Image# 13962636713 PAGE 1 / 7

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

FORIWI SX F	or Other	Than An A	uthorize	d Commit	tee		Office U	se Only	
NAME OF COMMITTEE (in full)	TYPE OR F	PRINT ▼		ample: If typer the lines.	ing, type	12FE4	lM5		
Coalition for Healthcare	e Financ	e Political	Action (Committe	ee				I
4BBB500	330 Penr	nsylvania Ave SE	<u> </u>			1 1 1			
ADDRESS (number and street) ▼	Ste 305								
Check if different than previously reported. (ACC)	Washing	ton				DC	20003	B -	
2. FEC IDENTIFICATION NU	MBER ▼	(CITY 🛦		5	STATE A		ZIP CODE ▲	
C C00524330		3.	IS THIS REPORT	\	NEW (N) OR		AMENDED (A)		
4. TYPE OF REPORT (Choose One)	(b) Mon Rep Due	ort On:	eb 20 (M2)		May 20 (M5)		Aug 20 (M8)	(Non-E Year O	nly)
(a) Quarterly Reports:		Mar 20 (M3)			Jun 20 (M6) Sep 20 (M9)				20 (M12) lection nly)
April 15 Quarterly Report (Q		A	pr 20 (M4)	Ш	Jul 20 (M7)	_Ц	Oct 20 (M10)	Jan 3	31 (YE)
July 15 Quarterly Report (Q	(C)	12-Day PRE-Election	Ш	Primary (12	P)	Gen	eral (12G)	Runof	f (12R)
October 15		Report for the		Convention	(12C)	Spec	cial (12S)		
Quarterly Report (Q January 31 Year-End Report (Y		Elec	ction on	M = M /	/ D D /	Y I Y I Y	Y	in the State of	
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d)	30-Day POST-Election		General (30	0G)	Run	off (30R)	Specia	al (30S)
Termination Report (TER)		Report for the:		M = M /	/ D D /	Y = Y = Y	Y	in the	-
		Elec	ction on					State of	
5. Covering Period 04	M / D 01	201	3	through	04_	30	20	13	
I certify that I have examined th	s Report a	nd to the best	of my kno	wledge and	belief it is tru	e, correc	t and comple	te.	
Type or Print Name of Treasure	Thomas	James Boesen							
Signature of Treasurer Thom	as James Boe	sen		[Electronical	lly Filed] □	ate	05 20		3
NOTE: Submission of false, errone	eous, or inco	omplete informa	tion may s	ubject the pe	rson signing th	is Report	to the penalti	es of 2 U.S.C.	§437g.
Office Use Only							I	FORM 32 Rev. 12/2004	x

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

Coalition for Healthcare Finance Political Action Committee

Report Covering the Period: From: 04 01 2013 To: 04 30 2013

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2013		1500.00
	(b) Cash on Hand at Beginning of Reporting Period	1500.00	
	(c) Total Receipts (from Line 19)	5000.00	10000.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	6500.00	11500.00
7.	Total Disbursements (from Line 31)	5000.00	10000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1500.00	1500.00
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	

×

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

Coalition for Healthcare Finance Political Action Committee

R	eport Covering the Period: From: 04	01 2013 To:	04 30 7 2013
	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)	5000.00	10000.00
	(ii) Unitemized(iii) TOTAL (add	0.00	0.00
	Lines 11(a)(i) and (ii)▶	5000.00	10000.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
12	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	5000.00	10000.00
	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
17	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00
	(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
10	Total Receipts (add Lines 11(d),		
13.	12, 13, 14, 15, 16, 17, and 18(c))▶	5000.00	10000.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	5000.00	10000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calonial Tour to Date		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating				
Expenditures	0.00	0.00		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00		
2. Transfers to Affiliated/Other Party				
Committees	0.00	0.00		
 Contributions to Federal Candidates/Committees and Other Political Committees 	5000.00	10000.00		
. Independent Expenditures	0.00	0.00		
(use Schedule E)		0.00		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
. Loan Repayments Made	0.00	0.00		
. Loans Made	0.00	0.00		
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00		
man rondea Committees	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		
(add Lines Zo(a), (b), and (c))				
Other Disbursements	0.00	0.00		
. Federal Election Activity (2 U.S.C. §431(2	20))			
(a) Allocated Federal Election Activity				
(from Schedule H6) (i) Federal Share	0.00	0.00		
(i) I ederal chare				
(ii) "Levin" Share		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		
Total Disbursements (add Lines 21(c), 22				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5000.00	10000.00		
Total Federal Disbursements (subtract Line 21/a)(ii) and Line 30/a)(ii)				
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	5000.00	10000.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	5000.00	10000.00	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5000.00	10000.00	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

_	FOR LINE NUMBER:			PAGE 6 OF			7		
(che	eck only	one	e)						
×	11a	<u> </u>	11b		11c		12		
	13	1	14		15		16		17

or for commercial purposes, other than using	the name and address of any political committee t	to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) Coalition for Healthcare Finar	nce Political Action Committee			
Full Name (Last, First, Middle Initial) Jack Dwyer		Date of Receipt		
Mailing Address 1422 Clarkview Road		04 01 2013		
City	State Zip Code	Transaction ID : SA11AI.4161		
Baltimore	MD 21209	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	5000.00		
Name of Employer	Occupation	personal donation of \$5,000 by Jack Dwyer		
Capital Funding Group	President			
Receipt For:	Aggregate Year-to-Date ▼	1		
Primary General	Aggregate rear-to-Date ▼			
Other (specify) ▼	5000.00			
Full Name (Last, First, Middle Initial)		Date of Receipt		
Mailing Address		M = M / D = D / Y = Y = Y		
City	City State Zip Code			
FEC ID number of contributing	0	Amount of Each Receipt this Period		
federal political committee.	C			
Name of Employer	Occupation	-		
Receipt For:	Aggregate Year-to-Date ▼	1		
Primary General Other (specify) ▼	55 75 10 Sale 7			
Full Name (Last, First, Middle Initial)				
·		Date of Receipt		
Mailing Address	Mailing Address			
City	State Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C			
Name of Employer	Occupation	-		
Receipt For: Primary General	Aggregate Year-to-Date ▼	-		
Other (specify)				
SUBTOTAL of Receipts This Page (optional)	<u>. </u>	5000.00		
GODICIAL OF NECERPLS TRIS Page (optional)				
TOTAL This Period (last page this line numb	per only)	5000.00		

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) Coalition for Healthcare Finance Political Action Committee Full Name (Last, First, Middle Initial) A. FREEDOM FUND Mailing Address 701 8TH STREET, NW SUITE 500 City State Zip Code WASHINGTON DC 20001 Purpose of Disbursement Candidate Name FREEDOM FUND Office Sought: House Senate Primary General Other (specify) Type State: District: Full Name (Last, First, Middle Initial)	SCHEDULE B (FEC Form 3X)	11	FOR LINE NUMBER: PAGE 7 OF 7				
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicing contributions for 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) NAME OF COMMITTEE (In Full) NAME CHARLES, First, Middle Initial) A. FREEDOM FUND Mailing Address 701 sTH STREET, NW SUITE 500 City State Zip Code WASHINGTON DC 20001 FURDOSS of Disbursement Candidate Name FREEDOM FUND Office Sought: House Disbursement For: 2014 President Disbursement Candidate Name FRIENDS OF SCHUMER Office Sought: House Disbursement For: 2014 FURDOSS OF SCHUMER Mailing Address 192 LEXINGTON AVENUE SUITE 1001 City FRIENDS OF SCHUMER Office Sought: House Disbursement For: 2014 FURDOSS OF SCHUMER Mailing Address City FRIENDS OF SCHUMER Office Sought: House Disbursement For: 2014 FURDOSS OF SCHUMER Office Sought: House Disbursement For: 2014 FURDOSS OF SCHUMER Office Sought: House Disbursement For: 2014 FURDOSS OF SCHUMER Office Sought: House Disbursement For: 2014 FURDOSS OF SCHUMER Office Sought: House Disbursement For: 2014 FURDOSS OF SCHUMER Office Sought: House Disbursement For: 2014 FURDOSS OF SCHUMER Office Sought: House Disbursement For: 2014 FURDOSS OF SCHUMER Office Sought: Senate Disbursement For: 2014 FURDOSS OF SCHUMER Office Sought: Senate Disbursement For: 2014 FURDOSS OF SCHUMER Office Sought: Senate Disbursement For: 2014 FURDOSS OF SCHUMER Office Sought: Senate Disbursement For: 2014 FURDOSS OF SCHUMER Office Sought: Senate Disbursement For: 2014 FURDOSS OF SCHUMER Office Sought: Senate Disbursement For: 2014 FURDOSS OF SCHUMER Office Sought: Senate Disbursement For: 2014 FURDOSS OF SCHUMER Office Sought: Senate Disbursement For: 2014 FURDOSS OF SCHUMER Office Sought: Senate Disbursement For: 2014 FURDOSS OF SCHUMER Office Sought: Senate Disbursement For: 2014 FURDOSS OF SCHUMER Office Sought: Senate Disbursement For: 2014 FURDO	ITEMIZED DISBURSEMENTS		(orlean orling	,			
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Mailing Address 192 LEXINGTON AVENUE SUITE 1001	B. FRIENDS OF SCHUMER			Date of Disbursem	ent		
City State Zip Code NY 10016 Purpose of Disbursement CHFPAC donation to Friends of Schumer Candidate Name FRIENDS OF SCHUMER Office Sought: House Senate President State: NY District: 00 Full Name (Last, First, Middle Initial) Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Other (specify) State: Disbursement For: Senate Primary General Other (specify) State: District: Other (specify) State: Disbursements This Page (optional)				M = M / D = D	/ Y = Y = Y = Y		
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