

**Political Organization
Report of Contributions and Expenditures**

OMB No. 1545-1696

► See separate instructions.

A For the period beginning 07/01/2008 **and ending** 09/30/2008

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)

- | | |
|---|---|
| <input type="checkbox"/> First quarterly report
(due by April 15) | <input type="checkbox"/> 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) |
| <input type="checkbox"/> Second quarterly report
(due by July 15) | <input type="checkbox"/> Pre-election report (due by the 12th or 15th day before the election) |
| <input checked="" type="checkbox"/> Third quarterly report
(due by October 15) | (1) Type of election: |
| <input type="checkbox"/> Year-end report
(due by January 31) | (2) Date of election: |
| <input type="checkbox"/> Mid-year report (Non-election
year only-due by July 31) | (3) For the state of: |
| | <input type="checkbox"/> 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. \$ 301

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

10/05/2008

**Sign
Here**

Signature of authorized official

Date

Schedule A	Itemized Contributions	Schedule A
-------------------	-------------------------------	------------

Schedule B **Itemized Expenditures**

Schedule B

Recipient's name, mailing address and ZIP code

Bankers Trust
453 7th Street
Des Moines, IA 50309

Name of recipient's employer

NA
Recipients's occupation
NA

Amount of Expenditure

\$ 11
Date of expenditure
07/03/2008

Purpose of expenditure

bank service charges

Recipient's name, mailing address and ZIP code

American Express
PO Box 53852
Phoenix, AZ 85072

Name of recipient's employer

NA
Recipients's occupation
NA

Amount of Expenditure

\$ 6
Date of expenditure
07/03/2008

Purpose of expenditure

credit card processing fee

Recipient's name, mailing address and ZIP code

NGP Software
1225 Eye Street NW, Suite 1225
Washington, DC 20005

Name of recipient's employer

NA
Recipients's occupation
NA

Amount of Expenditure

\$ 250
Date of expenditure
07/26/2008

Purpose of expenditure

computer software

Recipient's name, mailing address and ZIP code

Bankers Trust
453 7th st
Des Moines, IA 50309

Name of recipient's employer

NA
Recipients's occupation
NA

Amount of Expenditure

\$ 11
Date of expenditure
08/04/2008

Purpose of expenditure

bank service charges

Recipient's name, mailing address and ZIP code

Bankers Trust
453 7th Street
Des Moines, IA 50309

Name of recipient's employer

NA
Recipients's occupation
NA

Amount of Expenditure

\$ 11
Date of expenditure
09/02/2008

Purpose of expenditure

bank service charges

Recipient's name, mailing address and ZIP code

American Express
PO Box 53852
Phoenix, AZ 85072

Name of recipient's employer

NA
Recipients's occupation
NA

Amount of Expenditure

\$ 6
Date of expenditure
09/03/2008

Purpose of expenditure

credit card processing fees

Recipient's name, mailing address and ZIP code

American Express
PO Box 53852
Phoenix, AZ 85072

Name of recipient's employer

NA
Recipients's occupation
NA

Amount of Expenditure

\$ 6
Date of expenditure
08/04/2008

Purpose of expenditure

credit card processing fees