

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 Justice PAC

ADDRESS (number and street) 777 S. Figueroa Street #4050
Check if different than previously reported. (ACC) Los Angeles CA 90017

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00621466 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 M / D D D / Y Y 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 M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2016 through 09 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Mangia, Jim, , ,
Type or Print Name of Treasurer

Signature of Treasurer Mangia, Jim, , , [Electronically Filed] Date 10 / 10 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Health Justice PAC

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="21000.00"/>	<input type="text" value="21000.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="21000.00"/>	<input type="text" value="21000.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="13666.68"/>	<input type="text" value="13666.68"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="7333.32"/>	<input type="text" value="7333.32"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="1584.28"/>	

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

Write or Type Committee Name

Health Justice PAC

Report Covering the Period: From: / / To: / /

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).....	21000.00	21000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	21000.00	21000.00
(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)	21000.00	21000.00
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)).....▶	21000.00	21000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	21000.00	21000.00

DETAILED SUMMARY PAGE
of Disbursements

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	166.68	166.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	166.68	166.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13500.00	13500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	13666.68	13666.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13666.68	13666.68

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

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)	21000.00	21000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21000.00	21000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	166.68	166.68
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	166.68	166.68

**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)	PAGE 6 OF 13
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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 Justice PAC

A. Barahona, Rolando, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1664 N Avenue 46
 City Los Angeles State CA Zip Code 90041-3337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Johns Well Child Family Center Occupation (for Individual) Chief of Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **07 / 14 / 2016**
Transaction ID : VSHCYD820X5
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. Collis, Conway, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 595 S. Grand Ave.
 City Pasadena State CA Zip Code 91105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GRACE Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **08 / 08 / 2016**
Transaction ID : VSHCYD38N41
 Amount of Each Receipt this Period 2000.00
 Memo Item

C. Mangia, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2520 7th Ave
 City Los Angeles State CA Zip Code 90018-1701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. John's Well Child and Family Cente Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt **07 / 14 / 2016**
Transaction ID : VSHCYD820M4
 Amount of Each Receipt this Period 4000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	11000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 13
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health Justice PAC

A. Neiman, Timothy, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 S Grand Ave
 Apt 1111
 City Los Angeles State CA Zip Code 90012-4429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Interior Designer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 5000.00

Date of Receipt **07 / 28 / 2016**
Transaction ID : VSHCYD388W3
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. Radcliff, Jomo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2520 7th Ave
 City Los Angeles State CA Zip Code 90018-1701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gap, Inc. Occupation (for Individual) General Manager
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 5000.00

Date of Receipt **07 / 14 / 2016**
Transaction ID : VSHCYD820W7
 Amount of Each Receipt this Period 5000.00
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	10000.00
TOTAL This Period (last page this line number only).....	21000.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Health Justice PAC

A. Citizens for Boyle

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 11545

City Philadelphia State PA Zip Code 19116-0545

Purpose of Disbursement Federal Contribution

Candidate Name Boyle, Brendan, , ,

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: PA District: 39

Date of Disbursement: 07 / 14 / 2016

FEC Identification Number: C00543363
Transaction ID : VSGDP9SA2f
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Democratic Congressional Campaign Committee

Full Name (Last, First, Middle Initial)
Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement Federal Contribution

Candidate Name Democratic Congressional Campaign Committee

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 15 / 2016

FEC Identification Number: C00000935
Transaction ID : VSGDP9SA2f
Amount of Each Disbursement this Period: 5000.00

Memo Item

C. Democratic Congressional Campaign Committee

Full Name (Last, First, Middle Initial)
Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement Federal Contribution

Candidate Name Democratic Congressional Campaign Committee

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 15 / 2016

FEC Identification Number: C00000935
Transaction ID : VSGDP9SA2f
Amount of Each Disbursement this Period: 3500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 9500.00

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Health Justice PAC

Full Name (Last, First, Middle Initial) A. Friends of Dan Kildee			Date of Disbursement MM / DD / YYYY 07 / 14 / 2016	
Mailing Address PO Box 248			FEC Identification Number C00499947 Transaction ID : VSGDP9SA2I	
City Flint	State MI	Zip Code 48501-0248	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Federal Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name Kildee, Daniel, , ,		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: 05			

Full Name (Last, First, Middle Initial) B. Moulton for Congress			Date of Disbursement MM / DD / YYYY 07 / 14 / 2016	
Mailing Address PO Box 2013			FEC Identification Number C00547240 Transaction ID : VSGDP9SA2E	
City Salem	State MA	Zip Code 01970-6213	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Federal Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name Moulton, Seth, , ,		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MA District: 06			

Full Name (Last, First, Middle Initial) C. Nolan for Congress Volunteer Committee			Date of Disbursement MM / DD / YYYY 07 / 14 / 2016	
Mailing Address PO Box 1041			FEC Identification Number C00499053 Transaction ID : VSGDP9SA1	
City Brainerd	State MN	Zip Code 56401-1041	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Federal Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name Nolan, Richard, , ,		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MN District: 08			

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Health Justice PAC

Full Name (Last, First, Middle Initial) A. Ruben Kihuen for Congress		Date of Disbursement MM / DD / YYYY 07 / 14 / 2016	
Mailing Address PO Box 458			
City Las Vegas	State NV	Zip Code 89125-0458	
Purpose of Disbursement Federal Contribution		Category/Type 011	FEC Identification Number C00502773 Transaction ID : VSGDP9SA2I
Candidate Name Kihuen, Ruben, , ,		Amount of Each Disbursement this Period 1000.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NV District: 04	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		Category/Type	FEC Identification Number C
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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		Category/Type	FEC Identification Number C
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:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	13500.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 13
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Health Justice PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kaufman Legal Group			Nature of Debt (Purpose): Legal and Treasury Fees
Mailing Address 777 S Figueroa St Ste 4050			
City Los Angeles	State CA	Zip Code 90017-5864	

Outstanding Balance Beginning This Period 0.00	Transaction ID : VSEF69H8935	
Amount Incurred This Period 682.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 682.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kaufman Legal Group			Nature of Debt (Purpose): Legal and Treasury Fees
Mailing Address 777 S Figueroa St Ste 4050			
City Los Angeles	State CA	Zip Code 90017-5864	

Outstanding Balance Beginning This Period 0.00	Transaction ID : VSEF69H8943	
Amount Incurred This Period 725.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 725.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kaufman Legal Group			Nature of Debt (Purpose): Legal and Treasury Expenses
Mailing Address 777 S Figueroa St Ste 4050			
City Los Angeles	State CA	Zip Code 90017-5864	

Outstanding Balance Beginning This Period 0.00	Transaction ID : VSEF69H8950	
Amount Incurred This Period 45.45	Payment This Period 0.00	Outstanding Balance at Close of This Period 45.45

1) SUBTOTALS This Period This Page (optional)..... ▶	1453.45
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 13
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Health Justice PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kaufman Legal Group			Nature of Debt (Purpose): Legal and Treasury Fees
Mailing Address 777 S Figueroa St Ste 4050			
City Los Angeles	State CA	Zip Code 90017-5864	

Outstanding Balance Beginning This Period 0.00	Transaction ID : VSEF69H8968	
Amount Incurred This Period 87.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 87.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kaufman Legal Group			Nature of Debt (Purpose): Legal and Treasury Expenses
Mailing Address 777 S Figueroa St Ste 4050			
City Los Angeles	State CA	Zip Code 90017-5864	

Outstanding Balance Beginning This Period 0.00	Transaction ID : VSEF69H8976	
Amount Incurred This Period 31.12	Payment This Period 0.00	Outstanding Balance at Close of This Period 31.12

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kaufman Legal Group			Nature of Debt (Purpose): Legal and Treasury Fees
Mailing Address 777 S Figueroa St Ste 4050			
City Los Angeles	State CA	Zip Code 90017-5864	

Outstanding Balance Beginning This Period 0.00	Transaction ID : VSEF69H89X0	
Amount Incurred This Period 4.86	Payment This Period 0.00	Outstanding Balance at Close of This Period 4.86

1) SUBTOTALS This Period This Page (optional)..... ▶	122.98
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 13 OF 13
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
Health Justice PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kaufman Legal Group			Nature of Debt (Purpose): Legal and Treasury Expenses
Mailing Address 777 S Figueroa St Ste 4050			
City Los Angeles	State CA	Zip Code 90017-5864	

Outstanding Balance Beginning This Period		Transaction ID : VSEF69H89Y8	
<input type="text" value="0.00"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="7.85"/>	<input type="text" value="0.00"/>	<input type="text" value="7.85"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
<input type="text"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
<input type="text"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="7.85"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="1584.28"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="1584.28"/>