FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

HEALTH PAC

ADDRESS (number and street) ▼ 3956 TOWN CENTER BLVD

STE 457

☐ Check if different than previously reported. (ACC)

ORLANDO | FL | 32837 –

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** C C00588806

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

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)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)	☐ May 20 (M5)	☐ Aug 20 (M8)	☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3)	☐ Jun 20 (M6)	☐ Sep 20 (M9)	☐ Dec 20 (M12) (Non-Election Year Only)
☒ Apr 20 (M4)	☐ Jul 20 (M7)	☐ Oct 20 (M10)	☐ Jan 31 (YE)

(c) 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

(d) 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 03 / 01 / 2016 through 03 / 31 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dustin Andersen

Signature of Treasurer *Dustin Andersen* ***[Electronically Filed]*** Date 04 / 20 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 02/2003)

Write or Type Committee Name

HEALTH PAC

Report Covering the Period: From: 03 / 01 / 2016 To: 03 / 01 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		4802.50
(b) Cash on Hand at Beginning of Reporting Period	18960.29	
(c) Total Receipts (from Line 19)	15000.00	30000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	33960.29	34802.50
7. Total Disbursements (from Line 31)	5282.88	6125.09
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	28677.41	28677.41
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	

☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3X** (Rev. 06/2004)

Write or Type Committee Name

HEALTH PAC

Report Covering the Period: From: 03 / 01 / 2016 To: 03 / 31 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	15000.00	30000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	15000.00	30000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (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) ▶	15000.00	30000.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(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
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ▶	15000.00	30000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	15000.00	30000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	5282.88	6125.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	5282.88	6125.09
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other 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 (add Lines 28(a), (b), and (c)) ▶	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(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 Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5282.88	6125.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	5282.88	6125.09

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	15000.00	30000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15000.00	30000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	5282.88	6125.09
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	5282.88	6125.09

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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 PAC

A. Full Name (Last, First, Middle Initial): Joseph Faber
Mailing Address: 8 Haights Cross Road
City: Chappagqua | State: NY | Zip Code: 10514
FEC ID number of contributing federal political committee: C
Name of Employer: Faber Daeufer & Itrato PC | Occupation: Lawyer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 03 / 10 / 2016
Transaction ID : SA11AI.4118
Amount of Each Receipt this Period: 5000.00
[ ] Memo Item
Earmarked through Act Blue- March 13, 2016

B. Full Name (Last, First, Middle Initial): Adelaide Gomer
Mailing Address: 513 Wycoff Road
City: Ithaca | State: NY | Zip Code: 14850
FEC ID number of contributing federal political committee: C
Name of Employer: Requested | Occupation: Requested
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 20000.00
Date of Receipt: 03 / 01 / 2016
Transaction ID : SA11AI.4167
Amount of Each Receipt this Period: 5000.00
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Dale LeFebvre
Mailing Address: 2710 Foxhail Rd NW
City: Washington | State: DC | Zip Code: 20007
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed | Occupation: Self Employed
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 03 / 28 / 2016
Transaction ID : SA11AI.4120
Amount of Each Receipt this Period: 5000.00
[ ] Memo Item
Earmarked through Act Blue- March 31, 2016

SUBTOTAL of Receipts This Page (optional) ▶ 15000.00

TOTAL This Period (last page this line number only) ▶ 15000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
HEALTH PAC

A.
Full Name (Last, First, Middle Initial): ACTBLUE
Mailing Address: P.O. BOX 441146
City: SOMERVILLE State: MA Zip Code: 02144
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼
Date of Receipt: 03 / 13 / 2016
Transaction ID : SA11C.4122
Amount of Each Receipt this Period: 4802.50
☒ Memo Item
Total Earmarked through Conduit. PAC limit not affected

B.
Full Name (Last, First, Middle Initial): ACTBLUE
Mailing Address: P.O. BOX 441146
City: SOMERVILLE State: MA Zip Code: 02144
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼
Date of Receipt: 03 / 31 / 2016
Transaction ID : SA11C.4123
Amount of Each Receipt this Period: 4802.50
☒ Memo Item
Total Earmarked through Conduit. PAC limit not affected.

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) ▼
Aggregate Year-to-Date ▼
Date of Receipt: MM / DD / YYYY
Amount of Each Receipt this Period:
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
HEALTH PAC

A. Full Name (Last, First, Middle Initial): ACTBLUE
Mailing Address: P.O. BOX 441146
City: SOMERVILLE State: MA Zip Code: 02144
Purpose of Disbursement: Credit Card Processing Fee
Category/Type: 003
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 31 / 2016
Transaction ID : SB21B.4127
Amount of Each Disbursement this Period: 197.50
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): American Airlines
Mailing Address: PO Box 619612 MD 2400
City: DFW Airport State: TX Zip Code: 75261
Purpose of Disbursement: Airfare
Category/Type: 002
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 16 / 2016
Transaction ID : SB21B.4140
Amount of Each Disbursement this Period: 1665.00
[X] Memo Item

C. Full Name (Last, First, Middle Initial): American Airlines
Mailing Address: PO Box 619612 MD 2400
City: DFW Airport State: TX Zip Code: 75261
Purpose of Disbursement: Airfare
Category/Type: 002
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 16 / 2016
Transaction ID : SB21B.4157
Amount of Each Disbursement this Period: 829.27
[X] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 197.50

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
HEALTH PAC

A. Full Name (Last, First, Middle Initial): Amtrak
Mailing Address: 234 W 31st St.
City: New York State: NY Zip Code: 10001
Purpose of Disbursement: Train
Candidate Name:
Category/Type: 002
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 23 / 2016
Transaction ID : SB21B.4146
Amount of Each Disbursement this Period: 263.00
[X] Memo Item

B. Full Name (Last, First, Middle Initial): Delta Airlines
Mailing Address: PO Box 20706
City: Atlanta State: GA Zip Code: 30320
Purpose of Disbursement: Airfare
Candidate Name:
Category/Type: 002
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 23 / 2016
Transaction ID : SB21B.4142
Amount of Each Disbursement this Period: 378.10
[X] Memo Item

C. Full Name (Last, First, Middle Initial): Hertz Car Rental
Mailing Address: 780 McDonnell Road
City: San Francisco State: CA Zip Code: 94128
Purpose of Disbursement: Car Rental
Candidate Name:
Category/Type: 002
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 01 / 2016
Transaction ID : SB21B.4151
Amount of Each Disbursement this Period: 70.37
[X] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
HEALTH PAC

A. Full Name (Last, First, Middle Initial): Hilton San Francisco
Mailing Address: 600 Airport Blvd
City: Burlingame State: CA Zip Code: 64010
Purpose of Disbursement: Lodging
Category/Type: 002
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 01 / 2016
Transaction ID : SB21B.4153
Amount of Each Disbursement this Period: 263.02
[X] Memo Item

B. Full Name (Last, First, Middle Initial): Dena Minning
Mailing Address: 3956 Town Center Blvd Ste 457
City: Orlando State: FL Zip Code: 32837
Purpose of Disbursement: REIMBURSEMENT: SEE BELOW
Category/Type: 002
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 16 / 2016
Transaction ID : SB21B.4134
Amount of Each Disbursement this Period: 4887.88
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Uber
Mailing Address: 1455 Market St. # 400
City: San Francisco State: CA Zip Code: 94103
Purpose of Disbursement: Taxi
Category/Type: 002
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 25 / 2016
Transaction ID : SB21B.4145
Amount of Each Disbursement this Period: 220.61
[X] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4887.88

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
HEALTH PAC

A. Full Name (Last, First, Middle Initial): Uber
Mailing Address: 1455 Market St. # 400
City: San Francisco State: CA Zip Code: 94103
Purpose of Disbursement: Taxi
Candidate Name:
Category/Type: 002
Office Sought: [ ] House [ ] Senate [ ] President State: District:
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 03 / 2016
Transaction ID : SB21B.4154
Amount of Each Disbursement this Period: 159.58
[X] Memo Item

B. Full Name (Last, First, Middle Initial): Uber
Mailing Address: 1455 Market St. # 400
City: San Francisco State: CA Zip Code: 94103
Purpose of Disbursement: Taxi
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President State: District:
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 16 / 2016
Transaction ID : SB21B.4156
Amount of Each Disbursement this Period: 112.89
[X] Memo Item

C. Full Name (Last, First, Middle Initial): United Airlines
Mailing Address: PO Box 66100
City: Chicago State: IL Zip Code: 60666
Purpose of Disbursement: Airfare
Candidate Name:
Category/Type: 002
Office Sought: [ ] House [ ] Senate [ ] President State: District:
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 03 / 2016
Transaction ID : SB21B.4148
Amount of Each Disbursement this Period: 902.10
[X] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
HEALTH PAC

A. Full Name (Last, First, Middle Initial): United Airlines
Mailing Address: PO Box 66100
City: Chicago State: IL Zip Code: 60666
Purpose of Disbursement: Airline Wi-Fi
Candidate Name:
Category/Type: 002
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 03 / 2016
Transaction ID : SB21B.4155
Amount of Each Disbursement this Period: 23.94
[X] Memo Item

B. Full Name (Last, First, Middle Initial): Wells Fargo Bank
Mailing Address: 300 N College St.
City: Charlotte State: NC Zip Code: 28202
Purpose of Disbursement: Bank Service Fees
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 31 / 2016
Transaction ID : SB21B.4160
Amount of Each Disbursement this Period: 6.00
[X] Memo Item

C. Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: / /
Amount of Each Disbursement this Period:
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 5085.38