REPORT OF RECEIPTS AND DISBURSEMENTS

For Other than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2001 OCT 10 A 9 34

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
C00342386

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 Primary (Type of Election) election on 08/01/2000 in the State of KS

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

(b) Is this Report an Amendment? ☒ YES ☐ NO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-date
5.	Covering Period 07/01/2000 through 07/12/2000		
6. (a)	Cash on Hand January 1, 20 00		$1,278.45
(b)	Cash on Hand at Beginning of Reporting Period	$7,472.15	
(c)	Total Receipts (from Line 19)	$26.69	$12,066.38
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$7,498.84	$13,344.83
7.	Total Disbursements (from Line 30)	$38.13	$5,684.12
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$7,460.71	$7,460.71
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 Noland

Signature of Treasurer [signature] Date 10/8/01

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)