM / DD / YYYY 03 / 04 / 2019
Mailing Address 2522 W 41st St #180		FEC Identification Number C [] Transaction ID : SB21B-26443
City Sioux Falls	State SD	Zip Code 57105
Purpose of Disbursement Software Licensing		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period [] 3213.76
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 13067.04
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

Mailing Address 2522 W 41st St
#180

City Sioux Falls State SD Zip Code 57105

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
MM / DD / YYYY
03 / 12 / 2019

FEC Identification Number

Transaction ID : SB21B-26443
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. American Technology Services

Mailing Address 2522 W 41st St
#180

City Sioux Falls State SD Zip Code 57105

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
MM / DD / YYYY
03 / 15 / 2019

FEC Identification Number

Transaction ID : SB21B-26443
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. American Technology Services

Mailing Address 2522 W 41st St
#180

City Sioux Falls State SD Zip Code 57105

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
MM / DD / YYYY
03 / 26 / 2019

FEC Identification Number

Transaction ID : SB21B-2644:
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

A. American Technology Services

Full Name (Last, First, Middle Initial)

Mailing Address 2522 W 41st St #180

City Sioux Falls State SD Zip Code 57105

Purpose of Disbursement Software Licensing

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 01 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26443

Amount of Each Disbursement this Period: 592.80

Memo Item

B. American Technology Services

Full Name (Last, First, Middle Initial)

Mailing Address 2522 W 41st St #180

City Sioux Falls State SD Zip Code 57105

Purpose of Disbursement Software Licensing

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 05 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26443

Amount of Each Disbursement this Period: 1139.84

Memo Item

C. American Technology Services

Full Name (Last, First, Middle Initial)

Mailing Address 2522 W 41st St #180

City Sioux Falls State SD Zip Code 57105

Purpose of Disbursement Software Licensing

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 12 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26444

Amount of Each Disbursement this Period: 1221.60

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2954.24

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

Mailing Address 2522 W 41st St
#180

City Sioux Falls State SD Zip Code 57105

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-26444
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. American Technology Services

Mailing Address 2522 W 41st St
#180

City Sioux Falls State SD Zip Code 57105

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-26444
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. American Technology Services

Mailing Address 2522 W 41st St
#180

City Sioux Falls State SD Zip Code 57105

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-26444
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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		15		2019

Mailing Address 2522 W 41st St
#180

City Sioux Falls State SD Zip Code 57105

Purpose of Disbursement
Software Licensing

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-26444
Amount of Each Disbursement this Period
1579.84

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:	

Memo Item

Full Name (Last, First, Middle Initial)

B. American Technology Services

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2019

Mailing Address 2522 W 41st St
#180

City Sioux Falls State SD Zip Code 57105

Purpose of Disbursement
Software Licensing

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-26444
Amount of Each Disbursement this Period
1888.64

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:	

Memo Item

Full Name (Last, First, Middle Initial)

C. American Technology Services

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2019

Mailing Address 2522 W 41st St
#180

City Sioux Falls State SD Zip Code 57105

Purpose of Disbursement
Software Licensing

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-26444
Amount of Each Disbursement this Period
487.84

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:	

Memo Item

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

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

3956.32

**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		Date of Disbursement MM / DD / YYYY 06 / 25 / 2019
Mailing Address 2522 W 41st St #180		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26444
City Sioux Falls	State SD	Zip Code 57105
Purpose of Disbursement Software Licensing		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 1096.96
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. American Technology Services		Date of Disbursement MM / DD / YYYY 06 / 28 / 2019
Mailing Address 2522 W 41st St #180		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26444
City Sioux Falls	State SD	Zip Code 57105
Purpose of Disbursement Software Licensing		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 852.96
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Authorize.net		Date of Disbursement MM / DD / YYYY 01 / 03 / 2019
Mailing Address 808 E Utah Valley Dr.		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26444
City American Fork	State UT	Zip Code 84003-9707
Purpose of Disbursement Credit Card Processing		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 35.72
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1985.64
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. Authorize.net			Date of Disbursement MM / DD / YYYY 02 / 04 / 2019	
Mailing Address 808 E Utah Valley Dr.				
City American Fork	State UT	Zip Code 84003-9707	FEC Identification Number C [] Transaction ID : SB21B-26445 Amount of Each Disbursement this Period [] 109.66	
Purpose of Disbursement Credit Card Processing		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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
Full Name (Last, First, Middle Initial) B. Authorize.net			Date of Disbursement MM / DD / YYYY 03 / 04 / 2019	
Mailing Address 808 E Utah Valley Dr.				
City American Fork	State UT	Zip Code 84003-9707	FEC Identification Number C [] Transaction ID : SB21B-26445 Amount of Each Disbursement this Period [] 94.12	
Purpose of Disbursement Credit Card Processing		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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
Full Name (Last, First, Middle Initial) C. Authorize.net			Date of Disbursement MM / DD / YYYY 04 / 02 / 2019	
Mailing Address 808 E Utah Valley Dr.				
City American Fork	State UT	Zip Code 84003-9707	FEC Identification Number C [] Transaction ID : SB21B-2644! Amount of Each Disbursement this Period [] 50.37	
Purpose of Disbursement Credit Card Processing		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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
SUBTOTAL of Disbursements This Page (optional)..... ▶			[] 254.15	
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. Authorize.net		Date of Disbursement MM / DD / YYYY 05 / 02 / 2019	
Mailing Address 808 E Utah Valley Dr.			
City American Fork	State UT	Zip Code 84003-9707	
Purpose of Disbursement Credit Card Processing		<input type="text" value="001"/>	FEC Identification Number <input type="text" value="C"/>
Candidate Name		Transaction ID : SB21B-26445	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Amount of Each Disbursement this Period <input type="text" value="45.61"/>	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State: District:			

Full Name (Last, First, Middle Initial) B. Authorize.net		Date of Disbursement MM / DD / YYYY 06 / 04 / 2019	
Mailing Address 808 E Utah Valley Dr.			
City American Fork	State UT	Zip Code 84003-9707	
Purpose of Disbursement Credit Card Processing		<input type="text" value="001"/>	FEC Identification Number <input type="text" value="C"/>
Candidate Name		Transaction ID : SB21B-26445	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Amount of Each Disbursement this Period <input type="text" value="49.67"/>	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State: District:			

Full Name (Last, First, Middle Initial) C. Authorize.net		Date of Disbursement MM / DD / YYYY 06 / 30 / 2019	
Mailing Address 808 E Utah Valley Dr.			
City American Fork	State UT	Zip Code 84003-9707	
Purpose of Disbursement Credit Card Processing Fees (combined)		<input type="text" value="001"/>	FEC Identification Number <input type="text" value="C"/>
Candidate Name		Transaction ID : SB21B-2768	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Amount of Each Disbursement this Period <input type="text" value="2143.87"/>	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="2239.15"/>
TOTAL This Period (last page this line number only).....▶	<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)

A. Bank of Nevada

Mailing Address PO Box 26237

City Las Vegas State NV Zip Code 89126

Purpose of Disbursement
Bank Fees

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-27683
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Bank of Nevada

Mailing Address PO Box 26237

City Las Vegas State NV Zip Code 89126

Purpose of Disbursement
Bank Fees

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-27683
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Bank of Nevada

Mailing Address PO Box 26237

City Las Vegas State NV Zip Code 89126

Purpose of Disbursement
Bank Fees (Analysis Charge)

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-27683
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. Bank of Nevada

Mailing Address PO Box 26237

City Las Vegas State NV Zip Code 89126

Purpose of Disbursement
Bank Deposit Correction

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
02 / 04 / 2019

FEC Identification Number

Transaction ID : SB21B-27683
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Bank of Nevada

Mailing Address PO Box 26237

City Las Vegas State NV Zip Code 89126

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
02 / 04 / 2019

FEC Identification Number

Transaction ID : SB21B-27683
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Bank of Nevada

Mailing Address PO Box 26237

City Las Vegas State NV Zip Code 89126

Purpose of Disbursement
Bank Deposit Correction

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
02 / 11 / 2019

FEC Identification Number

Transaction ID : SB21B-27683
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. Bank of Nevada

Mailing Address PO Box 26237

City Las Vegas State NV Zip Code 89126

Purpose of Disbursement
Bank Fees (Analysis Charge)

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
02 / 21 / 2019

FEC Identification Number

Transaction ID : SB21B-27682
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Bank of Nevada

Mailing Address PO Box 26237

City Las Vegas State NV Zip Code 89126

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
02 / 21 / 2019

FEC Identification Number

Transaction ID : SB21B-27683
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Bank of Nevada

Mailing Address PO Box 26237

City Las Vegas State NV Zip Code 89126

Purpose of Disbursement
Bank Deposit Correction

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
02 / 28 / 2019

FEC Identification Number

Transaction ID : SB21B-2768:
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. Bank of Nevada

Mailing Address PO Box 26237

City Las Vegas State NV Zip Code 89126

Purpose of Disbursement
Bank Fees

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
03 / 04 / 2019

FEC Identification Number
C
Transaction ID : SB21B-27683
Amount of Each Disbursement this Period
292.18

Memo Item

Full Name (Last, First, Middle Initial)

B. Bank of Nevada

Mailing Address PO Box 26237

City Las Vegas State NV Zip Code 89126

Purpose of Disbursement
Bank Fees

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
03 / 07 / 2019

FEC Identification Number
C
Transaction ID : SB21B-27684
Amount of Each Disbursement this Period
20.02

Memo Item

Full Name (Last, First, Middle Initial)

C. Bank of Nevada

Mailing Address PO Box 26237

City Las Vegas State NV Zip Code 89126

Purpose of Disbursement
Bank Fees

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
03 / 12 / 2019

FEC Identification Number
C
Transaction ID : SB21B-27684
Amount of Each Disbursement this Period
35.02

Memo Item

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

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

347.22

**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. Bank of Nevada

Mailing Address PO Box 26237

City Las Vegas State NV Zip Code 89126

Purpose of Disbursement Bank Fees (Analysis Charge) 001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 03 / 21 / 2019

FEC Identification Number: C

Transaction ID : SB21B-27682

Amount of Each Disbursement this Period: 1358.40

Memo Item

Full Name (Last, First, Middle Initial)
B. Bank of Nevada

Mailing Address PO Box 26237

City Las Vegas State NV Zip Code 89126

Purpose of Disbursement Bank Fees 001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 04 / 01 / 2019

FEC Identification Number: C

Transaction ID : SB21B-27684

Amount of Each Disbursement this Period: 214.08

Memo Item

Full Name (Last, First, Middle Initial)
C. Bank of Nevada

Mailing Address PO Box 26237

City Las Vegas State NV Zip Code 89126

Purpose of Disbursement Bank Fees 001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 04 / 15 / 2019

FEC Identification Number: C

Transaction ID : SB21B-27684

Amount of Each Disbursement this Period: 25.02

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1597.50

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. Bank of Nevada

Mailing Address PO Box 26237

City Las Vegas State NV Zip Code 89126

Purpose of Disbursement
Bank Fees (Analysis Charge)

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-27682
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Bank of Nevada

Mailing Address PO Box 26237

City Las Vegas State NV Zip Code 89126

Purpose of Disbursement
Bank Fees

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-27684
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Bank of Nevada

Mailing Address PO Box 26237

City Las Vegas State NV Zip Code 89126

Purpose of Disbursement
Bank Fees

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-27684
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. Bank of Nevada

Mailing Address PO Box 26237

City Las Vegas State NV Zip Code 89126

Purpose of Disbursement
Bank Fees (Analysis Charge)

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27682

Amount of Each Disbursement this Period

[REDACTED] 222.45

Memo Item

Full Name (Last, First, Middle Initial)

B. Bank of Nevada

Mailing Address PO Box 26237

City Las Vegas State NV Zip Code 89126

Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27684

Amount of Each Disbursement this Period

[REDACTED] 136.37

Memo Item

Full Name (Last, First, Middle Initial)

C. Bank of Nevada

Mailing Address PO Box 26237

City Las Vegas State NV Zip Code 89126

Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-27684

Amount of Each Disbursement this Period

[REDACTED] 35.02

Memo Item

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

[REDACTED] 393.84

TOTAL 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. Bank of Nevada

Mailing Address PO Box 26237

City Las Vegas State NV Zip Code 89126

Purpose of Disbursement
Bank Fees (Analysis Charge)

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
06 / 21 / 2019

FEC Identification Number

Transaction ID : SB21B-27683
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. C. Terry Raben LTD

Mailing Address 3140 S. Rainbow Blvd Suite# 403

City Las Vegas State NV Zip Code 89146

Purpose of Disbursement
Accounting Fees

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
01 / 15 / 2019

FEC Identification Number

Transaction ID : SB21B-26445
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. C. Terry Raben LTD

Mailing Address 3140 S. Rainbow Blvd Suite# 403

City Las Vegas State NV Zip Code 89146

Purpose of Disbursement
Accounting Fees

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
06 / 05 / 2019

FEC Identification Number

Transaction ID : SB21B-2644!
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. C. Terry Raben LTD		Date of Disbursement MM / DD / YYYY 06 / 05 / 2019	
Mailing Address 3140 S. Rainbow Blvd Suite# 403		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26445 Amount of Each Disbursement this Period [REDACTED] 100.00	
City Las Vegas	State NV	Zip Code 89146	Category/ Type 001
Purpose of Disbursement Accounting Fees		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Compliance Consultants		Date of Disbursement MM / DD / YYYY 01 / 08 / 2019	
Mailing Address 270 Cobb Pky S		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26445 Amount of Each Disbursement this Period [REDACTED] 479.41	
City Marietta	State GA	Zip Code 30060	Category/ Type 001
Purpose of Disbursement Credit Card Pmt Processing & Ve		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Compliance Consultants		Date of Disbursement MM / DD / YYYY 01 / 14 / 2019	
Mailing Address 270 Cobb Pky S		FEC Identification Number C [REDACTED] Transaction ID : SB21B-2644! Amount of Each Disbursement this Period [REDACTED] 189.63	
City Marietta	State GA	Zip Code 30060	Category/ Type 001
Purpose of Disbursement Credit Card Pmt Processing & Ve		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 769.04
TOTAL 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. Compliance Consultants

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement
Credit Card Pmt Processing & Ve

001

Category/
Type

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	8		2	0	1	9

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-26446
 Amount of Each Disbursement this Period
 [REDACTED] 381.07

Memo Item

Full Name (Last, First, Middle Initial)

B. Compliance Consultants

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement
Credit Card Pmt Processing & Ve

001

Category/
Type

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	9

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-26446
 Amount of Each Disbursement this Period
 [REDACTED] 452.61

Memo Item

Full Name (Last, First, Middle Initial)

C. Compliance Consultants

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement
Credit Card Pmt Processing & Ve

001

Category/
Type

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	9

FEC Identification Number

C [REDACTED]
Transaction ID : SB21B-26446
 Amount of Each Disbursement this Period
 [REDACTED] 405.15

Memo Item

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

[REDACTED]	1238.83
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TOTAL This Period (last page this line number only)..... ▶

[REDACTED]	
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**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

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement
Credit Card Pmt Processing & Ve

Category/Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
02 / 04 / 2019

FEC Identification Number

Transaction ID : SB21B-26446
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Compliance Consultants

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement
Credit Card Pmt Processing & Ve

Category/Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
02 / 08 / 2019

FEC Identification Number

Transaction ID : SB21B-26446
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Compliance Consultants

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement
Credit Card Pmt Processing & Ve

Category/Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
02 / 15 / 2019

FEC Identification Number

Transaction ID : SB21B-26446
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

A. Compliance Consultants

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement Credit Card Pmt Processing & Ve

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
02 / 26 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26446

Amount of Each Disbursement this Period: 7997.78

Memo Item

B. Compliance Consultants

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement Credit Card Pmt Processing & Ve

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
03 / 04 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26446

Amount of Each Disbursement this Period: 4561.53

Memo Item

C. Compliance Consultants

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement Credit Card Pmt Processing & Ve

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
03 / 12 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26446

Amount of Each Disbursement this Period: 2983.41

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 15542.72

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. Compliance Consultants

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement Credit Card Pmt Processing & Ve

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 15 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26446

Amount of Each Disbursement this Period: 2272.36

Memo Item

B. Compliance Consultants

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement Credit Card Pmt Processing & Ve

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 26 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26447

Amount of Each Disbursement this Period: 3358.58

Memo Item

C. Compliance Consultants

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement Credit Card Pmt Processing & Ve

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 01 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26447

Amount of Each Disbursement this Period: 841.41

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6472.35

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

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement
Credit Card Pmt Processing & Ve

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
04 / 05 / 2019

FEC Identification Number

Transaction ID : SB21B-26447
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Compliance Consultants

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement
Credit Card Pmt Processing & Ve

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
04 / 12 / 2019

FEC Identification Number

Transaction ID : SB21B-26447
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Compliance Consultants

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement
Credit Card Pmt Processing & Ve

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
04 / 24 / 2019

FEC Identification Number

Transaction ID : SB21B-26447
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. Compliance Consultants

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement
Credit Card Pmt Processing & Ve

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
05 / 08 / 2019

FEC Identification Number

Transaction ID : SB21B-26447
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Compliance Consultants

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement
Credit Card Pmt Processing & Ve

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
05 / 10 / 2019

FEC Identification Number

Transaction ID : SB21B-26447
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Compliance Consultants

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement
Credit Card Pmt Processing & Ve

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
05 / 15 / 2019

FEC Identification Number

Transaction ID : SB21B-26447
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. Compliance Consultants			Date of Disbursement MM / DD / YYYY 05 / 29 / 2019	
Mailing Address 270 Cobb Pky S			FEC Identification Number C [REDACTED] Transaction ID : SB21B-26447 Amount of Each Disbursement this Period [REDACTED] 692.43	
City Marietta	State GA	Zip Code 30060	Category/Type 001	
Purpose of Disbursement Credit Card Pmt Processing & Ve			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) ▼		Memo Item <input type="checkbox"/>	
State: District:				
Full Name (Last, First, Middle Initial) B. Compliance Consultants			Date of Disbursement MM / DD / YYYY 06 / 25 / 2019	
Mailing Address 270 Cobb Pky S			FEC Identification Number C [REDACTED] Transaction ID : SB21B-26447 Amount of Each Disbursement this Period [REDACTED] 1557.00	
City Marietta	State GA	Zip Code 30060	Category/Type 001	
Purpose of Disbursement Credit Card Pmt Processing & Ve			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) ▼		Memo Item <input type="checkbox"/>	
State: District:				
Full Name (Last, First, Middle Initial) C. Compliance Consultants			Date of Disbursement MM / DD / YYYY 06 / 28 / 2019	
Mailing Address 270 Cobb Pky S			FEC Identification Number C [REDACTED] Transaction ID : SB21B-26447 Amount of Each Disbursement this Period [REDACTED] 1210.67	
City Marietta	State GA	Zip Code 30060	Category/Type 001	
Purpose of Disbursement Credit Card Pmt Processing & Ve			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) ▼		Memo Item <input type="checkbox"/>	
State: District:				
SUBTOTAL of Disbursements This Page (optional)..... ▶			[REDACTED] 3460.10	
TOTAL 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

A. Cox Communication

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 78071

City Phoenix State AZ Zip Code 85062

Purpose of Disbursement Telephone, Telecommunications
Candidate Name

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

Date of Disbursement: MM / DD / YYYY
03 / 08 / 2019

FEC Identification Number: **C**
Transaction ID : **SB21B-26448**
Amount of Each Disbursement this Period: 140.14

Memo Item

B. Cox Communication

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 78071

City Phoenix State AZ Zip Code 85062

Purpose of Disbursement Telephone, Telecommunications
Candidate Name

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

Date of Disbursement: MM / DD / YYYY
04 / 01 / 2019

FEC Identification Number: **C**
Transaction ID : **SB21B-26448**
Amount of Each Disbursement this Period: 725.00

Memo Item

C. Unified Data Services

Full Name (Last, First, Middle Initial)
Mailing Address 2223 S Highland Dr #E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement Caging and Escrow
Candidate Name

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

Date of Disbursement: MM / DD / YYYY
01 / 09 / 2019

FEC Identification Number: **C**
Transaction ID : **SB21B-26448**
Amount of Each Disbursement this Period: 163.80

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1028.94

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

Mailing Address 2223 S Highland Dr
#E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement
Caging and Escrow

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-26448
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Services

Mailing Address 2223 S Highland Dr
#E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement
Caging and Escrow

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-26449
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Services

Mailing Address 2223 S Highland Dr
#E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement
Caging and Escrow

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-26448
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. Unified Data Services

Mailing Address 2223 S Highland Dr
#E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
01 / 29 / 2019

FEC Identification Number

Transaction ID : SB21B-26449
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Services

Mailing Address 2223 S Highland Dr
#E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
02 / 04 / 2019

FEC Identification Number

Transaction ID : SB21B-26449
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Services

Mailing Address 2223 S Highland Dr
#E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
02 / 08 / 2019

FEC Identification Number

Transaction ID : SB21B-26449
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. Unified Data Services

Mailing Address 2223 S Highland Dr
#E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement
Caging and Escrow

003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
02 / 26 / 2019

FEC Identification Number
C
Transaction ID : SB21B-26449
Amount of Each Disbursement this Period
1765.80

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Services

Mailing Address 2223 S Highland Dr
#E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement
Caging and Escrow

003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
03 / 04 / 2019

FEC Identification Number
C
Transaction ID : SB21B-26449
Amount of Each Disbursement this Period
1556.10

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Services

Mailing Address 2223 S Highland Dr
#E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement
Caging and Escrow

003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
03 / 12 / 2019

FEC Identification Number
C
Transaction ID : SB21B-26449
Amount of Each Disbursement this Period
1017.90

Memo Item

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

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

4339.80

**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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	15	/	2019

Mailing Address 2223 S Highland Dr
#E6-240

FEC Identification Number

C []
Transaction ID : SB21B-26449
 Amount of Each Disbursement this Period
 [] 776.10

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement
Caging and Escrow

003
Category/Type

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2019

Mailing Address 2223 S Highland Dr
#E6-240

FEC Identification Number

C []
Transaction ID : SB21B-26449
 Amount of Each Disbursement this Period
 [] 1142.70

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement
Caging and Escrow

003
Category/Type

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	01	/	2019

Mailing Address 2223 S Highland Dr
#E6-240

FEC Identification Number

C []
Transaction ID : SB21B-26451
 Amount of Each Disbursement this Period
 [] 284.70

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement
Caging and Escrow

003
Category/Type

Candidate Name

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

Memo Item

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

[] 2203.50

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		Date of Disbursement MM / DD / YYYY 04 / 05 / 2019
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26450 Amount of Each Disbursement this Period 549.90
City Salt Lake City	State UT	Zip Code 84106
Purpose of Disbursement Caging and Escrow		Category/ Type 003
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. Unified Data Services		Date of Disbursement MM / DD / YYYY 04 / 12 / 2019
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26450 Amount of Each Disbursement this Period 588.90
City Salt Lake City	State UT	Zip Code 84106
Purpose of Disbursement Caging and Escrow		Category/ Type 003
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. Unified Data Services		Date of Disbursement MM / DD / YYYY 04 / 24 / 2019
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] Transaction ID : SB21B-26450 Amount of Each Disbursement this Period 393.90
City Salt Lake City	State UT	Zip Code 84106
Purpose of Disbursement Caging and Escrow		Category/ Type 003
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)..... ▶

1532.70

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

Mailing Address 2223 S Highland Dr
#E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement
Caging and Escrow

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-26450
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Services

Mailing Address 2223 S Highland Dr
#E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement
Caging and Escrow

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-26450
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Services

Mailing Address 2223 S Highland Dr
#E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement
Caging and Escrow

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-26450
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. Unified Data Services

Mailing Address 2223 S Highland Dr
#E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-26450
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Services

Mailing Address 2223 S Highland Dr
#E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-26450
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Services

Mailing Address 2223 S Highland Dr
#E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement
Caging and Escrow

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-26450
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. United States Department of the Treasury

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	22	/	2019

Mailing Address 1500 Pennsylvania Avenue, NW

FEC Identification Number

C []
Transaction ID : SB21B-26451
 Amount of Each Disbursement this Period
 [] 69.00

City Washington State DC Zip Code 20220

Purpose of Disbursement Taxes
 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. United States Department of the Treasury

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	06	/	2019

Mailing Address 1500 Pennsylvania Avenue, NW

FEC Identification Number

C []
Transaction ID : SB21B-26451
 Amount of Each Disbursement this Period
 [] 422.00

City Washington State DC Zip Code 20220

Purpose of Disbursement Taxes
 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)

C. United States Department of the Treasury

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	20	/	2019

Mailing Address 1500 Pennsylvania Avenue, NW

FEC Identification Number

C []
Transaction ID : SB21B-26451
 Amount of Each Disbursement this Period
 [] 422.00

City Washington State DC Zip Code 20220

Purpose of Disbursement Taxes
 Candidate Name
 Category/Type **001**

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)..... ▶

[] 913.00
[]

**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)

A. United States Department of the Treasury

Mailing Address 1500 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20220

Purpose of Disbursement Taxes

001
Category/
Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 03 / 2019

FEC Identification Number

C
Transaction ID : SB21B-26451
Amount of Each Disbursement this Period
 422.00

Memo Item

Full Name (Last, First, Middle Initial)

B. United States Department of the Treasury

Mailing Address 1500 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20220

Purpose of Disbursement Taxes

001
Category/
Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 03 / 2019

FEC Identification Number

C
Transaction ID : SB21B-26451
Amount of Each Disbursement this Period
 422.00

Memo Item

Full Name (Last, First, Middle Initial)

C. United States Department of the Treasury

Mailing Address 1500 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20220

Purpose of Disbursement Taxes

001
Category/
Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 16 / 2019

FEC Identification Number

C
Transaction ID : SB21B-26451
Amount of Each Disbursement this Period
 1974.00

Memo Item

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

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

2818.00

**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)

A. United States Department of the Treasury

Mailing Address 1500 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20220

Purpose of Disbursement Taxes Category/Type 001

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
04 / 17 / 2019

FEC Identification Number
C
Transaction ID : SB21B-26451
 Amount of Each Disbursement this Period
289.50

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY

FEC Identification Number
C
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY

FEC Identification Number
C
 Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	289.50
TOTAL This Period (last page this line number only).....▶	141866.31