STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in	(Check if name Example: If typying, type over the lines	12FE4M5
Alliance For N	atural Health USA PAC (ANH-USA PAC)	
ADDRESS (number and s	1350 Connecticut Ave., NW	
(Check if address	5th Floor	
is changed)	Washington	DC 20036 - 1 1 1
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	tbutler@healthfreedom.net	
io onaligos)		
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address	www healthfreedom net	
is changed)		
2. DATE 0 2		
3. FEC IDENTIFICA	TION NUMBER C C00293902	
4. IS THIS STATEM	ENT NEW (N) OR X AMENDED (A)	
I certify that I have exami Type or Print Name of	ned this Statement and to the best of my knowledge and belief it is true, correct and TreasurerMr. Jonathan Lizotte	d complete
Signature of Treasurer	Electronically Eiled by Mr. Jonathan Lizotto	Date 0 2 7 1 9 7 2 0 1 0
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED W	
Office Use Only	For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	

	ı	FEC F	Form 1 (Revised 02/2009)	Page 2
5.			OMMITTEE (Check One) Committee:	
	(a)		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 information below.)	he candidate
	Name Candi			
	Candi Party	idate Affiliatio	on Office House Senate President	State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candi			
	Party	Comm		
	(d)		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Politic	cal Act	tion Committee (PAC):	
	(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connecte	d organization is a:
			Corporation Corporation w/o Capital Stock Lal	bor Organization
			X Membership Organization Trade Association Co	poperative
			In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	d fund or party
			In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	loint F	Eundra	ising Representative:	
		unura		199
	(g)	Ш	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
		Comi	mittees Participating in Joint Fundraiser	
			1. FEC ID number	
			2. FEC ID number	
			3. FEC ID number	
			. FEC ID number C	

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Write or Type Committee Name			
Alliance For Natural He	ealth USA PAC (ANH-USA PAC)		
6. Name of Any Connected On	rganization, Affiliated Committee, Joint Fundraisin	g Representative, or Leade	rship PAC Sponsor
AMERICAN ASSOCIATION	ON FOR HEALTH FREEDOM		
Mailing Address	1350 Connecticut Ave., NW		
	5th Floor		
	Washington		20036 _
	CITY	STATE A	ZIP CODE
Relationship: X Connected Organization	Affiliated Committee Joint Fund	draising Representative	Leadership PAC Sponsor
possession of Committee	entify by name, address, (phone number op e books and records. rone Butler 1350 Connecticut Ave., NW	tional), and position of th	e person in
	5th Floor		
	Washington	DC	20036
Title or Position ♥ Director (CITY A Departions Tele	STATE & ephone number	ZIP CODE 4
name and address of an Full Name of Treasurer Mr. Jo	e and address (phone number optional) of the y designated agent (e.g., assistant treasurer). onathan Lizotte 1350 Connecticut Ave., NW	e treasurer of the commit	tee; and the
Mailing Address	5th Floor		
	Washington	DC	20036 –
Title or Position ♥	CITY A	STATE A	ZIP CODE A
Treasure	r Te	lephone number	

FEC Form 1	(1 16 113 60 02/2									Page	÷ 4
Full Name of Designated Agent											
Mailing Address											
	_										
Title or Position ▼			C	ITY A				STATE A		ZIP CODE	A
						Tele	phone num	ıber			
. Banks or Other D	epositories:	List all bank	s or other	deposit	ories in w	hich the o	committee o	deposits func	ls, holds	accounts, rent	s
safety deposit boxe	es or maintains	tunds.									
Name of Bank, De		funds.									
			1 1 1	1 1 1	1 1 1	1 1			1 1	1 1 1 1 1	1
	pository, etc.		2227								
Name of Bank, De	pository, etc.	t 	 2 2227 								
Name of Bank, De	pository, etc.	t 	2227 							32862 _	2227
Name of Bank, Dep	pository, etc.	PO Box 62		CITY				FL STATE 4			
Name of Bank, Dep	SunTrus	PO Box 62		CITY						32862 _	
Name of Bank, De	SunTrus	PO Box 62		CITY						32862 _	
Name of Bank, De	SunTrus	PO Box 62	•		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			STATE		32862 _	: A
Name of Bank, De	SunTrus	PO Box 62 Orlando	•		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			STATE		32862 ZIP CODE	: A
Name of Bank, De	SunTrus	PO Box 62 Orlando	•		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			STATE		32862 ZIP CODE	: A