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2002 MAY 14 A 9:15

Office use only

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines C12FE4M5

Heart PAC

ADDRESS (number and street) 2250 N. Rock Rd. #118-224

☐ (Check if address is changed)

Wichita, KS 67226

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

moland@kscable.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

3. FEC IDENTIFICATION NUMBER ▶ C00342356

4. IS THIS STATEMENT ☒ NEW (N) OR ☐ AMENDED (A)

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

Type or Print Name of Treasurer Mark Heitz

Signature of Treasurer Date 04 / 22 / 2002

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-110

FEC FROM 1
(Revised 1/2001)

5. TYPE OF COMMITTEE (Check One)

(a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)

(b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought: ☐ House ☐ Senate ☐ President

State

District

(c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) ☐ This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) ☐ This committee is a separate segregated fund

(f) ☒ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

☐ Corporation ☐ Corporation w/o Capital Stock Labor Organization

☐ Membership Organization ☐ Trade Association Cooperative

Write or Type Committee Name

Heart PAC

7. Custodian of Records: Identify by name, address, (phone number – optional), and position of the person in possession of Committee books and records.

Full Name: Robert Noland

Mailing Address: 313 W. 2nd

Andover (CITY ▲) KS (STATE ▲) 67002 (ZIP CODE ▲)

Title or Position ▼: Assistant Treasurer

Telephone number: 316 - 855 - 9130

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: Mark Heitz

Mailing Address: 200 SW Yorkshire

Topeka (CITY ▲) KS (STATE ▲) 66606 (ZIP CODE ▲)

Title or Position ▼:

Telephone number: 785 - 272 - 2856

Full Name of Designated Agent: Robert Noland

Mailing Address: 313 W. 2nd

Andover (CITY ▲) KS (STATE ▲) 67002 (ZIP CODE ▲)

Title or Position ▼: Assistant Treasurer

Telephone number: 316 - 855 - 9130

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Intrust Bank

Mailing Address P.O. Box 1

Wichita KS 67201

CITY ▲ STATE ▲ ZIP CODE ▲

22037581981

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☑	First Class Mail	POSTMARKED 5-1-02
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☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

[signature] PREPARER

5-14-02 DATE PREPARED

(6/2000)

22.03.758.1981