

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Health First Committee

ADDRESS (number and street)

PO Box 30844

Check if different than previously reported. (ACC)

Bethesda

MD

20824

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00624841

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

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)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

through

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

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

Martin, Steven, , , Jr.

Type or Print Name of Treasurer

Signature of Treasurer

Martin, Steven, , , Jr.

[Electronically Filed]

Date

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only								
-----------------	--	--	--	--	--	--	--	--

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
Health First Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	1500.00	89750.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	1500.00	89250.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3318.01	11321.14
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	3318.01	11321.14
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Health First Committee

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1500.00	21750.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL of contributions from individuals	1500.00	21750.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	68000.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1500.00	89750.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	1500.00	89750.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3318.01	11321.14
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	7181.99	84554.36
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	500.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	10500.00	96375.50

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	9000.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1500.00
25. SUBTOTAL (add Line 23 and Line 24).....	10500.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	10500.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 13
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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)
Health First Committee

A. Full Name (Last, First, Middle Initial)
Carr, Julie, H., ,

Mailing Address 1735 Fairview Avenue

City McLean State VA Zip Code 22101

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

Name of Employer Kountoupes Consulting Occupation Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 06 / 2017

Transaction ID : SA11AI.4367

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Reid, Mary, Randi, ,

Mailing Address 1631 Hobart Street NW

City Washington State DC Zip Code 20009

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

Name of Employer Kountoupes Denham Occupation Government Relations Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 12 / 2017

Transaction ID : SA11AI.4371

Amount of Each Receipt this Period
1000.00

Memo Item

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) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	1500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 13			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)
Health First Committee

A. Campaign Financial Services

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 30844

City Bethesda State MD Zip Code 20824

Purpose of Disbursement SEE MEMO ITEMS
Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 21 / 2017

FEC Identification Number: C

Amount of Each Disbursement this Period: 2250.00

Transaction ID : SB17.4372

Memo Item

B. Campaign Financial Services

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 30844

City Bethesda State MD Zip Code 20824

Purpose of Disbursement Compliance Consulting
Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 21 / 2017

FEC Identification Number: C

Amount of Each Disbursement this Period: 2050.00

Transaction ID : SB17.4373

Memo Item

C. Federal Express (FedEx)

Full Name (Last, First, Middle Initial)
Mailing Address 942 South Shady Grove Road

City Memphis State TN Zip Code 38120

Purpose of Disbursement Express Mail
Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 06 / 2017

FEC Identification Number: C

Amount of Each Disbursement this Period: 24.79

Transaction ID : SB17.4361

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 2250.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)
Health First Committee

Full Name (Last, First, Middle Initial) A. Martin, Steven, , , Jr.			Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2017	
Mailing Address PO Box 30844			FEC Identification Number C	
City Bethesda	State MD	Zip Code 20824	Amount of Each Disbursement this Period 200.00	
Purpose of Disbursement Treasurer Services		Category/ Type 001	Transaction ID : SB17.4374	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Red River, LLC			Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2017	
Mailing Address 8501 Bayside Road Suite C4-D			FEC Identification Number C	
City Chesapeake Beach	State MD	Zip Code 20732	Amount of Each Disbursement this Period 24.79	
Purpose of Disbursement SEE MEMO ITEM		Category/ Type 001	Transaction ID : SB17.4360	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) c. Red River, LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2017	
Mailing Address 8501 Bayside Road Suite C4-D			FEC Identification Number C	
City Chesapeake Beach	State MD	Zip Code 20732	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Fundraising Consulting		Category/ Type 003	Transaction ID : SB17.4369	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	1024.79
TOTAL This Period (last page this line number only).....▶	3274.79

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 13
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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)
Health First Committee

Full Name (Last, First, Middle Initial) A. Bilirakis for Congress		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2017
Mailing Address PO Box 606		FEC Identification Number C C00408534
City Tarpon Springs	State FL	Zip Code 34688
Purpose of Disbursement Transfer of Net Proceeds		008
Candidate Name Bilirakis, Gus, , ,		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 112.22
State: FL District: 12		Transaction ID : SB18.4381 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Billy Long for Congress		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2017
Mailing Address 3246 East Ridgeway Street		FEC Identification Number C C00460063
City Springfield	State MO	Zip Code 65804
Purpose of Disbursement Transfer of Net Proceeds		008
Candidate Name Long, Billy, , ,		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 3703.19
State: MO District: 07		Transaction ID : SB18.4391 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) c. Bucshon for Congress		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2017
Mailing Address PO Box 250		FEC Identification Number C C00468256
City Newburgh	State IN	Zip Code 47629
Purpose of Disbursement Transfer of Net Proceeds		008
Candidate Name Bucshon, Larry, , ,		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 112.22
State: IN District: 08		Transaction ID : SB18.4382 <input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	3927.63
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 13
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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)
Health First Committee

Full Name (Last, First, Middle Initial) A. Buddy Carter for Congress		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2017
Mailing Address PO Box 10570		FEC Identification Number C 00543967
City Savannah	State GA	Zip Code 31412
Purpose of Disbursement Transfer of Net Proceeds		008
Candidate Name Carter, Earl, L., ,		Amount of Each Disbursement this Period 112.22
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB18.4380
State: GA District: 01		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Collins for Congress		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2017
Mailing Address PO Box 386		FEC Identification Number C 00520379
City Clarence	State NY	Zip Code 14031
Purpose of Disbursement Transfer of Net Proceeds		008
Candidate Name Collins, Christopher, , ,		Amount of Each Disbursement this Period 112.22
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB18.4383
State: NY District: 27		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) c. Friends of Susan Brooks		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2017
Mailing Address 9425 North Meridian Street Unit 237		FEC Identification Number C 00500207
City Indianapolis	State IN	Zip Code 46260
Purpose of Disbursement Transfer of Net Proceeds		008
Candidate Name Brooks, Susan, , ,		Amount of Each Disbursement this Period 112.22
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB18.4384
State: IN District: 05		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	336.66
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 13	
	<input type="checkbox"/> 17 20a	<input checked="" type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)
Health First Committee

Full Name (Last, First, Middle Initial) A. Guthrie for Congress			Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2017	
Mailing Address PO Box 9639			FEC Identification Number C C00445023	
City Bowling Green	State KY	Zip Code 42102	Amount of Each Disbursement this Period 112.22	
Purpose of Disbursement Transfer of Net Proceeds		Category/ Type 008	Transaction ID : SB18.4385	
Candidate Name Guthrie, Brett, , ,		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: KY District: 02				

Full Name (Last, First, Middle Initial) B. Hudson for Congress			Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2017	
Mailing Address PO Box 5053			FEC Identification Number C C00504522	
City Concord	State NC	Zip Code 28027	Amount of Each Disbursement this Period 1189.52	
Purpose of Disbursement Transfer of Net Proceeds		Category/ Type 008	Transaction ID : SB18.4379	
Candidate Name Hudson, Richard, , , Jr.		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: NC District: 08				

Full Name (Last, First, Middle Initial) c. Lance for Congress			Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2017	
Mailing Address PO Box 225			FEC Identification Number C C00444224	
City Colonia	State NJ	Zip Code 07067	Amount of Each Disbursement this Period 112.22	
Purpose of Disbursement Transfer of Net Proceeds		Category/ Type 008	Transaction ID : SB18.4386	
Candidate Name Lance, Leonard, , ,		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: NJ District: 07				

SUBTOTAL of Disbursements This Page (optional).....▶	1413.96
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 13	
	<input type="checkbox"/> 17 20a	<input checked="" type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)
Health First Committee

Full Name (Last, First, Middle Initial) A. Marsha Blackburn for Congress, Inc.		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2017
Mailing Address PO Box 3750		FEC Identification Number C C00376939
City Brentwood	State TN	Zip Code 37024
Purpose of Disbursement Transfer of Net Proceeds	<input type="checkbox"/> 008	Amount of Each Disbursement this Period 112.22
Candidate Name Blackburn, Marsha, , ,	Category/ Type	Transaction ID : SB18.4387
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: TN District: 07		

Full Name (Last, First, Middle Initial) B. Morgan Griffith for Congress		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2017
Mailing Address PO Box 361		FEC Identification Number C C00477240
City Christiansburg	State VA	Zip Code 24068
Purpose of Disbursement Transfer of Net Proceeds	<input type="checkbox"/> 008	Amount of Each Disbursement this Period 112.22
Candidate Name Griffith, Morgan, , ,	Category/ Type	Transaction ID : SB18.4388
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA District: 09		

Full Name (Last, First, Middle Initial) c. Mullin for Congress		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2017
Mailing Address PO Box 3681		FEC Identification Number C C00498345
City Muskogee	State OK	Zip Code 74402
Purpose of Disbursement Transfer of Net Proceeds	<input type="checkbox"/> 008	Amount of Each Disbursement this Period 112.22
Candidate Name Mullin, Markwayne, , ,	Category/ Type	Transaction ID : SB18.4378
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: OK District: 02		

SUBTOTAL of Disbursements This Page (optional).....▶	336.66
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 13
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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)
Health First Committee

A. The Congressman Joe Barton Committee

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement: Transfer of Net Proceeds (Category: 008)

Candidate Name: **Barton, Joe, , ,**

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: TX District: 06

Date of Disbursement: 09 / 26 / 2017

FEC Identification Number: C C00195065

Amount of Each Disbursement this Period: 112.22

Transaction ID : SB18.4390

Memo Item

B. Tim Murphy for Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 24551

City Pittsburgh State PA Zip Code 15234

Purpose of Disbursement: Transfer of Net Proceeds (Category: 008)

Candidate Name: **Murphy, Tim, , ,**

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: PA District: 18

Date of Disbursement: 09 / 26 / 2017

FEC Identification Number: C C00372201

Amount of Each Disbursement this Period: 112.22

Transaction ID : SB18.4389

Memo Item

c. Upton for All of Us

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement: Transfer of Net Proceeds (Category: 008)

Candidate Name: **Upton, Frederick, , ,**

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: MI District: 06

Date of Disbursement: 09 / 22 / 2017

FEC Identification Number: C C00200584

Amount of Each Disbursement this Period: 830.42

Transaction ID : SB18.4376

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 1054.86

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 13
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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)
Health First Committee

A. Volunteers for Shimkus

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234

Purpose of Disbursement Transfer of Net Proceeds 008 Category/Type

Candidate Name Shimkus, John, , ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼

State: IL District: 15

Date of Disbursement: 09 / 22 / 2017

FEC Identification Number: C C00258855

Amount of Each Disbursement this Period: 112.22

Transaction ID : SB18.4377

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	112.22
TOTAL This Period (last page this line number only).....▶	7181.99