

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED 2014 OCT 21 AM 7:30 FEC MAIL CENTER Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

COORDINATED HEALTH PAC

ADDRESS (number and street) 3435 WINCHESTER RD

Check if different than previously reported. (ACC)

ALLEN TOWN PA 118104

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

000546333

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

Table with 4 columns: (a) Quarterly Reports (Q1-Q3, YE), (b) Monthly Report Due On (Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Jan 31), (c) 12-Day PRE-Election Report for the: Primary (12P), Convention (12C), General (12G), Special (12S), (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 07 01 2014 through 09 30 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 AMANDA BOYCE

Signature of Treasurer [Signature] Date 10 15 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.

Office Use Only grid and FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

COORDINATED HEALTH PAC

Report Covering the Period: From:

07 01 2014

To:

09 30 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2014</u>		000
(b) Cash on Hand at Beginning of Reporting Period.....	1,000.00	
(c) Total Receipts (from Line 19).....	000	1,000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1,000.00	1,000.00
7. Total Disbursements (from Line 31).....	1,000.00	1,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	000	000
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	000	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	000	

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. 06/2004)

Page 3

Write or Type Committee Name

COORDINATED HEALTH PAC

Report Covering the Period: From:

07 01 2014

To:

09 30 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).....

000

1,000.00

(ii) Unitemized.....

000

000

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

000

1,000.00

(b) Political Party Committees.....

000

000

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

000

000

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

000

1,000.00

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

000

000

13. All Loans Received.....

000

000

14. Loan Repayments Received.....

000

000

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

000

000

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

000

000

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

000

000

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

000

000

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

000

000

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

000

000

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

000

1,000.00

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

000

1,000.00

14010110101

**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 type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input 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	

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)
COORDINATED HEALTH PAC

A. INTEGRATED HEALTH PAC		Date of Disbursement
Mailing Address 3435 WINCHESTER RD		09 30 2014
City ALLENTOWN PA	State PA	Amount of Each Disbursement this Period 1,000.00
Zip Code 18104		
Purpose of Disbursement TRANSFER FUNDS TO NEW PAC		Category/ Type 008
Candidate Name		
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:		

B.		Date of Disbursement
Mailing Address		
City	State	Amount of Each Disbursement this Period
Zip Code		
Purpose of Disbursement		Category/ Type
Candidate Name		
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:		

C.		Date of Disbursement
Mailing Address		
City	State	Amount of Each Disbursement this Period
Zip Code		
Purpose of Disbursement		Category/ Type
Candidate Name		
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).....▶	1,000.00
TOTAL This Period (last page this line number only).....▶	1,000.00

0001111111111111

X1 RD



FD 5812977 2

FedEx NEW Package
Express **US Airbill**

FedEx Tracking Number

8064 3716 1220

1 From Date 10/16/11

Sender's Name *Annexa Boyle* Phone *1184 350 1760*

Company *5155 Winchester Rd.*

Address *Allentown* State *PA* ZIP *18101* Dept./Floor/Suite/Room

2 Your Internal Billing Reference

3 To Recipient's Name *Federal Election Committee* Phone

Company *999 E. Street, NW* Dept./Floor/Suite/Room

Address *Washington* State *DC* ZIP *20163*

Use this line for the HOLD location address or for continuation of your shipping address.



4 Express Package Service

NOTE: Service order has changed. Please select carefully.

Next Business Day

FedEx First Overnight
Earliest next business morning delivery to select business destinations. Not available on Monday unless SATURDAY Delivery is selected.

FedEx Priority Overnight
Next business morning. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Standard Overnight
Next business afternoon. Saturday Delivery NOT available.

5 Packaging *Declared value limit \$200.

FedEx Envelope* FedEx Pak* FedEx Box

6 Special Handling and Delivery Signature Options

SATURDAY Delivery
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

No Signature Required
Package may be left without obtaining a signature for delivery. Fee applies.

Direct Signature
Someone at recipient's address may sign for delivery. Fee applies.

Does this shipment contain dangerous goods?

No Yes
One box must be checked.

As per attached Shipper's Declaration. Shipper's Declaration not required.

Dry Ice
Dry Ice, UN 1845

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.

7 Payment Bill to:

Sender's Account No. in Section 2 Recipient Third Party Credit Card Au

Total Packages _____ Total Weight _____ lbs.

Enter FedEx Acct. No. or Credit Card No. below.

Your liability is limited to US\$100 unless you declare a higher value. See the current FedEx Service Guide for details.

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8064 3716 1220

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Federal Election Commission
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i>	Shipping Date <i>10/16/2014</i> Next Business Day Delivery <input checked="" type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JB</i>	<i>10/21/2014</i>
PREPARER	DATE PREPARED

DOCUMENT