FEC FORM 1	STATEMENT OF ORGANIZATION	TTO MAN OFNIFR
1. NAME OF COMMITTEE (in full		lf typing, type 12FE4M5 lines.
H_E_A_L_T_HE C_O_M_M_I_T_T_E	D ₁ U ₁ C ₁ A ₁ T ₁ I ₀ N ₁ A ₁ N ₁ D ₁ P ₁ O ₁ L ₁	
ADDRESS (number and s (Check if addr is changed)	treet) $\begin{bmatrix} 3 & 8 \\ 2 & E \end{bmatrix} \begin{bmatrix} a & t \\ 1 & b \end{bmatrix}$	
COMMITTEE'S E-MAIL	n de la nord de la companya de la co	
COMMITTEE'S WEB PA	GE ADDRESS (URL)	
2. DATE 0 7		
3. FEC IDENTIFICAT		8 3 6 2
4. IS THIS STATEMEN		AMENDED (A)
I certify that I have example	nined this Statement and to the best of my know	ledge and belief it is true, correct and complete.
Type or Print Name of T	Treasurer <u>Stephanie Bell</u>	Date 07 02 2018
NOTE: Submission of fals	e, erroneous, or incomplete information may subject ANY CHANGE IN INFORMATION SHOULI	the person signing this Statement to the penalties of 52 U.S.C. §30109 D BE REPORTED WITHIN 10 DAYS.
Office Use Only	For Fede Toll	further information contact: FEC FORM 1 eral Election Commission (Revised 06/2012) Free 800-424-9530 al 202-694-1100

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5.	TYPE	OF CO	DMMITTEE
	Cand	lidate	Committee:
	(a)	O	This committee is a principal campaign committee. (Complete the candidate information below.)
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
	Name Candio		
	Candio Party	date Affiliatio	on Construction Office State State State State District
	(c)	D	This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candid		
,	Party	y Com	mittee:
	(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.
	Politi	ical A	ction Committee (PAC):
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
		_	Corporation
			Membership Organization
			In addition, this committee is a Lobbyist/Registrant PAC.
	(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
			In addition, this committee is a Lobbyist/Registrant PAC.
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
	Joint	Fund	Iraising Representative:
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
		Com	mittees Participating in Joint Fundraiser
		1.	
		2.	
		3.	

4. _____ FEC ID number

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Write or Type Committee Name

HEALTH EDUCATION AND LEARNING POLITICAL ACTION COMMITTEE

6.	Name of Any Co	nnected (Organizatio	on, Affiliat	ed Comm	ittee, Joir	nt Fur	ndrais	ing Rej	preser	ntative,	or Lead	lership I	PAC Spo	onsor
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	Mailing Address						11		11.						
										L		Li	i i l		
					CITY					ST	ATE		ZIP	CODE	
	Relationship:	Connecte	d Organiza	tion Af	filiated Co	mmittee	D 10	oint Fu	ndraisir	ng Rep	resenta	tive	Leader	ship PAC	C Sponsor
7.	Custodian of Real books and records		ntify by nar	me, addres	ss (phone	number -	· optic	onal) a	ind pos	sition a	of the p	erson in	posses	sion of c	committee
	Full Name	S _I t _I e _I	p <u>h</u> ar	<u>1 i_@ </u>	<u>B₁ e₁ 1₁</u>	<u>1, , ,</u>			<u> </u>		<u> </u>		┶╌┶	<u> </u>	
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	Title or Position				CITY					STA	TE		ZIP	CODE	
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8.	Treasurer: List the any designated ac				imber oj	ptional) of	the t	reasu	er of th	ne con	nmittee	; and the	e name	and add	ress of
	Full Name of Treasurer	S ₁ t ₁ e ₁	<u>թ</u> իգ։	<u>ą į ę į</u>	<u>B</u> ₁ e <u>1</u>	1	1 1	<u> </u>				╘╌╝╧╌┚		_	
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	Title or Desition		Lle	ffer	<u>מו סו בו :</u> CITY	LI ICII	<u> t</u>	<u>у I</u>		M STA		61	<u>51 11 0</u> ZIP		<u></u>
1	Title or Position	u <u>re</u> t			<u>i I I</u> i			Telepł	ione ni	umber	5	<u>7</u> 3]-	- <u>7 _ 5</u>	<u>d</u> -l4	1100

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	Jefferso Liiii Cr		y <u> </u>		
Title or Position					
Assista	nt Treasure	r I	Telephone nun	nber <mark>6 7</mark>	3 - [7 5 0] - [4 1 0 (
safety deposit boxes of		depositories in w	hich the commit	ee deposits fi	unds, holds accounts, rents
Name of Bank, Deposi	tory, etc.				
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	С	ITY		STATE	ZIP CODE

FEC MAIL CENTER յինըներինըներինըներինըներինըներինըներինը 2018 JUL 11 AM | |: 08 · Barren · OS JUL 2018 PM MID-MISSOURI P&DF MO 652 2018-07-11-08-00217371 Federal Election Commission 1050 First Street, N.E. Washington, D.C. 20463 Ellinger and Associates, LL 308 East High Street, Suite 300 Jefferson City, MO 65101 articles and the second se 11.000 A. 1 the Second second 1 The Street Street ELLINGER & ASSOCIATES Ż

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Overnight Delivery Service (Specify):	Shipping Date
Next Bu	isiness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Dat Other (Specify):	e of Receipt or Postmarked
nt	7-11-18
PREPARER	DATE PREPARED
(3/2015)	