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**FEC** 

# **REPORT OF RECEIPTS AND DISBURSEMENTS**

FURIVI 3A	For Other Than An Au	uthorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Health Justice PA			
ADDRESS (number and stre	Suite 4050		CA 90017 -
2. FEC IDENTIFICATION	ON NUMBER ▼ C	CITY A	STATE ▲ ZIP CODE ▲
C C00621466	3.	IS THIS REPORT NEW (N) O	AMENDED (A)
4. TYPE OF REPOR (Choose One)  (a) Quarterly Reports:  April 15	Report Due On:	eb 20 (M2)	6) Sep 20 (M9) Dec 20 (Non-Electing Year Only)
Quarterly Repulser   Quarterly	port (Q2)  PRE-Election Report for the:	Primary (12P)  Convention (12C)	General (12G) Runoff (1 Special (12S)  in the State of
July 31 Mid- Report (Non- Year Only) (N Termination F (TER)	/ear election //Y // (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)  Special ( in the State of
5. Covering Period	07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		M / D D / Y Y Y Y Y 30 30 2022
I certify that I have examin Type or Print Name of Tre	ned this Report and to the best of Alexander, Lori, , , assurer	of my knowledge and belief it is	true, correct and complete.
Signature of Treasurer	Alexander, Lori, , ,	[Electronically Filed]	Date 10 / 15 / 2022
NOTE: Submission of false,	erroneous, or incomplete informati	ion may subject the person signin	g this Report to the penalties of 52 U.S.C. §
Office Use			FEC FORM 3X Rev. 05/2016

#### **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name Health Justice PAC 07 01 2022 09 30 2022 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 1496.11 January 1, 2022 (b) Cash on Hand at 17473.41 Beginning of Reporting Period..... 0.00 20000.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 21496.11 17473.41 6(a) and 6(c) for Column B)..... 316.16 4338.86 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 17157.25 17157.25 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 696.50 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. 05/2016)

Write or Type	Committee	Name
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## Health Justice PAC

Report Covering the Period: From:	01 2022 To	9 30 2022	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
. Contributions (other than loans) From:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A)	0.00	20000.00	
(, (, ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(ii) Unitemized	0.00	0.00	
(iii) TOTAL (add	0.00	20000.00	
Lines 11(a)(i) and (ii)▶	0.00	2000.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees	222		
(such as PACs)	0.00	0.00	
(d) Total Contributions (add Lines			
11(a)(iii), (b), and (c)) (Carry  Totals to Line 33, page 5)	0.00	20000.00	
2. Transfers From Affiliated/Other	4 4		
Party Committees	0.00	0.00	
-			
. All Loans Received	0.00	0.00	
Loan Repayments Received	0.00	0.00	
5. Offsets To Operating Expenditures	7 7	4 4	
(Refunds, Rebates, etc.)			
(Carry Totals to Line 37, page 5)	0.00	0.00	
6. Refunds of Contributions Made	·		
to Federal Candidates and Other	0.00	0.00	
Political Committees	0.00	0.00	
(Dividends, Interest, etc.)	0.00	0.00	
3. Transfers from Non-Federal and Levin Funds	4	4 4	
(a) Non-Federal Account			
(from Schedule H3)	0.00	0.00	
(b) Levin Funds (from Schedule H5)	0.00	0.00	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00	
(c) Total Transfers (and To(a) and To(b))	0.00	0.00	
. Total Receipts (add Lines 11(d),			
12, 13, 14, 15, 16, 17, and 18(c))▶	0.00	20000.00	
). Total Federal Receipts (subtract Line 18(c) from Line 19)▶	0.00	20000.00	
(Subtract Line To(c) Holl Line 19)	5.55	2000.00	

### **DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Allocated Federal/Non-Federal     Activity (from Schedule H4)	11.2. 1.1.0	Carsinal Tout to puto
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	4 4	
Expenditures	316.16	4338.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	316.16	4338.86
Transfers to Affiliated/Other Party	0.00	0.00
Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	4 4	4 4 4
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Then Political Committees		4
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds		4 4
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(2) (a) Allocated Federal Election Activity (from Schedule H6)	20))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	316.16	4338.86
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	216.16	,,,,,
	316.16	4338.86

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	20000.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	20000.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	316.16	4338.86
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	316.16	4338.86

ode 7-5864		22 23 26 27 30b on for the purpose of soliciting contributions is solicit contributions from such committee.  Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ode 7-5864 Caeneral	Category/	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ode 7-5864 C	Category/	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
7-5864 C General		FEC Identification Number  C Transaction ID: VSGDPA310 Amount of Each Disbursement this Period  45.00  Memo Item  Date of Disbursement  M M J D D J J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
7-5864 C General		FEC Identification Number  C  Transaction ID: VSGDPA310N Amount of Each Disbursement this Period  45.00  Memo Item  Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
7-5864 C General		Transaction ID : VSGDPA310N Amount of Each Disbursement this Period  45.00  Memo Item  Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
General		Transaction ID: VSGDPA310N Amount of Each Disbursement this Period  45.00  Memo Item  Date of Disbursement  08 19 2022  FEC Identification Number
General		Memo Item  Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		FEC Identification Number
		C
C	Category/ Type	Transaction ID: VSGDPA310N  Amount of Each Disbursement this Period
General		75.00 Memo Item
		Date of Disbursement
		08 19 2022
17-5864	Cotogory	FEC Identification Number  C  Transaction ID : VSGDPA310I  Amount of Each Disbursement this Period
	Category/ Type	Amount of Each Disbursement this Period  1.86
		Memo Item
	Code 017-5864 General	Category/ Type

# S П

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 7 OF 9		
		se separate schedule(s) or each category of the		/ one)	
		Detailed Summary Page			23 26 27 28c 29 30b
Any information copied from such Reports and State	ments may i	not be sold or us	ed by any pers		
or for commercial purposes, other than using the nar					
NAME OF COMMITTEE (In Full)					
Health Justice PAC					
Full Name (Last, First, Middle Initial)				5	
A. Kaufman Legal Group				Date of Disb	pursement / Y Y Y Y Y Y
Mailing Address 777 S Figueroa St Ste 4050				08	19 2022
City Los Angeles	State CA	Zip Code 90017-5864		FEC Identific	cation Number
Purpose of Disbursement				С	
Legal & Treasury Fees					tion ID : VSGDPA3100
Candidate Name	Category/ Type		ach Disbursement this Period		
Office Sought: House Disburse	ment For:		туре		118.50
Senate Primary General					
State: District: Other (specify) ▼				Memo It	em
Full Name (Last, First, Middle Initial)					
B. Kaufman Legal Group				Date of Disb	pursement
				M = M /	D   D / Y   Y   Y   Y
Mailing Address 777 S Figueroa St Ste 4050				08	19 2022
City Los Angeles	State CA	Zip Code 90017-5864		FEC Identific	cation Number
Purpose of Disbursement		90017-3804		C	
Legal & Treasury Expenses					tion ID : VSGDPA310F
Candidate Name Category. Type				Amount of E	ach Disbursement this Period
Office Sought: House Disburse	ment For:		туре		75.80
Senate				4	4-
President Other (specify)  State: District:				Memo It	em
Full Name (Last, First, Middle Initial)					
C.				Date of Disb	pursement
				M = M /	D D / Y Y Y Y Y
Mailing Address					
City	State	Zip Code		FEC Identific	cation Number
Purpose of Disbursement				C	
Candidate Name	Candidate Name  Category/ Type			Amount of E	ach Disbursement this Period
Office Sought: House Disburse	ment For:		1,900		
Senate	Primary	General			7
State: District:	Other (spec	cify) 🔻		Memo It	em
Giate. District.					
SUBTOTAL of Disbursements This Page (optional)			·····•		194.30
	`				316.16
TOTAL This Period (last page this line number only	')				310.10

# SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 8 OF
FOR LINE NUMBER:
(check only one)

9 **X** 10

NAME OF COMMITTEE (In Full)		<b>I</b>		
Health Justice PAC				
A. Full Name (Last, First, Middle Initial) of Debto	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor			
Kaufman Legal Group	Legal and Treasury Fees			
Mailing Address 777 S Figueroa St				
Ste 4050				
City Los Angeles	State CA	Zip Code 90017-5864		
	OA	90017-3664	Transaction ID : VSEF69HAAC4	
Outstanding Balance Beginning This Period			Transaction ID . VSEP09HAAC4	
118.50				
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period	
0.00		118.50	0.00	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):	
Kaufman Legal Group	Legal and Treasury Expenses			
Mailing Address 777 S Figueroa St				
Ste 4050	04-4-	7:- 0-1-		
City Los Angeles	State CA	Zip Code 90017-5864		
Outstanding Balance Beginning This Period	I	I	Transaction ID - VSEECOHAAD2	
			Transaction ID : VSEF69HAAD2	
75.80	_		Outstanding Balance at Close of This Period	
Amount Incurred This Period				
0.00		75.80	0.00	
C. Full Name (Last, First, Middle Initial) of Debto Kaufman Legal Group	or or Creditor		Nature of Debt (Purpose): Legal and Treasury Fees	
Radilliali Legal Group			Logar and Troadary 1 des	
Mailing Address 777 S Figueroa St				
Ste 4050	State	Zip Code	_	
Los Angeles	CA	90017-5864		
Outstanding Balance Beginning This Period		•	Transaction ID : VSEF69HABR1	
0.00				
			Outstanding Balance at Close of This Period	
Amount Incurred This Period Payment This Period				
621.50	7	0.00	621.50	
1) SUBTOTALS This Period This Page (optional)			621.50	
2) TOTALS This Period (last page this line number				
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page o	only)		
4) ADD 2) and 3) and carry forward to appropriate	line of Summa	ary Page (last page only)▶		

# SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 9
FOR LINE NUMBER: (check only one)

	9
X	10

OF

NAME OF COMMITTEE (In Full) Health Justice PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Legal and Treasury Expenses Kaufman Legal Group Mailing Address 777 S Figueroa St Ste 4050 City State Zip Code Los Angeles CA 90017-5864 Transaction ID: VSEF69HABS9 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 75.00 75.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Outstanding Balance at Close of This Period Payment This Period Amount Incurred This Period 75.00 1) SUBTOTALS This Period This Page (optional)..... 696.50 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 696.50 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶