

**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.....	12383.84	
(c) Total Receipts (from Line 19)	55647.48	175402.35
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	68031.32	209941.63
7. Total Disbursements (from Line 31).....	63045.21	204955.52
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	4986.11	4986.11
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)

Write or Type Committee Name

HEART DISEASE NETWORK OF AMERICA

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2019 To: M M / D D / Y Y Y Y 12 / 31 / 2019

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).....	1215.00	6035.00
(ii) Unitemized	54432.48	169367.35
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	55647.48	175402.35
(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)	55647.48	175402.35
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)).....▶	55647.48	175402.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	55647.48	175402.35

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	62725.21	204635.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	62725.21	204635.52
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	320.00	320.00
(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)).....	320.00	320.00
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)) ..	63045.21	204955.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	63045.21	204955.52

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)	55647.48	175402.35
34. Total Contribution Refunds (from Line 28(d))	320.00	320.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	55327.48	175082.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	62725.21	204635.52
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	62725.21	204635.52

**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 34
(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. BENJAMIN, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 83 STILLWELL RD
 City KENDALL PARK State NJ Zip Code 08824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DENTIST Occupation (for Individual) URBAN HEALTH PLAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 07 / 02 / 2019
Transaction ID : SA11AI-17624080
 Amount of Each Receipt this Period 165.00
 Memo Item

B. GARBIN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2640 WAVERLY DR
 City LOS ANGELES State CA Zip Code 90039
 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 07 / 01 / 2019
Transaction ID : SA11AI-17624168
 Amount of Each Receipt this Period 250.00
 Memo Item

C. KOHR, CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 789 FAIRWOOD FOREST DR
 City CLEARWATER State FL Zip Code 33759
 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 ▼ 700.00

Date of Receipt 08 / 05 / 2019
Transaction ID : SA11AI-17623706
 Amount of Each Receipt this Period 550.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 965.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 34
(check only one)

<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCOY, MICHELLE, , ,

Mailing Address 5 EASTMORELAND PL

City DECATUR	State IL	Zip Code 62521
-----------------	-------------	-------------------

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

Name of Employer (for Individual) mccoy photo	Occupation (for Individual) owner/photographer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		05		2019

Transaction ID : SA11AI-17624001

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	1215.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Pollock, 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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 18 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31521

Amount of Each Disbursement this Period: 230.87

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 15 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31521

Amount of Each Disbursement this Period: 456.75

Memo Item

C. 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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 29 / 2019

FEC Identification Number: C

Transaction ID : SB21B-31521

Amount of Each Disbursement this Period: 456.75

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1144.37

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 09 / 12 / 2019	
Mailing Address 4712 El Presidente Dr		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31521 Amount of Each Disbursement this Period [REDACTED] 230.87	
City Las Vegas	State NV	Zip Code 89129	Category/ Type 001
Purpose of Disbursement Payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Pollock, Kecia, , ,		Date of Disbursement MM / DD / YYYY 09 / 26 / 2019	
Mailing Address 4712 El Presidente Dr		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31521 Amount of Each Disbursement this Period [REDACTED] 230.88	
City Las Vegas	State NV	Zip Code 89129	Category/ Type 001
Purpose of Disbursement Payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. American Incorporators LTD		Date of Disbursement MM / DD / YYYY 12 / 23 / 2019	
Mailing Address 1013 Centre Road Suite 403-A		FEC Identification Number C [REDACTED] Transaction ID : SB21B-3150 Amount of Each Disbursement this Period [REDACTED] 595.00	
City Wilmington	State DE	Zip Code 19805-1270	Category/ Type 001
Purpose of Disbursement Business Registration Fees			
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] 1056.75
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. American Technology Services

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		09		2019

Mailing Address 2522 W 41st St
#180

FEC Identification Number

C []
Transaction ID : SB21B-31504
Amount of Each Disbursement this Period
[] 2414.40

City Sioux Falls State SD Zip Code 57105

Purpose of Disbursement Software Licensing
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. American Technology Services

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		16		2019

Mailing Address 2522 W 41st St
#180

FEC Identification Number

C []
Transaction ID : SB21B-31504
Amount of Each Disbursement this Period
[] 2763.04

City Sioux Falls State SD Zip Code 57105

Purpose of Disbursement Software Licensing
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. American Technology Services

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		19		2019

Mailing Address 2522 W 41st St
#180

FEC Identification Number

C []
Transaction ID : SB21B-31504
Amount of Each Disbursement this Period
[] 2342.72

City Sioux Falls State SD Zip Code 57105

Purpose of Disbursement Software Licensing
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)..... ▶

[] 7520.16

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 07 / 26 / 2019
Mailing Address 2522 W 41st St #180		FEC Identification Number C [] Transaction ID : SB21B-31504
City Sioux Falls	State SD	Zip Code 57105
Purpose of Disbursement Software Licensing		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period [] 3213.60
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. American Technology Services		Date of Disbursement MM / DD / YYYY 08 / 02 / 2019
Mailing Address 2522 W 41st St #180		FEC Identification Number C [] Transaction ID : SB21B-31504
City Sioux Falls	State SD	Zip Code 57105
Purpose of Disbursement Software Licensing		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period [] 1187.52
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. American Technology Services		Date of Disbursement MM / DD / YYYY 08 / 13 / 2019
Mailing Address 2522 W 41st St #180		FEC Identification Number C [] Transaction ID : SB21B-31504
City Sioux Falls	State SD	Zip Code 57105
Purpose of Disbursement Software Licensing		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period [] 1306.40
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).....▶	[] 5707.52
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 08 / 21 / 2019
Mailing Address 2522 W 41st St #180		FEC Identification Number C [] Transaction ID : SB21B-31504
City Sioux Falls	State SD	Zip Code 57105
Purpose of Disbursement Software Licensing		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 1032.32
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. American Technology Services		Date of Disbursement MM / DD / YYYY 08 / 26 / 2019
Mailing Address 2522 W 41st St #180		FEC Identification Number C [] Transaction ID : SB21B-31504
City Sioux Falls	State SD	Zip Code 57105
Purpose of Disbursement Software Licensing		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 1207.52
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. American Technology Services		Date of Disbursement MM / DD / YYYY 09 / 03 / 2019
Mailing Address 2522 W 41st St #180		FEC Identification Number C [] Transaction ID : SB21B-31504
City Sioux Falls	State SD	Zip Code 57105
Purpose of Disbursement Software Licensing		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 364.64
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).....▶	2604.48
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 09 / 10 / 2019
Mailing Address 2522 W 41st St #180		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31505 Amount of Each Disbursement this Period [REDACTED] 460.32
City Sioux Falls	State SD	Zip Code 57105
Purpose of Disbursement Software Licensing		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. American Technology Services		Date of Disbursement MM / DD / YYYY 09 / 17 / 2019
Mailing Address 2522 W 41st St #180		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31505 Amount of Each Disbursement this Period [REDACTED] 237.44
City Sioux Falls	State SD	Zip Code 57105
Purpose of Disbursement Software Licensing		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. American Technology Services		Date of Disbursement MM / DD / YYYY 09 / 25 / 2019
Mailing Address 2522 W 41st St #180		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31505 Amount of Each Disbursement this Period [REDACTED] 120.90
City Sioux Falls	State SD	Zip Code 57105
Purpose of Disbursement Software Licensing		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

818.66

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

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

Full Name (Last, First, Middle Initial) A. American Technology Services		Date of Disbursement MM / DD / YYYY 09 / 25 / 2019
Mailing Address 2522 W 41st St #180		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31505 Amount of Each Disbursement this Period [REDACTED] 252.80
City Sioux Falls	State SD	Zip Code 57105
Purpose of Disbursement Software Licensing		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. American Technology Services		Date of Disbursement MM / DD / YYYY 09 / 27 / 2019
Mailing Address 2522 W 41st St #180		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31505 Amount of Each Disbursement this Period [REDACTED] 653.92
City Sioux Falls	State SD	Zip Code 57105
Purpose of Disbursement Software Licensing		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. American Technology Services		Date of Disbursement MM / DD / YYYY 10 / 07 / 2019
Mailing Address 2522 W 41st St #180		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31505 Amount of Each Disbursement this Period [REDACTED] 480.48
City Sioux Falls	State SD	Zip Code 57105
Purpose of Disbursement Software Licensing		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1387.20
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. American Technology Services		Date of Disbursement MM / DD / YYYY 10 / 10 / 2019
Mailing Address 2522 W 41st St #180		FEC Identification Number C [] Transaction ID : SB21B-31505
City Sioux Falls	State SD	Zip Code 57105
Purpose of Disbursement Software Licensing		Category/ Type 001
Candidate Name		Amount of Each Disbursement this Period [] 70.56
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Authorize.net		Date of Disbursement MM / DD / YYYY 07 / 02 / 2019
Mailing Address 808 E Utah Valley Dr.		FEC Identification Number C [] Transaction ID : SB21B-31506
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 [] 71.37
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 08 / 02 / 2019
Mailing Address 808 E Utah Valley Dr.		FEC Identification Number C [] Transaction ID : SB21B-31506
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 [] 72.28
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).....▶	[] 214.21
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

Mailing Address 808 E Utah Valley Dr.

City American Fork State UT Zip Code 84003-9707

Purpose of Disbursement
Credit Card Processing

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-31506
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address 808 E Utah Valley Dr.

City American Fork State UT Zip Code 84003-9707

Purpose of Disbursement
Credit Card Processing

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-31506
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
Check Processing 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-31506
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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 24 / 2019

FEC Identification Number

C
Transaction ID : SB21B-31509
Amount of Each Disbursement this Period
173.30

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

M M / D D / Y Y Y Y Y Y
08 / 02 / 2019

FEC Identification Number

C
Transaction ID : SB21B-31509
Amount of Each Disbursement this Period
315.07

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)

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 22 / 2019

FEC Identification Number

C
Transaction ID : SB21B-31509
Amount of Each Disbursement this Period
1049.90

Memo Item

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

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

1538.27

**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
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2019

FEC Identification Number

C
Transaction ID : SB21B-31509
Amount of Each Disbursement this Period
194.00

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 (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 M	/	D D D	/	Y Y Y Y Y
09		24		2019

FEC Identification Number

C
Transaction ID : SB21B-31509
Amount of Each Disbursement this Period
362.35

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 M	/	D D D	/	Y Y Y Y Y
10		02		2019

FEC Identification Number

C
Transaction ID : SB21B-31509
Amount of Each Disbursement this Period
132.41

Memo Item

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

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

688.76

**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-31509
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
Business Registration 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-31510
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
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-31511
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 12 / 20 / 2019	
Mailing Address 3140 S. Rainbow Blvd Suite# 403		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31510 Amount of Each Disbursement this Period [REDACTED] 300.00	
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 07 / 09 / 2019	
Mailing Address 270 Cobb Pky S		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31512 Amount of Each Disbursement this Period [REDACTED] 3426.94	
City Marietta	State GA	Zip Code 30060	Category/ Type 001
Purpose of Disbursement Credit Card Pmt Processing & Verification		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 07 / 16 / 2019	
Mailing Address 270 Cobb Pky S		FEC Identification Number C [REDACTED] Transaction ID : SB21B-31511 Amount of Each Disbursement this Period [REDACTED] 3922.02	
City Marietta	State GA	Zip Code 30060	Category/ Type 001
Purpose of Disbursement Credit Card Pmt Processing & Verification		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] 7648.96
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			Date of Disbursement MM / DD / YYYY 07 / 19 / 2019		
Mailing Address 270 Cobb Pky S			FEC Identification Number C [REDACTED] Transaction ID : SB21B-31513 Amount of Each Disbursement this Period [REDACTED] 3325.20		
City Marietta	State GA	Zip Code 30060	Category/Type 001		
Purpose of Disbursement Credit Card Pmt Processing & Verification			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 07 / 26 / 2019		
Mailing Address 270 Cobb Pky S			FEC Identification Number C [REDACTED] Transaction ID : SB21B-31513 Amount of Each Disbursement this Period [REDACTED] 4561.08		
City Marietta	State GA	Zip Code 30060	Category/Type 001		
Purpose of Disbursement Credit Card Pmt Processing & Verification			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 08 / 02 / 2019		
Mailing Address 270 Cobb Pky S			FEC Identification Number C [REDACTED] Transaction ID : SB21B-31513 Amount of Each Disbursement this Period [REDACTED] 1685.31		
City Marietta	State GA	Zip Code 30060	Category/Type 001		
Purpose of Disbursement Credit Card Pmt Processing & Verification			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] 9571.59		
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			Date of Disbursement MM / DD / YYYY 08 / 13 / 2019	
Mailing Address 270 Cobb Pky S			FEC Identification Number C [] Transaction ID : SB21B-31513 Amount of Each Disbursement this Period [] 1854.27	
City Marietta	State GA	Zip Code 30060	Category/Type 001	
Purpose of Disbursement Credit Card Pmt Processing & Verification			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. Compliance Consultants			Date of Disbursement MM / DD / YYYY 08 / 16 / 2019	
Mailing Address 270 Cobb Pky S			FEC Identification Number C [] Transaction ID : SB21B-31513 Amount of Each Disbursement this Period [] 1465.02	
City Marietta	State GA	Zip Code 30060	Category/Type 001	
Purpose of Disbursement Credit Card Pmt Processing & Verification			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. Compliance Consultants			Date of Disbursement MM / DD / YYYY 08 / 26 / 2019	
Mailing Address 270 Cobb Pky S			FEC Identification Number C [] Transaction ID : SB21B-31513 Amount of Each Disbursement this Period [] 1713.92	
City Marietta	State GA	Zip Code 30060	Category/Type 001	
Purpose of Disbursement Credit Card Pmt Processing & Verification			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)..... ▶			[] 5033.21	
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 08 / 30 / 2019		
Mailing Address 270 Cobb Pky S			FEC Identification Number C [REDACTED] Transaction ID : SB21B-31513 Amount of Each Disbursement this Period [REDACTED] 517.56		
City Marietta	State GA	Zip Code 30060	Category/Type 001		
Purpose of Disbursement Credit Card Pmt Processing & Verification		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. Compliance Consultants			Date of Disbursement MM / DD / YYYY 09 / 10 / 2019		
Mailing Address 270 Cobb Pky S			FEC Identification Number C [REDACTED] Transaction ID : SB21B-31513 Amount of Each Disbursement this Period [REDACTED] 653.37		
City Marietta	State GA	Zip Code 30060	Category/Type 001		
Purpose of Disbursement Credit Card Pmt Processing & Verification		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. Compliance Consultants			Date of Disbursement MM / DD / YYYY 09 / 18 / 2019		
Mailing Address 270 Cobb Pky S			FEC Identification Number C [REDACTED] Transaction ID : SB21B-31513 Amount of Each Disbursement this Period [REDACTED] 337.02		
City Marietta	State GA	Zip Code 30060	Category/Type 001		
Purpose of Disbursement Credit Card Pmt Processing & Verification		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)..... ▶			[REDACTED] 1507.95		
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			Date of Disbursement MM / DD / YYYY 09 / 24 / 2019	
Mailing Address 270 Cobb Pky S			FEC Identification Number C [] Transaction ID : SB21B-31513 Amount of Each Disbursement this Period [] 358.82	
City Marietta	State GA	Zip Code 30060	Category/Type 001	
Purpose of Disbursement Credit Card Pmt Processing & Verification			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 09 / 26 / 2019	
Mailing Address 270 Cobb Pky S			FEC Identification Number C [] Transaction ID : SB21B-31514 Amount of Each Disbursement this Period [] 928.16	
City Marietta	State GA	Zip Code 30060	Category/Type 001	
Purpose of Disbursement Credit Card Pmt Processing & Verification			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 10 / 07 / 2019	
Mailing Address 270 Cobb Pky S			FEC Identification Number C [] Transaction ID : SB21B-31514 Amount of Each Disbursement this Period [] 681.98	
City Marietta	State GA	Zip Code 30060	Category/Type 001	
Purpose of Disbursement Credit Card Pmt Processing & Verification			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)..... ▶			[] 1968.96	
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. Compliance Consultants

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement
Credit Card Pmt Processing & Verification

Category/
Type

Candidate Name

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

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

FEC Identification Number

Transaction ID : SB21B-31514
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Cox Communication

Mailing Address P.O. Box 78071

City Phoenix State AZ Zip Code 85062

Purpose of Disbursement
Telephone/ Telecommunications

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
07 / 19 / 2019

FEC Identification Number

Transaction ID : SB21B-31514
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. NV Employment Training & Rehabilitation

Mailing Address 500 E. Third Street

City Carson City State NV Zip Code 89713-0030

Purpose of Disbursement
NV Unemployment Insurance

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
07 / 16 / 2019

FEC Identification Number

Transaction ID : SB21B-3244
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="870.85"/>
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. NV Employment Training & Rehabilitation

Mailing Address 500 E. Third Street

City Carson City State NV Zip Code 89713-0030

Purpose of Disbursement
NV Unemployment Insurance

001
Category/
Type

Candidate Name

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

Date of Disbursement

11 / 15 / 2019

FEC Identification Number

C
Transaction ID : SB21B-32444
Amount of Each Disbursement this Period
130.00

Memo Item

Full Name (Last, First, Middle Initial)

B. State of Nevada

Mailing Address 101 North Carson Street
Suite 3

City Carson City State NV Zip Code 89701

Purpose of Disbursement
Business Registration Fees

001
Category/
Type

Candidate Name

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

Date of Disbursement

07 / 05 / 2019

FEC Identification Number

C
Transaction ID : SB21B-31515
Amount of Each Disbursement this Period
350.00

Memo Item

Full Name (Last, First, Middle Initial)

C. The Humane Society of the United States

Mailing Address 1255 23rd St NW

City Washington State DC Zip Code 20037

Purpose of Disbursement
Charitable Donation

012
Category/
Type

Candidate Name

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

Date of Disbursement

12 / 31 / 2019

FEC Identification Number

C
Transaction ID : SB21B-31511
Amount of Each Disbursement this Period
2000.00

Memo Item

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

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

2480.00

**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. Unified Data Services

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		09		2019

Mailing Address 2223 S Highland Dr
#E6-240

FEC Identification Number

C []
Transaction ID : SB21B-31518
 Amount of Each Disbursement this Period
 [] 1170.00

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) ▼

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
07		16		2019

Mailing Address 2223 S Highland Dr
#E6-240

FEC Identification Number

C []
Transaction ID : SB21B-31518
 Amount of Each Disbursement this Period
 [] 1333.80

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) ▼

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
07		19		2019

Mailing Address 2223 S Highland Dr
#E6-240

FEC Identification Number

C []
Transaction ID : SB21B-31518
 Amount of Each Disbursement this Period
 [] 1131.00

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) ▼

Memo Item

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

[] 3634.80

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

M M M	/	D D D	/	Y Y Y Y Y
07		26		2019

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

FEC Identification Number

C
Transaction ID : SB21B-31518
Amount of Each Disbursement this Period
1552.20

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
08		02		2019

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

FEC Identification Number

C
Transaction ID : SB21B-31518
Amount of Each Disbursement this Period
573.30

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
08		13		2019

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

FEC Identification Number

C
Transaction ID : SB21B-31518
Amount of Each Disbursement this Period
631.80

Candidate Name

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

Memo Item

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

2757.30

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

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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. 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-31518
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-31518
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-31518
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-31519
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-31519
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-31519
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
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21B-31519
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

003
Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21B-31519
Amount of Each Disbursement this Period

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

/ /

FEC Identification Number

C
Transaction ID : SB21B-31521
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
07		24		2019

Mailing Address 1500 Pennsylvania Avenue
NW

City Washington State DC Zip Code 20220

Purpose of Disbursement Taxes 001
Candidate Name

FEC Identification Number

C
Transaction ID : SB21B-31520
Amount of Each Disbursement this Period
 119.74

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
08		21		2019

Mailing Address 1500 Pennsylvania Avenue
NW

City Washington State DC Zip Code 20220

Purpose of Disbursement Taxes 001
Candidate Name

FEC Identification Number

C
Transaction ID : SB21B-31520
Amount of Each Disbursement this Period
 81.50

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
09		03		2019

Mailing Address 1500 Pennsylvania Avenue
NW

City Washington State DC Zip Code 20220

Purpose of Disbursement Taxes 001
Candidate Name

FEC Identification Number

C
Transaction ID : SB21B-31520
Amount of Each Disbursement this Period
 81.50

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)..... ▶

<input type="text"/> 282.74
<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. United States Department of the Treasury

Date of Disbursement

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

Mailing Address 1500 Pennsylvania Avenue
NW

City Washington State DC Zip Code 20220

Purpose of Disbursement Taxes

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-31520
Amount of Each Disbursement this Period
38.26

Candidate Name

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

Mailing Address 1500 Pennsylvania Avenue
NW

City Washington State DC Zip Code 20220

Purpose of Disbursement Taxes

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-31520
Amount of Each Disbursement this Period
38.24

Candidate Name

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

Mailing Address 1500 Pennsylvania Avenue
NW

City Washington State DC Zip Code 20220

Purpose of Disbursement Taxes

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-31520
Amount of Each Disbursement this Period
132.10

Candidate Name

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)..... ▶

208.60
62710.03