

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

07 / 01 / 2016

through

M M / D D / Y Y Y Y

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.

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

10 / 14 / 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.

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))....	31250.00	31250.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	31250.00	31250.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	5615.10	5615.10
(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)).....	5615.10	5615.10
8. Cash on Hand at Close of Reporting Period (from Line 27).....	6235.00	
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).....	1250.00	1250.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	1250.00	1250.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	30000.00	30000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	31250.00	31250.00
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)..... ▶	31250.00	31250.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	5615.10	5615.10
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	19399.90	19399.90
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	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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	25015.00	25015.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	31250.00
25. SUBTOTAL (add Line 23 and Line 24).....	31250.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	25015.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	6235.00

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

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

FOR LINE NUMBER: PAGE 5 OF 12
(check only one)
 11a 12 11b 13a 11c 13b 11d 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)
Lent, Norman, , , III

Mailing Address 3529 Malvern Court

City Alexandria State VA Zip Code 22304

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

Name of Employer Dowe Lohnes Occupation Executive VP

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
09 / 27 / 2016

Transaction ID : SA11AI.4126

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Reid, Randi, , ,

Mailing Address 1631 Hobart Street NW

City Washington State DC Zip Code 20009

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

Name of Employer Kountoupes Denham Occupation Government Relations 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
09 / 30 / 2016

Transaction ID : SA11AI.4148

Amount of Each Receipt this Period
1000.00

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).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	1250.00

**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 6 OF 12	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Health First Committee

A. Full Name (Last, First, Middle Initial)
Generic Pharmaceutical Association (GPHA) PAC

Mailing Address 777 6th Street NW
Suite 510

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00383463

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
09 / 30 / 2016

Transaction ID : SA11C.4150

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Lone Star Leadership PAC

Mailing Address PO Box 30844

City Bethesda State MD Zip Code 20824

FEC ID number of contributing federal political committee. **C** C00415208

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
25000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 29 / 2016

Transaction ID : SA11C.4124

Amount of Each Receipt this Period
25000.00

Memo Item

C. 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
09 / 30 / 2016

Transaction ID : SA11C.4151

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30000.00
TOTAL This Period (last page this line number only).....▶	30000.00

**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 7 OF 12	
	<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. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2016
Mailing Address 300 First Street SE		FEC Identification Number C
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Catering	Category/ Type 003	
Candidate Name	Amount of Each Disbursement this Period 1725.10	
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) ▼	Transaction ID : SB17.4131
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Martin, Steven, , , Jr.		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2016
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 100.00	
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) ▼	Transaction ID : SB17.4129
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Red River, LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2016
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) ▼	Transaction ID : SB17.4133
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	2725.10
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 8 OF 12	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Health First Committee

A. Services, Campaign Financial, , ,

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30844

City Bethesda State MD Zip Code 20824

Purpose of Disbursement SEE MEMO ITEMS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 29 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 2875.00

Transaction ID : SB17.4127

Memo Item

B. Services, Campaign Financial, , ,

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30844

City Bethesda State MD Zip Code 20824

Purpose of Disbursement Compliance Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 29 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 2775.00

Transaction ID : SB17.4128

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2875.00
TOTAL This Period (last page this line number only).....▶	5600.10

**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 9 OF 12
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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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 09 / 29 / 2016
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		008
Candidate Name Bilirakis, Gus, , ,		Category/ Type
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) ▼	Amount of Each Disbursement this Period 1939.99
State: FL District: 12		Transaction ID : SB18.4134 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Billy Long for Congress		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2016
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		008
Candidate Name Long, Billy, , ,		Category/ Type
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) ▼	Amount of Each Disbursement this Period 1939.99
State: MO District: 07		Transaction ID : SB18.4135 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) c. Bucshon for Congress		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2016
Mailing Address PO Box 250		FEC Identification Number C C00468256
City Newburgh	State IN	Zip Code 47629
Purpose of Disbursement Transfer of Net Proceeds		002
Candidate Name Bucshon, Larry, , ,		Category/ Type
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) ▼	Amount of Each Disbursement this Period 1939.99
State: IN District: 08		Transaction ID : SB18.4136 <input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	5819.97
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 10 OF 12	
	<input type="checkbox"/> 17 20a	<input checked="" type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Health First Committee

Full Name (Last, First, Middle Initial) A. Collins for Congress			Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2016	
Mailing Address PO Box 386			FEC Identification Number C C00520379	
City Clarence	State NY	Zip Code 14031	Amount of Each Disbursement this Period 1939.99	
Purpose of Disbursement Transfer of Net Proceeds		Category/ Type 008	Transaction ID : SB18.4137	
Candidate Name Collins, Christopher, , ,		Memo Item <input type="checkbox"/>		
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: NY District: 27				

Full Name (Last, First, Middle Initial) B. Friends of Susan Brooks			Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2016	
Mailing Address 9425 North Meridian Street Unit 237			FEC Identification Number C C00500207	
City Indianapolis	State IN	Zip Code 46260	Amount of Each Disbursement this Period 1939.99	
Purpose of Disbursement Transfer of Net Proceeds		Category/ Type 008	Transaction ID : SB18.4138	
Candidate Name Brooks, Susan, , ,		Memo Item <input type="checkbox"/>		
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: IN District: 05				

Full Name (Last, First, Middle Initial) c. Guthrie for Congress			Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2016	
Mailing Address PO Box 9639			FEC Identification Number C C00445023	
City Bowling Green	State KY	Zip Code 42102	Amount of Each Disbursement this Period 1939.99	
Purpose of Disbursement Transfer of Net Proceeds		Category/ Type 008	Transaction ID : SB18.4139	
Candidate Name Guthrie, Brett, , ,		Memo Item <input type="checkbox"/>		
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: KY District: 02				

SUBTOTAL of Disbursements This Page (optional).....▶	5819.97
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 11 OF 12	
	<input type="checkbox"/> 17 20a	<input checked="" type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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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 09 / 29 / 2016	
Mailing Address PO Box 225			FEC Identification Number C C00444224	
City Colonia	State NJ	Zip Code 07067	Amount of Each Disbursement this Period 1939.99	
Purpose of Disbursement Transfer of Net Proceeds		Category/ Type 008	Transaction ID : SB18.4140	
Candidate Name Lance, Leonard, , ,		Memo Item <input type="checkbox"/>		
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: NJ District: 07				

Full Name (Last, First, Middle Initial) B. Marsha Blackburn for Congress, Inc.			Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2016	
Mailing Address PO Box 3750			FEC Identification Number C C00376939	
City Brentwood	State TN	Zip Code 37024	Amount of Each Disbursement this Period 1939.99	
Purpose of Disbursement Transfer of Net Proceeds		Category/ Type 008	Transaction ID : SB18.4141	
Candidate Name Blackburn, Marsha, , ,		Memo Item <input type="checkbox"/>		
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: TN District: 07				

Full Name (Last, First, Middle Initial) c. Morgan Griffith for Congress			Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2016	
Mailing Address PO Box 361			FEC Identification Number C C00477240	
City Christiansburg	State VA	Zip Code 24068	Amount of Each Disbursement this Period 1939.99	
Purpose of Disbursement Transfer of Net Proceeds		Category/ Type 008	Transaction ID : SB18.4142	
Candidate Name Griffith, Morgan, , ,		Memo Item <input type="checkbox"/>		
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: VA District: 09				

SUBTOTAL of Disbursements This Page (optional).....▶	5819.97
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 12 OF 12
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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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 09 / 29 / 2016
Mailing Address PO Box 24551		FEC Identification Number C C00372201
City Pittsburgh	State PA	Zip Code 15234
Purpose of Disbursement Transfer of Net Proceeds		008 Category/ Type
Candidate Name Murphy, Tim, , ,		Amount of Each Disbursement this Period 1939.99
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) ▼	Transaction ID : SB18.4143 <input type="checkbox"/> Memo Item
State: PA District: 18		

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
Purpose of Disbursement		Category/ Type
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) ▼	<input type="checkbox"/> Memo Item
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
Purpose of Disbursement		Category/ Type
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1939.99
TOTAL This Period (last page this line number only).....▶	19399.90