



BROWN, RADUAZO & HILDERLEY, PLLC

RECEIVED
2014 MAY 12 AM 10:00

Ivan D. Brown
Anthony F. Raduazo
Brian T. Hilderley
Christopher M. Hurlburt
Craig T. Pappin

FEC MAIL CENTER 1339 Horton Road
Jackson, Michigan 49203

Telephone: (517) 782-6800
Facsimile: (517) 782-2265

To: Federal Election Commission
Re: Paper filing Request.

Dear Sir or Madame:

After encountering significant problems, including a computer virus, while filing electronically I have decided to request permission to file paper reports. We do not anticipate exceeding the 50,000 threshold ever again. I have discussed this with Mr. Butler of your office who has been most helpful.

Sincerely,

Raduazo

Treasurer T.W. Heathcote
P.A.C. 5-5-14

14031234031

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED

2014 MAY 12 AM 10:00
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. **12FE4M5** **FEC MAIL CENTER**
J. W. HEALTHCARE P.A.C.

ADDRESS (number and street) 1339 HORTON

Check if different than previously reported. (ACC) JACKSON MI 49203

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C0038025

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on / / in the State of

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on / / in the State of

5. Covering Period **01** / **01** / **2014** through **03** / **31** / **2014**

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 Anthony F. Raduazo

Signature of Treasurer [Signature] Date **05** / **05** / **2014**

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

14031234032

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

J. W. Healthcare PAC

Report Covering the Period: From: **01** / **01** / **2014** To: **03** / **31** / **2014**

14031234033

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	46.00	46.00 -
(b) Cash on Hand at Beginning of Reporting Period.....	46.00 -	
(c) Total Receipts (from Line 19)	1200 -	1200.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	5800.00	5800.00
7. Total Disbursements (from Line 31).....	3400.00	3400.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2400.00	2400.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	—	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	—	

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. 02/2003)

Page 3

Write or Type Committee Name

J.W. Healthcare P.A.C.

Report Covering the Period: From:

01' 01' 2014

To:

03' 31' 2014

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).....

1200-

1200.00

(ii) Unitemized.....

-

-

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

1200-

1200-

(b) Political Party Committees.....

/

/

(c) Other Political Committees (such as PACs).....

/

/

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

1200-

1200-

12. Transfers From Affiliated/Other Party Committees.....

/

/

13. All Loans Received.....

/

/

14. Loan Repayments Received.....

/

/

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

/

/

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

/

/

17. Other Federal Receipts (Dividends, Interest, etc.).....

/

/

18. Transfers from Non-Federal and Levin Funds
(a) Non-Federal Account (from Schedule H3).....

/

/

(b) Levin Funds (from Schedule H5).....

/

/

(c) Total Transfers (add 18(a) and 18(b))..

/

/

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

1200-

1200-

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

1200-

1200-

14031234034

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	1200 -	1200 -
34. Total Contribution Refunds (from Line 28(d))	-	-
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1200 -	1200 -
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1200 -	1200 -
37. Offsets to Operating Expenditures (from Line 15, page 3)	-	-
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1200 01	1200 -

14031234035

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE		OF	
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	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)
J.W. Healthcare P.A.C

A. Full Name (Last, First, Middle Initial)
IRA Combs Jr.

Mailing Address
Eagle Drive

City **JACKSON** State **Mich** Zip Code **49203**

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

Name of Employer **Christ Centered Homes Inc.** Occupation **C.E.O.**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
12.00-

Date of Receipt
01 / 09 / 2019

Amount of Each Receipt this Period
12.00-

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... **12.00-**

TOTAL This Period (last page this line number only)..... **12.00-**

14031234036

**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)

PAGE OF

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)

J. W. Healthcare P.A.C

Full Name (Last, First, Middle Initial)

A.

Walberg For Congress

Mailing Address

6769 Teahout Rd

City

Tipton Mich 49207

Purpose of Disbursement

Candidate Support

Candidate Name

Tim Walberg

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

01 / 09 / 2019

Amount of Each Disbursement this Period

2200

B.

IRA Combs IR

Mailing Address

Eagle Drive

City

Tipton, Mich 49201

Purpose of Disbursement

Event Expenses

Candidate Name

Tim Walberg

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

01 / 19 / 2019

Amount of Each Disbursement this Period

1200.00

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

3400

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

3400

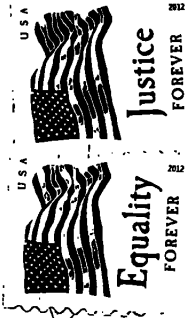
TOTAL This Period (last page this line number only).....▶

3400

14031234037

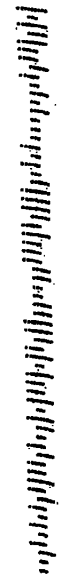
14031234038

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1339 Horton Road
Jackson, Michigan 49203



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2014 MAY 12 AM 10:00
FEC MAIL CENTER

*Federal Election Commission
999 E Street, N.W
Washington, D.C
20463*



Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> Postmark Illegible	
<input checked="" type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

QAO
 PREPARER
 (8/2013)

5/12/14
 DATE PREPARED

14031234039