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REPORT OF RECEIPTS AND DISBURSEMENTS

For Other than An Authorized Committee
(Summary Page)

1. NAME OF COMMITTEE (in full)
Heart PAC

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

CITY, STATE and ZIP CODE
Wichita,, KS 67226

2. FEC IDENTIFICATION NUMBER
C00342388

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

4. TYPE OF REPORT

(a) [X] April 15 Quarterly Report

[ ] July 15 Quarterly Report

[ ] October 15 Quarterly Report

[ ] January 31 Year End Report

[ ] July 31 Mid-Year Report (Non-election Year Only)

[ ] Termination Report

Monthly Report Due On:

[ ] February 20	[ ] June 20	[ ] October 20
[ ] March 20	[ ] July 20	[ ] November 20
[X] April 20	[ ] August 20	[ ] December 20
[ ] May 20	[ ] September 20	[ ] January 31

[ ] 12 Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

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

(b) Is this Report an Amendment? [X] YES [ ] NO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-date
5.	Covering Period 01/01/2000 through 03/31/2000		
6. (a)	Cash on Hand January 1, 2000		$1,278.45
(b)	Cash on Hand at Beginning of Reporting Period	$1,278.45	
(c)	Total Receipts (from Line 19)	$10,562.04	$10,562.04
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$11,840.49	$11,840.49
7.	Total Disbursements (from Line 30)	$5,429.60	$5,429.60
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$6,410.89	$6,410.89
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)	$200.00	

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

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

Type or Print Name of Treasurer Robert Noland

Signature of Treasurer [signature] Date 10/13/00

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

FEC FORM 3X
(Revised 9/93)