

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

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

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y 2017

through

M M /

D D /

Y Y Y Y 2017

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 2017

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))....	88250.00	88250.00
(b) Total Contribution Refunds (from Line 20(d))	500.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	87750.00	87750.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	7809.61	8003.13
(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)).....	7809.61	8003.13
8. Cash on Hand at Close of Reporting Period (from Line 27).....	9000.00	
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).....	20250.00	20250.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	20250.00	20250.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	68000.00	68000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	88250.00	88250.00
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)..... ▶	88250.00	88250.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 30

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	7809.61	8003.13
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	70940.39	77372.37
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	500.00	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)).....	500.00	500.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	79250.00	85875.50

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	88250.00
25. SUBTOTAL (add Line 23 and Line 24).....	88250.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	79250.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	9000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 5 OF 30
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 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)
Barnette, James, D., ,

Mailing Address 211 1/2 South Fayette Street

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

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

Name of Employer Stephoe & Johnson	Occupation Partner
---------------------------------------	-----------------------

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
 05 / 26 / 2017

Transaction ID : SA11AI.4269

Amount of Each Receipt this Period
 _____ 500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Curry, Patrick, , ,

Mailing Address 1404 South New Road

City Waco	State TX	Zip Code 76711
--------------	-------------	-------------------

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

Name of Employer PJC Investment	Occupation CEO
------------------------------------	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2017

Transaction ID : SA11AI.4259

Amount of Each Receipt this Period
 _____ 2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Fields, Jack, M., , Jr.

Mailing Address 8 Deer Ridge Estates

City King	State TX	Zip Code 77339
--------------	-------------	-------------------

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

Name of Employer 21st Century Group	Occupation CEO
--	-------------------

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
 06 / 28 / 2017

Transaction ID : SA11AI.4358

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ 3500.00
TOTAL This Period (last page this line number only)..... ▶	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 30	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)
Frasier, Rick, , ,

Mailing Address 131 Enterprise Road

City Johnstown	State NY	Zip Code 12095
-------------------	-------------	-------------------

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

Name of Employer Quality Hearing Instruments	Occupation Partner
---	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2017

Transaction ID : SA11AI.4322

Amount of Each Receipt this Period
 _____ 2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Giblin, Christopher, , ,

Mailing Address 1304 Chancel Place

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

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

Name of Employer Ogilvy	Occupation Principal
----------------------------	-------------------------

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
 05 / 19 / 2017

Transaction ID : SA11AI.4263

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Hart, Vicki, , ,

Mailing Address 3823 Fordham Road NW

City Washington	State DC	Zip Code 20016
--------------------	-------------	-------------------

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

Name of Employer Hart Health Strategies	Occupation President & Founder
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2017

Transaction ID : SA11AI.4265

Amount of Each Receipt this Period
 _____ 2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ 3000.00
TOTAL This Period (last page this line number only)..... ▶	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 30	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)
Hearing Instruments, Inc.

Mailing Address 3425 Simpson Ferry Road
Suite 202

City: Camp Hill State: PA Zip Code: 17011

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

Name of Employer: Occupation:

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
05 / 18 / 2017

Transaction ID : SA11AI.4251

Amount of Each Receipt this Period
500.00

Memo Item
SEE REFUND 6/22/2017

B. Full Name (Last, First, Middle Initial)
Jaeger, Cheryl, , ,

Mailing Address 310 South Saint Asaph Street

City: Alexandria State: VA Zip Code: 22314

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

Name of Employer: Williams & Jensen Occupation: Principal

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
05 / 19 / 2017

Transaction ID : SA11AI.4255

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Kendrick, Martha, M., ,

Mailing Address 1333 New Hampshire Avenue NW

City: Washington State: DC Zip Code: 20036

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

Name of Employer: Akin Gump Occupation: Partner

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 19 / 2017

Transaction ID : SA11AI.4261

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	1750.00
TOTAL This Period (last page this line number only)..... ▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 30	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)
Lukawski, Jennifer, , ,

Mailing Address 8704 Plymouth Road

City Alexandria	State VA	Zip Code 22308
--------------------	-------------	-------------------

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

Name of Employer BGR Government Affairs	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
06 / 23 / 2017

Transaction ID : SA11AI.4320

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Morrissey, Denise, H., ,

Mailing Address 7400 Park Terrace Drive

City Alexandria	State VA	Zip Code 22307
--------------------	-------------	-------------------

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

Name of Employer Capitol Counsel	Occupation Partner
-------------------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 19 / 2017

Transaction ID : SA11AI.4267

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Quality Hearing Instruments, LLC

Mailing Address 131 Enterprise Road

City Johnstown	State NY	Zip Code 12095
-------------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 19 / 2017

Transaction ID : SA11AI.4273

Amount of Each Receipt this Period
2000.00

Memo Item
SEE MEMO ITEM/ Verified Non-Corporate

SUBTOTAL of Receipts This Page (optional)..... ▶	5000.00
TOTAL This Period (last page this line number only)..... ▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 9 OF 30
(check only one)
 11a 11b 11c 11d
12 13a 13b 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)
Rogers, Richard, R., ,
Mailing Address 16251 Dallas Parkway
City Addison State TX Zip Code 75001
FEC ID number of contributing federal political committee. **C**
Name of Employer Mary Kay Occupation Executive Chairman
Receipt For: Primary General Other (specify) ▼
Election Cycle-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 19 / 2017
Transaction ID : SA11AI.4257
Amount of Each Receipt this Period
5000.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Sparkman, Thomas, B., ,
Mailing Address 10708 Eastwood Avenue
City Silver Spring State MD Zip Code 20901
FEC ID number of contributing federal political committee. **C**
Name of Employer ACLA Occupation VP of Government Relations
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
06 / 09 / 2017
Transaction ID : SA11AI.4271
Amount of Each Receipt this Period
1000.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Wood, Robert, , ,
Mailing Address 813 Vicar Lane
City Alexandria State VA Zip Code 22302
FEC ID number of contributing federal political committee. **C**
Name of Employer BGR Group Occupation 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
06 / 23 / 2017
Transaction ID : SA11AI.4319
Amount of Each Receipt this Period
1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	7000.00
TOTAL This Period (last page this line number only).....▶	20250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 30	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)
Advanced Medical Technology Association PAC

Mailing Address 701 Pennsylvania Avenue
Suite 800

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00340356

Name of Employer	Occupation
------------------	------------

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
 06 / 23 / 2017

Transaction ID : SA11C.4324

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Amedisys PAC, LLC

Mailing Address 5959 South Sherwood Forrest Boulev

City Baton Rouge	State LA	Zip Code 70816
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00436360

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2017

Transaction ID : SA11C.4308

Amount of Each Receipt this Period
 _____ 2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
American Chiropractic Association ACA PAC

Mailing Address 1701 Clarendon Boulevard

City Arlington	State VA	Zip Code 22209
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00102764

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2017

Transaction ID : SA11C.4284

Amount of Each Receipt this Period
 _____ 2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ 6000.00
TOTAL This Period (last page this line number only)..... ▶	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 30	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)
American Optometric Association AOA PAC

Mailing Address 1505 Prince Street
Suite 300

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00024968

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 19 / 2017

Transaction ID : SA11C.4282

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
American Society of Plastic Surgeons PAC PlastyPAC

Mailing Address 444 East Algonquin Road

City Arlington Heights	State IL	Zip Code 60005
---------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00249342

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2017

Transaction ID : SA11C.4325

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
American Society of Radiologic Technologists PAC

Mailing Address 15000 Central Avenue SE

City Albuquerque	State NM	Zip Code 87123
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00362327

Name of Employer	Occupation
------------------	------------

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
05 / 19 / 2017

Transaction ID : SA11C.4296

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	8500.00
TOTAL This Period (last page this line number only)..... ▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 30
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 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)
American Speech-Language-Hearing Association ASHA PAC

Mailing Address 2200 Research Boulevard

City Rockville	State MD	Zip Code 20850
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00210666

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 16 / 2017

Transaction ID : SA11C.4274

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
ASTRO PAC

Mailing Address 251 18th Street
8th Floor

City Arlington	State VA	Zip Code 22202
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00384602

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 09 / 2017

Transaction ID : SA11C.4300

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
CAPG Federal PAC

Mailing Address 915 Wilshire Boulevard
Suite 1620

City Los Angeles	State CA	Zip Code 90017
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00461756

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 19 / 2017

Transaction ID : SA11C.4310

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	7500.00
TOTAL This Period (last page this line number only)..... ▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 30	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)
Express Scripts PAC

Mailing Address 1 Express Way

City St. Louis	State MO	Zip Code 63121
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00365072

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2017

Transaction ID : SA11C.4363

Amount of Each Receipt this Period
 _____ 2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Herbalife International Inc. PAC

Mailing Address 800 West Olympic Boulevard
Suite 406

City Los Angeles	State CA	Zip Code 90015
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00393298

Name of Employer	Occupation
------------------	------------

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
 05 / 19 / 2017

Transaction ID : SA11C.4302

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
International Academy of Compounding Pharmacists IACP PAC

Mailing Address 4638 Riverstone Boulevard
Suite 100

City Missouri City	State TX	Zip Code 77459
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00424143

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2017

Transaction ID : SA11C.4304

Amount of Each Receipt this Period
 _____ 2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ 6000.00
TOTAL This Period (last page this line number only)..... ▶	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 30	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)
Kelley Drye & Warren PAC

Mailing Address 3050 K Street NW
Suite 400

City Washington	State DC	Zip Code 20007
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00301929

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 09 / 2017

Transaction ID : SA11C.4290

Amount of Each Receipt this Period

2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
LA Health Care Group Employee Federal PAC, Inc.

Mailing Address 420 West Pinhook Road
Suite A

City Lafayette	State LA	Zip Code 70503
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00382796

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 19 / 2017

Transaction ID : SA11C.4298

Amount of Each Receipt this Period

2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Medicaid Health Plans of America MHPA PAC

Mailing Address 1150 10th Street NW
Suite 1010

City Washington	State DC	Zip Code 20035
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00475426

Name of Employer	Occupation
------------------	------------

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
05 / 31 / 2017

Transaction ID : SA11C.4312

Amount of Each Receipt this Period

1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	5500.00
TOTAL This Period (last page this line number only)..... ▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 30	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)
National Association of Spine Specialists PAC

Mailing Address 7075 Veterans Boulevard

City Burr Ridge	State IL	Zip Code 60527
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00349225

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2017

Transaction ID : SA11C.4276

Amount of Each Receipt this Period
 _____ 3000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
National Association of Vision Care Plans PAC

Mailing Address 3774 Lavista Road
Suite 101

City Tucker	State GA	Zip Code 30084
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00615096

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2017

Transaction ID : SA11C.4314

Amount of Each Receipt this Period
 _____ 2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NEM PAC

Mailing Address PO Box 519911

City Dallas	State TX	Zip Code 75251
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00140061

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 09 / 2017

Transaction ID : SA11C.4286

Amount of Each Receipt this Period
 _____ 5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ 10500.00
TOTAL This Period (last page this line number only)..... ▶	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 30	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)
Neurosurgery PAC

Mailing Address 5550 Meadowbrook Drive

City Rolling Meadows	State IL	Zip Code 60008
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00413955

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2017

Transaction ID : SA11C.4365

Amount of Each Receipt this Period
 _____ 5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
PAC of the American Association of Orthopaedic Surgeons (AAOS)

Mailing Address 317 Massachusetts Avenue NE

City Washington	State DC	Zip Code 20002
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00343137

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 26 / 2017

Transaction ID : SA11C.4275

Amount of Each Receipt this Period
 _____ 2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Path PAC

Mailing Address 1350 I Street NW
Suite 590

City Washington	State DC	Zip Code 20006
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00274944

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 09 / 2017

Transaction ID : SA11C.4288

Amount of Each Receipt this Period
 _____ 5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ 12500.00
TOTAL This Period (last page this line number only)..... ▶	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 30	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)
Pharmaceutical Research & Manufacturers of America Better Gov't Committee

Mailing Address 950 F Street NW
Suite 300

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00021972

Name of Employer	Occupation
------------------	------------

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
06 / 02 / 2017

Transaction ID : SA11C.4280

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Sidley Austin, LLP Good Government Fund

Mailing Address 787 Seventh Avenue

City New York	State NY	Zip Code 10019
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00351270

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 26 / 2017

Transaction ID : SA11C.4294

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Society of Thoracic Surgeons PAC

Mailing Address 20 F Street NW
Suite 310C

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00325936

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 14 / 2017

Transaction ID : SA11C.4292

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	6000.00
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 19 OF 30	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 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)
Steptoe & Johnson PAC

Mailing Address 1330 Connecticut Avenue NW

City Washington	State DC	Zip Code 20036
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00431858

Name of Employer	Occupation
------------------	------------

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
05 / 26 / 2017

Transaction ID : SA11C.4306

Amount of Each Receipt this Period
1000.00

Memo Item

B. 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

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)..... ▶	1000.00
TOTAL This Period (last page this line number only)..... ▶	68000.00

**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 20 OF 30			
	<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. Campaign Financial Services		Date of Disbursement
Mailing Address PO Box 30844		M M / D D / Y Y Y Y 06 / 28 / 2017
City Bethesda	State MD	Zip Code 20824
Purpose of Disbursement SEE MEMO ITEMS	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period
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:	Transaction ID : SB17.4330	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Campaign Financial Services		Date of Disbursement
Mailing Address PO Box 30844		M M / D D / Y Y Y Y 06 / 28 / 2017
City Bethesda	State MD	Zip Code 20824
Purpose of Disbursement Compliance Consulting	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period
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:	Transaction ID : SB17.4331	
		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) c. Capitol Hill Club		Date of Disbursement
Mailing Address 300 First Street SE		M M / D D / Y Y Y Y 05 / 23 / 2017
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Catering	Category/ Type 003	
Candidate Name		Amount of Each Disbursement this Period
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:	Transaction ID : SB17.4248	
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	6718.12
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 21 OF 30	
	<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. Federal Express (FedEx)		Date of Disbursement MM / DD / YYYY 06 / 28 / 2017
Mailing Address 942 South Shady Grove Road		FEC Identification Number C
City Memphis	State TN	Zip Code 38120
Purpose of Disbursement Express Mail	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 32.94
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Martin, Steven, , , Jr.		Date of Disbursement MM / DD / YYYY 06 / 28 / 2017
Mailing Address PO Box 30844		FEC Identification Number C
City Bethesda	State MD	Zip Code 20824
Purpose of Disbursement Treasurer Services	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 200.00
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Red River, LLC		Date of Disbursement MM / DD / YYYY 06 / 27 / 2017
Mailing Address 8501 Bayside Road Suite C4-D		FEC Identification Number C
City Chesapeake Beach	State MD	Zip Code 20732
Purpose of Disbursement Fundraising Consulting	Category/ Type 003	
Candidate Name		Amount of Each Disbursement this Period 1000.00
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	7718.12

**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 22 OF 30	
	<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 06 / 29 / 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	Category/ Type 008	Amount of Each Disbursement this Period 3930.26
Candidate Name Bilirakis, Gus, , ,	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB18.4334
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 12	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Bilirakis for Congress		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 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	Category/ Type 008	Amount of Each Disbursement this Period 139.87
Candidate Name Bilirakis, Gus, , ,	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB18.4335
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 12	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) c. Billy Long for Congress		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 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	Category/ Type 008	Amount of Each Disbursement this Period 4070.12
Candidate Name Long, Billy, , ,	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB18.4336
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: 07	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	8140.25
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 23 OF 30
	<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. Bucshon for Congress		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 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 4070.13
State: IN District: 08		Transaction ID : SB18.4337 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Buddy Carter for Congress		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2017
Mailing Address PO Box 10570		FEC Identification Number C C00543967
City Savannah	State GA	Zip Code 31412
Purpose of Disbursement Transfer of Net Proceeds		008
Candidate Name Carter, Earl, L., ,		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 4070.12
State: GA District: 01		Transaction ID : SB18.4356 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) c. Collins for Congress		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2017
Mailing Address PO Box 386		FEC Identification Number C C00520379
City Clarence	State NY	Zip Code 14031
Purpose of Disbursement Transfer of Net Proceeds		008
Candidate Name Collins, Christopher, , ,		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 4517.70
State: NY District: 27		Transaction ID : SB18.4338 <input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	12657.95
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 24 OF 30
	<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. Friends of Susan Brooks		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2017
Mailing Address 9425 North Meridian Street Unit 237		FEC Identification Number C C00500207
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 3790.39
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2018	Transaction ID : SB18.4340
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Memo Item
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	
State: IN	District: 05	

Full Name (Last, First, Middle Initial) B. Friends of Susan Brooks		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2017
Mailing Address 9425 North Meridian Street Unit 237		FEC Identification Number C C00500207
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 279.73
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2018	Transaction ID : SB18.4341
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Memo Item
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	
State: IN	District: 05	

Full Name (Last, First, Middle Initial) c. Guthrie for Congress		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2017
Mailing Address PO Box 9639		FEC Identification Number C C00445023
City Bowling Green	State KY	Zip Code 42102
Purpose of Disbursement Transfer of Net Proceeds		008
Candidate Name Guthrie, Brett, , ,		Amount of Each Disbursement this Period 3650.53
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2018	Transaction ID : SB18.4342
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Memo Item
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	
State: KY	District: 02	

SUBTOTAL of Disbursements This Page (optional).....▶	7720.65
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 25 OF 30
	<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 06 / 29 / 2017
Mailing Address PO Box 9639		FEC Identification Number C C00445023
City Bowling Green	State KY	Zip Code 42102
Purpose of Disbursement Transfer of Net Proceeds		008
Candidate Name Guthrie, Brett, , ,		Amount of Each Disbursement this Period 419.60
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB18.4343
State: KY District: 02		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Hudson for Congress		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2017
Mailing Address PO Box 5053		FEC Identification Number C C00504522
City Concord	State NC	Zip Code 28027
Purpose of Disbursement Transfer of Net Proceeds		008
Candidate Name Hudson, Richard, , , Jr.		Amount of Each Disbursement this Period 6168.12
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 : SB18.4354
State: NC District: 08		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) c. Hudson for Congress		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2017
Mailing Address PO Box 5053		FEC Identification Number C C00504522
City Concord	State NC	Zip Code 28027
Purpose of Disbursement Transfer of Net Proceeds		008
Candidate Name Hudson, Richard, , , Jr.		Amount of Each Disbursement this Period 139.87
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB18.4355
State: NC District: 08		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	6727.59
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 26 OF 30
	<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. Lance for Congress		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2017
Mailing Address PO Box 225		FEC Identification Number C 00444224
City Colonia	State NJ	Zip Code 07067
Purpose of Disbursement Transfer of Net Proceeds	Category/ Type 008	Amount of Each Disbursement this Period 4070.13
Candidate Name Lance, Leonard, , ,	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	Transaction ID : SB18.4344 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Marsha Blackburn for Congress, Inc.		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2017
Mailing Address PO Box 3750		FEC Identification Number C 00376939
City Brentwood	State TN	Zip Code 37024
Purpose of Disbursement Transfer of Net Proceeds	Category/ Type 008	Amount of Each Disbursement this Period 4965.27
Candidate Name Blackburn, Marsha, , ,	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: TN District: 07	Transaction ID : SB18.4345 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. Morgan Griffith for Congress		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2017
Mailing Address PO Box 361		FEC Identification Number C 00477240
City Christiansburg	State VA	Zip Code 24068
Purpose of Disbursement Transfer of Net Proceeds	Category/ Type 008	Amount of Each Disbursement this Period 4070.13
Candidate Name Griffith, Morgan, , ,	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: VA District: 09	Transaction ID : SB18.4346 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	13105.53
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 27 OF 30	
	<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. Mullin for Congress			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2017	
Mailing Address PO Box 3681			FEC Identification Number C C00498345	
City Muskogee	State OK	Zip Code 74402	Amount of Each Disbursement this Period 4070.09	
Purpose of Disbursement Transfer of Net Proceeds		Category/ Type 008	Transaction ID : SB18.4353	
Candidate Name Mullin, Markwayne, , ,		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: OK	District: 02			

Full Name (Last, First, Middle Initial) B. The Congressman Joe Barton Committee			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2017	
Mailing Address PO Box 1444			FEC Identification Number C C00195065	
City Ennis	State TX	Zip Code 75120	Amount of Each Disbursement this Period 3790.38	
Purpose of Disbursement Transfer of Net Proceeds		Category/ Type 008	Transaction ID : SB18.4348	
Candidate Name Barton, Joe, , ,		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: TX	District: 06			

Full Name (Last, First, Middle Initial) c. The Congressman Joe Barton Committee			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2017	
Mailing Address PO Box 1444			FEC Identification Number C C00195065	
City Ennis	State TX	Zip Code 75120	Amount of Each Disbursement this Period 279.73	
Purpose of Disbursement Transfer of Net Proceeds		Category/ Type 008	Transaction ID : SB18.4349	
Candidate Name Barton, Joe, , ,		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: TX	District: 06			

SUBTOTAL of Disbursements This Page (optional).....▶	8140.20
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 28 OF 30
	<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. Tim Murphy for Congress		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2017
Mailing Address PO Box 24551		FEC Identification Number C 00372201
City Pittsburgh	State PA	Zip Code 15234
Purpose of Disbursement Transfer of Net Proceeds		008
Candidate Name Murphy, Tim, , ,		Amount of Each Disbursement this Period 4517.69
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 : SB18.4347
State: PA District: 18		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Upton for All of Us		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2017
Mailing Address PO Box 490		FEC Identification Number C 00200584
City St. Joseph	State MI	Zip Code 49085
Purpose of Disbursement Transfer of Net Proceeds		008
Candidate Name Upton, Frederick, , ,		Amount of Each Disbursement this Period 4070.12
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 : SB18.4350
State: MI District: 06		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Volunteers for Shimkus		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2017
Mailing Address PO Box 661		FEC Identification Number C 00258855
City Collinsville	State IL	Zip Code 62234
Purpose of Disbursement Transfer of Net Proceeds		008
Candidate Name Shimkus, John, , ,		Amount of Each Disbursement this Period 5832.44
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 : SB18.4351
State: IL District: 15		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	14420.25
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 29 OF 30	
	<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. Volunteers for Shimkus			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2017	
Mailing Address PO Box 661			FEC Identification Number C C00258855	
City Collinsville	State IL	Zip Code 62234	Amount of Each Disbursement this Period 27.97	
Purpose of Disbursement Transfer of Net Proceeds		Category/ Type 008	Transaction ID : SB18.4352	
Candidate Name Shimkus, John, , ,		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: IL District: 15				

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
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:				

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
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).....▶	27.97
TOTAL This Period (last page this line number only).....▶	70940.39

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 30 OF 30			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 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. Hearing Instruments, Inc.			Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2017		
Mailing Address 3425 Simpson Ferry Road Suite 202					
City Camp Hill	State PA	Zip Code 17011	FEC Identification Number C		
Purpose of Disbursement Contribution Refund		Category/ Type 010	Amount of Each Disbursement this Period 500.00		
Candidate Name		Transaction ID : SB20A.4252			
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) ▼		<input type="checkbox"/> Memo Item		
State: _____	District: _____				

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address					
City	State	Zip Code	FEC Identification Number C		
Purpose of Disbursement		Category/ Type	Amount of Each Disbursement this Period		
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.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address					
City	State	Zip Code	FEC Identification Number C		
Purpose of Disbursement		Category/ Type	Amount of Each Disbursement this Period		
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).....▶	500.00
TOTAL This Period (last page this line number only).....▶	500.00