

**Political Organization
Report of Contributions and Expenditures**

OMB No. 1545-1696

► See separate instructions.

A For the period beginning 04/01/2008 **and ending** 06/30/2008

B Check applicable box: ☒ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization Heartland PAC **Employer identification number** 20 - 2670155

2 Mailing address (P.O. box or number, street, and room or suite number)
2813 Virginia Place

City or town, state, and ZIP code
Des Moines, IA 50321

3 E-mail address of organization: chc02@mchsi.com **4 Date organization was formed:** 04/29/2005

5a Name of custodian of records Theresa Kehoe **5b Custodian's address** 2813 Virginia Place
Des Moines, IA 50321

6a Name of contact person Theresa Kehoe **6b Contact person's address** 2813 Virginia Place
Des Moines, IA 50321

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
2813 Virginia Place
City or town, state, and ZIP code
Des Moines, IA 50321

8 Type of report (check only one box)

- ☐ First quarterly report (due by April 15)
☒ Second quarterly report (due by July 15)
☐ Third quarterly report (due by October 15)
☐ Year-end report (due by January 31)
☐ Mid-year report (Non-election year only-due by July 31)
- ☐ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
☐ Pre-election report (due by the 12th or 15th day before the election)
 (1) Type of election:
 (2) Date of election:
 (3) For the state of:
☐ Post-general election report (due by the 30th day after general election)
 (1) Date of election:
 (2) For the state of:

9 Total amount of reported contributions (total from all attached Schedules A).....9. \$ 0

10 Total amount of reported expenditures (total from all attached Schedules B).....10. \$ 120

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Theresa L. Kehoe

07/10/2008

**Sign
Here**

Signature of authorized official

Date

Schedule B **Itemized Expenditures**

Schedule B

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of Expenditure
American Express	NA	\$ 6
PO Box 53852	Recipients's occupation	Date of expenditure
Phoenix, AZ 85072	NA	04/15/2008

Purpose of expenditure
credit card processing fees

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of Expenditure
Bankers Trust	NA	\$ 34
453 7th Street	Recipients's occupation	Date of expenditure
Des Moines, IA 50309	NA	04/15/2008

Purpose of expenditure
bank service charges

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of Expenditure
American Express	NA	\$ 6
PO Box 53852	Recipients's occupation	Date of expenditure
Phoenix, AZ 85072	NA	05/05/2008

Purpose of expenditure
credit card processing fees

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of Expenditure
Bankers Trust	NA	\$ 34
453 7th Street	Recipients's occupation	Date of expenditure
Des Moines, IA 50309	NA	05/05/2008

Purpose of expenditure
bank service charges

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of Expenditure
American Express	NA	\$ 6
PO Box 53852	Recipients's occupation	Date of expenditure
Phoenix, AZ 85072	NA	06/03/2008

Purpose of expenditure
credit card processing fees

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of Expenditure
Bankers Trust	NA	\$ 34
453 7th Street	Recipients's occupation	Date of expenditure
Des Moines, IA 50309	NA	06/03/2008

Purpose of expenditure
bank service charges