FEC FORM 3X

Only

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

2014 MAR 18 AM S: 49

Office	Use	Only	

NAME OF COMMITTEE (in full)	E OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	MAILGENIEK
(Coordinated	Health PA	<u>C</u>		
	110 C id: nal.	a S. L. a. a. C. A.		
ADDRESS (number and street)	435 Winch	I CIJITICIVI IKOVI		
Check if different than previously				
than previously reported. (ACC)	111entown		PA	181.0.4-
2. FEC IDENTIFICATION NUMB	ER ▼ CITY		STATE ▲	ZIP CODE A
C00546333	3. IS T		OR (A)	ENDED
4. TYPE OF REPORT (Choose One)	b) Monthly Feb 20	(M2) May 20 ((M5) Aug	20 (M8) Nov 20 (M11) (Non-Election
,	Due On: Mar 20	(M3) Jun 20 (f	M6) Sep	Year Only) 20 (M9) Dec 20 (M12) (Non-Election
(a) Quarterly Reports:	Apr 20	(M4)	/7)	Year Only) 20 (M10)
April 15 Quarterly Report (Q1)	(c) 12-Day	Primary (12P)	General ([FT]
July 15 Quarterly Report (Q2)	PRE-Election	실 되		الطا
October 15	Report for the:	Convention (12C)	Spetial (12S)
Quarterly Report (Q3) January 31 Year-End Report (YE)	· Election	ח [אייא] / [ייס) / <u> </u>	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (30G)	Runoff (3	OR) Special (30S)
Termination Report (TER)	Report for the:	<u>لسمسا ، المحما</u>) <u> </u>	in the
	Election	n [] [State of
5. Covering Period	011/2013		2 '31'	20.03
I certify that I have examined this R	Λ ϵ δ	knowledge and belief it	is true, correct and	d complete.
Type or Print Name of Treasurer	Manae Boy	(L		
Signature of Treasurer	al of	-	Date D	3/12/2014
NOTE: Submission of false, erroneous	, or incomplete information r	ay subject the person sign	ing this Report to th	ne penalties of 2 U.S.C. §437g.
Office Use				FEC FORM 3X Rev. 12/2004

4031194794

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)		Page 2					
Write or Type Committee Name	D A A						
Coordinated Health	PAC						
Report Covering the Period: From:	7'8.1'20.13 T						
	COLUMN A This Period	COLUMN B Calendar Year-to-Date					
6. (a) Cash on Hand January 1,							
(b) Cash on Hand at Beginning of Reporting Period	[
(c) Total Receipts (from Line 19)	[
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	[
7. Total Disbursements (from Line 31)	<u> </u>	[
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))							
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)							
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<u> </u>						
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						

FE6AN026

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DETAILED SUMMARY PAGE

•	FEC Form 3X (Rev. 06/2004)	of Receipts	Page 3
W	rite or Type Committee Name	λ ₁ Λ Λ	
_	Coordinated Mealth	4HC	
R	eport Covering the Period: From:	7'0°C'20°3 To	: [2] '3] '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) Itemtred (use Schedule A)		1
	(*) 11-14		Limin American American Committee of American Street
	(ii) Unitemized	L_r_n_y, ___y_r\	
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶		
	Lines Trayin and infiling		
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)	n n an n a an a an an an an	
	(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry		
	Totals to Line 33, page 5)▶	<u>,,,,</u>	
12.	Transfers From Affiliated/Other		
	Party Committees		
13.	All Loans Received		
	Loan Repayments Received		
15.	Offsets To Operating Expenditures		
	(Refunds, Rebates, etc.)		
16	(Carry Totals to Line 37, page 5)		
10.	to Federal Candidates and Other		
	Political Committees		
17.	Other Federal Receipts		
	(Dividends, Interest, etc.)		
18.	Transfers from Non-Federal and Levin Funds		(L. 7 2/9_ /1 1 /9_ /1
	(a) Non-Federal Account		
	(from Schedule H3)		
	, (b) Levin Funds (from Schedule H5)		
	(c) Total Transfers (add 18(a) and 18(b))	0.00	
19	Total Receipts (add Lines 11(d),		
	12, 13, 14, 15, 16, 17, and 18(c))	(1/1/1)	()00
	. , ,		
20.	Total Federal Receipts		
	(subtract Line 18(c) from Line 19) ▶	(1.0.0)	0.00
	•	Comment Comment of the Comment of th	Construction Comment Systems & Comment Systems (Systems Comment Commen

FE6AN026

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

Page 4

	II. Disbursements	COLUMN A	COLUMN B
21.	Operating Expenditures:	Total This Petiod	Calendar Year-to-Date
	(a) Allocated Federal/Non-Federal		pro-11-11-11-11-11-11-11-11-11-11-11-11-11
	Activity (from Schedule H4) (i) Federal Share	,	, , , , , , , , , , , , , , , , , , ,
	(I) Federal Share		
	(ii) Non-Federal Share		
	(b) Other Federal Operating		
	Expenditures		
	(c) Total Operating Expenditures		[
	(add 21(a)(i), (a)(ii), and (b))▶		
22.	Transfers to Affillated/Other Rarty		
	Committees	<u></u>	<u> </u>
23.	Contributions to Federal Candidates/Committees	Control of	
	and Other Political Committees		
	Independent Expenditures		
	(use Schedule E)	<u> </u>	
25.	(use Schedule E)		
	(use Schedule F)	1	<u> </u>
26 .	Loan Repayments Made		
27.	Loans Made Refunds of Contributions To:		
20 .	(a) Individuals/Persons Other		
	Than Political Committees		Larana agrana
			[
	(b) Political Party Committees		<u></u>
	(c) Other Political Committees		
	(such as PACs)		<u> </u>
	40 7 40 41 0 5 4		
	(d) Total Contribution Refunds		$\mathcal{O}_{\mathcal{A}}$
	(add Lines 28(a), (b), and (c))▶		
00	Other Dishumaments		
29.	Other Disbursements		<u></u>
20	Federal Election Activity (2 U.S.C. §431(20))		
3 0.	(a) Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share		
	(i) i edelar oriale		
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid Entirely		[
	With Federal Funds		
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶		
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	()(())	0/1/
	\(\frac{\partial}{\partial}\)		
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	OAO	000
			p

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

rsements

Page 5

111	. 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)		
34.	Total Contribution Refunds (from Line 28(d))		
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)		
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
37.	Offsets to Operating Expenditures (from Line 15, page 3)		
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.50	000
	,		Change States St

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEO FOIIII SA)	Use separate schedule(s)	(sheek only one)
ITEMIZED RECEIPTS	for each category of the	(check only one)
	Detailed Summary Page	13 116 116 116 12 15 16 17
Any information copied from such Reports and Statemer or for commercial purposes, other than using the name	ts may not be sold or used by any pe and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
Full Name (Last, First, Middle Initial) A.		Date of Receipt
Mailing Address		
City	e Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		
Name of Employer Occ	ation	
Primary General Other (specify)	gate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) B.		Date of Receipt
Mailing Address		M u M / D u D / Y u Y u Y u Y
City	e Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		
Name of Employer Occ	pation	
	egate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M.M. \ Q.Q.Q. \ A.A.A.A.A.
City	e Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		
Name of Employer Occ	pation	
Drimon. Constal	egate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		
TOTAL This Period (last page this line number only).		

SCHEDULE B (FEC Form 3X)

ITEMIZED DIS		PUDCEMENTO				LINE I		EH:			PAGE			Ur_				
ı i EMIZI	EN NISB	UKSEMEN	15	for each	category of the Summary Page	'		21b 27	2	2 [Ba]	7	23 28b	\Box	24 28c		.5 .9		26 30b
Any inform	nation copied	from such Repor	ts and Statem	nents may r	not be sold or us	ed by	/ any	/ perso	n for	the p	urp ourp	ose o	of soli	citing	contr	ributio	ons	
		rses, other than t FEE (In Full)	using the nam	LDOS. U.S. S	iess of any bout	CAI CC	ar ((fil)	756 IO	SOUCH	cont	101		HORD	.अ ग्र ा	wm	(9)	ح	
	NIP	<u> </u>									_							
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Mailing	Address									!]	<u></u>		ي ا			_i]	_
City			S	State	Zip Code													
Purpose	e of Disburse	ment							A	VI Int	of f	Eact.	Dieb	ree	ine at	vie Pa	ırio-'	ı
Candida	ate Name						tego	ry/		·}===:		- 		ırseme	,, <u>, .</u>		-3-	
Office S	Sought:	House	Disbursen	nent For:			Туре		ا	<u> </u>	Ί	<u> </u>		<u></u>	<u>\</u>			
	þ	Senate President	اسسا ا	Primary Other (spec	General			-										
State:	Di	strict:		Other (spec	—————————————————————————————————————		_				_							
Full Nar	me (Last, Firs	st, Middle Initial)							Det	a of	Die	burse	men*					
										- M −	اد / [ourse		[TY	<u>-γ- ,</u>	Υ Υ	7]	
Mailing	Address										}	<u>L.</u>		<u>L</u>	, , ,			
City			5	State	Zip Code													
Purpose	e of Disburse	ment						=	-			_	5 .					
Candida	ate Name						ıtego	 rv/	Am					ırseme			erioc	1
<u> Aui</u>	201/abt	THOUSE	District	vont Carr			Type		<u></u>	<u></u>	1	<u> </u>		_/1`	<u>/</u>			
Office S	ougnt:	House Senate	Disbursen	nent For: Primary	General													
State:	<u></u>	President istrict:		Other (spec	cify) ▼			ł										
Full Nar		st, Middle Initial)									_							
C.											Dis 1	burse					7==7	
Mailing	Address							$\neg \neg$	M	ν	1	0 0	0 /	Y	. y "⊔"	Y V Y		
City				State	Zip Code			\dashv										
Purpose	e of Disburse	ment	<u>-</u>				<u></u>	=										
Candida	ate Name					Ca	itego	ry/	Am	ount	of	Each	Disbu	urseme	ent ti	his Po	erioc	1
Office S	3ought:	House	Disbursen	nent For:			Туре	'	<u>[</u>	<u></u>	<u></u>	<u> </u>			<u></u> 2			
		Senate President	I	Primary Other (spe	General													
State:	D	istrict:		Other (spec							_		-					
SHETOT	AL of Diahur	sements This Pag	e (ontional)															
								<u> </u>	<u></u>	7	7			1	<u> </u>	^• <u>`</u>		
TOTAL T	his Period (la	st page this line	number only)					<u> </u>	<u>L</u>	<u>n</u>	<u>}</u>	لسدن		_1\/	<u>n</u>	<u></u> >		

SCHEDULE C (FEC Form 3X)								
OANS		Use separate schedule(s)	PAGE OF					
	for each category Detailed Summ							
NAME OF COMMITTEE (In Full)								
NIA								
LOAN SOURCE Full Name (Last, First, Mi	iddle Initial)		Election:					
			Primary General					
Mailing Address			Other (specify)					
City	State ZIP Co	ode						
Original Amount of Loan	Cumulative Payment To		e Outstanding at Close of This Period					
والمسترود	\	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
TERMS Date Incurred	Date Due	Interest Rate	Secured:					
[W.TW.] \ [D_10_] \ [A_1A_1A_1A_1A_1]		Milest Hate						
			% (apr) Yes No					
List All Endorsers or Guarantors (if any)	to Loan Source							
1. Full Name (Last, First, Middle Initial)		Name of Employer						
Mailing Address	<u> </u>	Occupation						
Walling Address		Occupation						
		Amount						
City State	ZIP Code	Guaranteed Outstanding:						
2. Full Name (Last, First, Middle Initial)		Name of Employer						
Mailing Address		Occupation						
		Amount	The state of the s					
City State	ZIP Code	Guaranteed						
3. Full Name (Last, First, Middle Initial)		Outstanding:						
S. Full Name (Last, First, Middle Initial)		Name of Employer						
Mailing Address		Occupation						
City State	ZIP Code	Amount Guaranteed						
		Outstanding:	1 <u> </u>					
4. Full Name (Last, First, Middle Initial)		Name of Employer						
Mailing Address		Occupation						
		Amount						
City State	ZIP Code	Guaranteed Outstanding:) <u></u>					
		,						
SUBTOTALS This Period This Page (optional)		<u> </u>						
TOTALS This Period (last page in this line on	ly)	▶ [_	_^9>^					
Carry outstanding balance only to LINE 3, Sc	hedule D, for this line. If	no Schedule D, carry forwa	rd to appropriate line of Summary.					

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page of Schedule C

Federal Election Commission, Washington, D.C. 20463		L=-
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBE
NIA		C
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
Full Name	Amount or Loan	Illerest nate (AFR)
	<u></u>	%
Mailing Address	T	[M_1M_] \ [0_10_] \ [4_14_14_14
	Date Incurred or Established	
City State Zip Code	Date Due	M. M
A. Has loan been restructured? No Yes	If yes, date originally incurre	d [/ [/ [/ [/ [/ [/ [
B. If line of credit,	Total	
Amount of this Draw:	Outstanding Balance:	
C. Are other parties secondarily liable for the debt incurred No Yes (Endorsers and guarantors mu	ed? ust be reported on Schedule C.))
 D. Are any of the following pledged as collateral for the property, geods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other 	deposit, chattel papers,	What is the value of this collateral?
	Similar treumonar conaterar:	
No Yes If yes, specify:		Does the lender have a perfected secur
		interest in it? No Yes
E. Are any future contributions or future receipts of interes	est income, pledged as	What is the estimated value?
collateral for the loan? No Yes If yes, s	specify:	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:	
Date account established:	Address:	
<u> </u>		
	City, State, Zip:	
F. If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan	is pledged for this loan, or if the was made and the basis on wi	amount pledged does not equal or excee hich it assures repayment.
G. COMMITTEE TREASURER		DATE
Typed Name		Mam / Land / Landara
Signature		
H. Attach a signed copy of the loan agreement.		·
TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the teare accurate as stated above.	erms of the loan and other infor	mation regarding the extension of the loar
II. The loan was made on terms and conditions (in		avorable at the time than those imposed f
similar extensions of credit to other borrowers of III. This institution is aware of the requirement that complied with the requirements set forth at 11 C	a loan must be made on a bas	is which assures repayment, and has king this loan.
AUTHORIZED REPRESENTATIVE		DATE
Typed Name		
Signature Tif	tle	

SCHEDULE D (FEC Form	3X)	(Lise sens	e separate PAGE OF					
DEBTS AND OBLIGATIONS		schedule	e(s)	FOR LINE NUMBER	_			
Excluding Loans	-	for each		(check only one)	9			
NAME OF COMMITTEE (In Full)					- 1 110			
NIA								
A. Full Name (Last, First, Middle Init	tial) of Debtor or Creditor	Natu	re of De	ebt (Purpose):	-			
Mailing Address								
City State	Zip Code							
Outstanding Balance Beginning Th								
Amount Incurred This Perio		Ou	ıtstandin	ng Balance at Close o	f This Period			
Aniodit incured This Follows				ag balance at close o				
	<u> </u>			<u> </u>	<u></u>			
B. Full Name (Last, First, Middle Initia	al) of Debtor or Creditor	Natu	ire of De	ebt (Purpose):				
Mailing Address								
City State	Zip Code							
Outstanding Balance Beginning Th								
12								
Amount Incurred This Perio				ng Balance at Close o				
				<u></u>				
C. Full Name (Last, First, Middle Init	tial) of Debtor or Creditor	Natu	re of Do	ebt (Purpose):				
,	,			v				
Mailing Address								
City	State Zip Code							
Outstanding Balance Beginning Th			•					
Amount Incurred This Perio	Payment This Period			ng Balance at Close o				
					nnn			
		Land Landson L						
1) SUBTOTALS This Period This Page	(optional)	▶						
		— <u> </u>	~					
2) IUIALS INIS PERIOD (last page this	line number only)							
3) TOTAL OUTSTANDING LOANS from	m Schedule C (last page only)	•						
4) ADD 2) and 3) and carry forward to	appropriate line of Summary Page (last page o	nly) 🕨						

SCHEDULE E (FEC Form 3X)	
ITEMIZED INDEPENDENT EXPENDITURES	PAGE OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NA	C
Check if 24-hour report 48-hour report New report Amends report file	ed on The state of
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	
Maining Addition	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	
1	ice Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	bursement For: Primary General Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
Toll Name of Payor	[MJM] , [DJD] , [AJAJAJA]
Mailing Address	
· ·	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	MANN , LOAD , LAAAAAA
	fice Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	sbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(4,	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	made in cooperation, consultation, or concert her, or (if the reporting entity is not a political
Date	M~M) \ [0.00] \ [4.04.04.04.04]
Signature	

SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

U.S.C. §441a(d))	ha uaad aski	by Balitles! Co	sittage in the C	tonoral Fleation	FOR LINE 25	OF FORM 3X
ME OF COMMITTEE (In Full)	used only	by Political Comn	nuees in the G	ieneral Election)	1	
NIA						
your committee been designated to ma	ke	Full Name of Subo	ordinate Commit	tee		
rdinated expenditures by a political party YES NO	committee?					
EB, name the designating committee:	ŀ	Mailing Address				
		City		Sta	te ZIP	Code
						
Full Name (Last, First, Middle Initial) of	Each Payee			Purpose of Exp	enditure	
						Category/
Mailing Address				Date		Туре
City	State	Zip Code			· v v a · a	
Name of Federal Candidate Supported	Office Sough	t: House	State:	Amount	: -1	
	omeo cougn	Senate	District:		itt gran, i.	·
	in Fig. 15 a	Presidential	<u> </u>			• • · · ·
Aggregate General Election Expenditure for this Candidate ▶						
Full Name (Last, First, Middle Initial) of	Each Payee		·	Purpose of Exp	enditure	F Exp
						Cotogony
Mailing Address		 				Category/ Type
City	State	Zip Code	-	Date	D - D ⁽¹⁾ / · Y /	Y , Y , Y .
		·			D D / Y	
Name of Federal Candidate Supported	Office Sough	t: House Senate	State:	Amount		
		Presidential		l l	د استاد داد. دادورد اداد	
Aggregate General Election	# ·		· · · · · · · · · · · · · · · · · · ·	,	• • • •	. 7.
Expenditure for this Candidate	, a	* ; 1 5 + * ; + = *	** : *: -} 			
Full Name (Last, First, Middle Initial) of	Each Payee			Purpose of Exp	enditure	1
						Category/
Mailing Address				Date		Туре
City	State	Zip Code			י א ^י ל י ס י ס	Y . Y Y
Name of Federal Candidate Supported	Office Court	At L Harran	1. 04=4=:			<u>, i</u>
reality of Fourier Sundadio Supported	Office Sough	t: House Senate	State:	— Amount		
	L	Presidential			,	• •
Aggregate General Election Expenditure for this Candidate ▶	:	•	• • ;			
Expenditure for this Candidate	z	,	·			
JBTOTAL of Expenditures This Page (op	ational)				•	
DIVIAL OF EXPENDITURES THIS PAGE (OF				<u>•</u>	,	•
OTAL This Period (last page this line nur	mber only)			> : ,	. ,	•

PAGE

OF

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)
NIA
USE ONLY ONE SECTION, A or B
A. State and Local Party Committees
Fixed Percentage (select one)
Presidential-Only Election Year (28% Federal)
Presidential and Senate Election Year (36% Federal)
Senate-Only Election Year (21% Federal)
Non-Presidential and Non-Senate Election Year (15% Federal)
B. Separate Segregated Funds and Nonconnected Committees
B. Separate Segregated Funds and Nonconnected Committees Flat Minimum Federal Percentage
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or If the committee is spending more than 50% federal funds, indicate ratio below
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or If the committee is spending more than 50% federal funds, indicate ratio below Federal

SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS		PAGE	OF
NAME OF COMMITTEE (In Full)			······································
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA ACTIVITIES APPEARING ON THIS REPORT.	ATE SUPPORT		
Methods of allocation: I. FUNDRAISING activities are allocated using the "funds received met	hod" where the federal pro	oportion of	
expenses must equal the federal proportion of monies raised. II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accommon where the federal proportion of disbursements is based on the benefitivity. For PACs Gnly: Direct candidate support includes public common federal and nonfederal candidates, regardless of whether there is a large allocated using a time/space method.	ording to benefit expected fit derived by federal cand nunications or voter drives	to be derive idates from t that refer to	the ac-
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFED	ERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFED	ERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Direct Candidate Support	FEDERAL %	NONFED	ERAL %

Same as Previously Reported

Same as Previously Reported

Same as Previously Reported

Same as Previously Reported

FEDERAL %

FEDERAL %

FEDERAL %

NONFEDERAL %

NONFEDERAL %

NONFEDERAL %

CHECK IF THE RATIO IS:

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY OR EVENT IDENTIFIER

New

Fundraising

Fundraising

Fundraising

CHECK IF THE RATIO IS:

CHECK IF THE RATIO IS:

CHECK IF THE RATIO IS: New

ACTIVITY IS:

ACTIVITY IS:

New

ACTIVITY IS:

New

Revised

Revised

Revised

Revised

Direct Candidate Support

Direct Candidate Support

Direct Candidate Support

SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

EC 0	INE	192	OF	EODM	3 \	
PAGE	PAGE			OF		

		FOR LINE 18a OF FORM 3X
IAME OF COMMITTEE (In Full)		
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	LATA Land Land	
BREAKDOWN OF TRANSFER RECEIVED		·
i) Total Administrative		
II) Generic Voter Drive		
ii) delicito total pinte		
III) Exempt Activities		
iv) Direct Fundraising (List Activity or Event Ident	ifier)	
		
a)		
(b)		
3,	<u> </u>	
c) Total Amount Transferred For Direct Fundrais	sing	
v) Direct Candidate Support (List Activity or Ever	nt Identifier)	
a)		
b)		and the state of t
5,		
c) Total Amount Transferred For Direct Candida	te Support	
vi) Public Communications Referring Only to Pr	arty (Made by PAC)	(<u></u>
TOTALS FOR	R BREAKDOWN OF TRANSFER RECEIVE	
TOTAL This Period (Administrative)	↓	
·	[() () () () () () () () () ()
TOTAL This Period (Generic Voter Drive)	<u></u>	n
TOTAL This Poriod (Evernet Activities)	The same of the sa	
TOTAL This Period (Exempt Activities)		
TOTAL This Period (Direct Fundraising)		3 <u> </u>
		<u> </u>
TOTAL This Period (Direct Candidate Support)		
TOTAL This Period (Public Communications Referring C	Only to Party)	
The state of the s		
TOTAL This Period (Total Amount Transferred)		

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	Ξ.	С	F		
FOR	LINE	21a	OF	FORM	3X

NA	ME OF COMMITTEE (IN FUIT) NA		
A.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
	Mailing Address		Administrative Fundraising Exempt Voter Drive Direct Candidate Support
	City State Zip Code		
	State Zip Gode		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:	Category/ Type	Date M.M./ D.D./ Y.Y.Y.Y
	FEDERAL SHARE + NONFEDERA		= TOTAL AMOUNT
В.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
	Mailing Address		Administrative Fundraising Exempt Voter Drive Direct Candidate Support
	City State Zip Code		Public Comm (ref to party only) by PAC
			Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:	-V-J	
	Activity or Event Identifier:		
		Category/ Type	Date Date
	FEDERAL SHARE + NONFEDERAL	AL SHARE	TOTAL AMOUNT
		<u> </u>	
c .	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
	Mailing Address		Administrative Fundraising Exempt
	Mailing Address		Voter Drive Direct Candidate Support
	City State Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		Allocated Activity or Event Year-To-Date
		- <u> </u>	
	Activity or Event Identifier:	Category/ Type	Date Date
	FEDERAL SHARE + NONFEDERA	L SHARE	= TOTAL AMOUNT
	IBTOTAL of Allocated Federal and NonFederal Activity This Page		
	FEDERAL SHARE + NONFEDERA		= TOTAL AMOUNT
	· · · · · · · · · · · · · · · · · · ·	,	
TC	OTAL This Period (last page for each line only)(Federal share to 21(a)(i) a		
	FEDERAL SHARE NONFEDERA		TOTAL AMOUNT
_		<u> </u>	1

SCHEDULE H5 (FEC Form 3X)

NAME

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLO

(To be

	D FEDERAL ELECTION		PAGE OF
De usea I	by State, District and Local	Party Committees Unity)	FOR LINE 18b OF FORM 3X
ME OF COI	MMITTEE (In Full) N/A		
NAME OF A	CCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
		Mam / O TO / Y Y Y Y Y Y Y	
BREAKDOV	VN OF THIS TRANSFER	VOTER REGISTR	ATION
i)	Voter Registration	 	
	Total Amount Transferred for Voter	Comment of the second of the s	OTER ID
H)	Voter ID		
	Total Amount Transferred for Voter		
((i)	GOTV	31 - "	GOTV
	Total Amount Transferred for GOT\		GENERIC CAMPAIGN ACTIVITY
lv)	Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY
	Total Amount Transferred for Gene	ric Campaign Activity	
NAME OF A	CCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
		LWW-1 \ LO-1-D-1 \ LA-1-A-1-A-1-A-1	
BREAKDO	WN OF THIS TRANSFER	VOTER REGISTR	ATION
I)	Voter Registration Total Amount Transferred for Voter	<u> </u>	
	Total Amount Transiened for Voter	[OTER ID
II)	Voter ID Total Amount Transferred for Voter	ID	
	Total Amount Transferred for Voter		
111)	GOTV Total Amount Transferred for GOTV		<u> </u>
	Total Amount Transferred for Got	1	GENERIC CAMPAIGN ACTIVITY
iv)	Generic Campaign Activity Total Amount Transferred for Gene	vic Campaign Activity	
	Total Amount Transferred for Gene	and Campaign Activity	<u> </u>
	TOTALS FOR BR	EAKDOWN OF TRANSFER RECEIVED (L	ast Page Only)
TOTA	L This Period (Voter Registration)		
1011	2 1110 1 01100 (10to) 110g/08/08/09/		
TOTA	L This Period (Voter ID)	· · · · · · · · · · · · · · · · · · ·	
TAT-	I This Boried (COTV)		
IOIA	L This Period (GOTV)		
TOTA	L This Period (Generic Campaign A	ctivity)	
		i bases	[hamber of the state of the sta
TOTA	This Period (Total Amount of Tran	sfers Received)	

SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAG	E		OF		
FOR	LINE	30a	OF	FORM	ЗХ

AME OF COMMITTEE (In Full)				
A. Full Name (Last, First, Middle Initial) / Full Orga	anization Name		Type of Allocated Activity of Voter Registration Voter ID	or Event: GOTV Generic Campaign
Mailing Address			Allocated Activity or E	
City State	Zip Code		<u> </u>	السمسم
Purpose of Disbursement		Category/ Type	Date/]'[]
FEDERAL SHARE +	LEVIN SHARE		= TOTAL A	MOUNT
	· · · · · · · · · · · · · · · · · · ·			-9
B. Full Name (Last, First, Middle Initial) / Full Orga	nization Name		Type of Allocated Activity of	or Event:
and the second s			Voter Registration Voter ID	GOTV Generic Campaign
Mailing Address			Allocated Activity or E	
City State	Zip Code			
Purpose of Disbursement		Category/ Type	Date/	1 (
FEDERAL SHARE +	LEVIN SHARI	E	= TOTAL A	MOUNT
C. Full Name (Last, First, Middle Initial) / Full Orga	anization Name		Type of Allocated Activity of Voter Registration Voter ID	GOTV Generic Campaign
Mailing Address			Allocated Activity or E	
City State	Zip Code		معديد مديد	<u></u>
Purpose of Disbursement		Category/ Type	Date/	7 (
FEDERAL SHARE +	LEVIN SHARI	 E	= TOTAL A	MOUNT
	· · · · · · · · · · · · · · · · · · ·			<u> </u>
UBTOTAL of Shared Federal and Levin Activity This	Page		- 1. 1. 2 1 1 2 2 1 - 1	
FEDERAL SHARE +	LEVIN SHARI	E	= TOTAL A	MOUNT
OTAL This Period (last page for each line only)(Fed	eral share to 30(a)(i) and L	evin share to 3	TOTAL A	MOUNT
	LEVIN SHARI		<u> </u>	
OTAL This Period for the Levin Share				

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAM	NAME OF COMMITTEE (In Full)				
NAM	E OF ACCOUNT				
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE		
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)				
	(b) Unitemized				
	(c) Total				
2.	OTHER RECEIPTS				
3.	TOTAL RECEIPTS(Add Lines 1c and 2)				
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)				
	(a) Voter Registration				
	(b) Voter ID				
	(c) GOTV(d) Generic Campaign				
	(e) Total				
5.	OTHER DISBURSEMENTS				
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)				
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)				
8.	RECEIPTS(from Line 3)				
9.	SUBTOTAL(Add Lines 7 and 8)				
10.	DISBURSEMENTS(From Line 6)				
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)				
	•				

SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS

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

	PAGE	OF
FOR LINE NUMBER: check only one)	1a	2

Aggregation Page 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) Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt A. المرارات ١ Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt В. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt C. الم المال Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt D. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

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

FOR LINE NUMBER: PAGE OF (check only one)

4a 4c 5
4b 4d

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 Figil) Full Name (Last, First, Midgle Initial) / Full Organization Name A. Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name В. Date of Disbursement / | D | D L.A.J.A.J.A.J.A Mailing Address City Zip Code State Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name C. Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name D. Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Full Name (Last, First, Middle Initial) / Full Organization Name E. Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement SUBTOTAL of Disbursements This Page (optional)...... TOTAL This Period (last page this line number only).....

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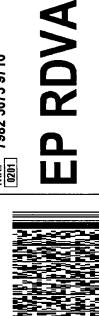
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