REPORT OF RECEIPTS AND DISBURSEMENTS

For Other than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 DEC -1 P 12: 17

1. NAME OF COMMITTEE (in full)
Heart PAC

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

CITY, STATE and ZIP CODE
Wichtita,, KS 67226

2. FEC IDENTIFICATION NUMBER
C00342396

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

4. TYPE OF REPORT

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

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

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

[X] 30-Day Post-Election Report following the General Election on 11/07/2000 in the State of KS

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

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-date
5.	Covering Period 10/19/2000 through 11/30/2000		
6.	(a) Cash on Hand January 1, 20 00		$1,278.45
	(b) Cash on Hand at Beginning of Reporting Period	$543.72	
	(c) Total Receipts (from Line 19)	$5,955.75	$19,665.34
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$6,499.47	$20,943.79
7.	Total Disbursements (from Line 30)	$137.22	$14,581.54
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$6,362.25	$6,362.25
9.	Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	$0.00	
10.	Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	$0.00	

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

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

Type or Print Name of Treasurer
Robert R. Noland

Signature of Treasurer
[signature]

Date
12/6/00

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 8/93)