

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**
PRIVATE CARE ASSOCIATION POLITICAL ACTION COMMITTEE, THE

ADDRESS (number and street) **PO Box 0911**
Check if different than previously reported. (ACC) **Southern Pines NC 28388**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00498154 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 / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / 2022 through / / 2022

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

Signature of Treasurer *Bensmihen, Joseph, , ,* [Electronically Filed] Date / / 2022

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

PRIVATE CARE ASSOCIATION POLITICAL ACTION COMMITTEE, THE

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="2022"/>		26927.73
(b) Cash on Hand at Beginning of Reporting Period.....	39181.52	
(c) Total Receipts (from Line 19)	15400.00	28500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	54581.52	55427.73
7. Total Disbursements (from Line 31).....	2889.31	3735.52
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	51692.21	51692.21
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

Write or Type Committee Name

PRIVATE CARE ASSOCIATION POLITICAL ACTION COMMITTEE, THE

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).....	15400.00	28350.00
(ii) Unitemized	0.00	150.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	15400.00	28500.00
(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)	15400.00	28500.00
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)).....▶	15400.00	28500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	15400.00	28500.00

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	389.31	1235.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	389.31	1235.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	2500.00
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)) ..	2889.31	3735.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2889.31	3735.52

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)	15400.00	28500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15400.00	28500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	389.31	1235.52
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	389.31	1235.52

**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 12
<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)
PRIVATE CARE ASSOCIATION POLITICAL ACTION COMMITTEE, THE

A. Alexander, Marcus, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4215 SW 31st Place
 City Ocala State FL Zip Code 34474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Quad Nurse LLC Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 28 / 2022
Transaction ID : SA11AI.4850
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Andreacci, Josh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1348 Beacon Circle
 City Wellington State FL Zip Code 33414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Amerihome Healthcare Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 28 / 2022
Transaction ID : SA11AI.4849
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Drag, Maggie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1544 Kensington Rd
 City Berlin State CT Zip Code 06037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 28 / 2022
Transaction ID : SA11AI.4845
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2400.00
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: (check only one)	PAGE 7 OF 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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)
PRIVATE CARE ASSOCIATION POLITICAL ACTION COMMITTEE, THE

A. Evans, Gary, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10363 SW Waterway Ln

City Port St. Lucie	State FL	Zip Code 34986
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Atlantic In-Home Care LLC	Occupation (for Individual) Manager
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2022

Transaction ID : SA11AI.4848

Amount of Each Receipt this Period
2500.00

Memo Item

B. Galbut, Elana, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4236 Alton Rd

City Miami Beach	State FL	Zip Code 33140
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Info requested per best efforts
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2022

Transaction ID : SA11AI.4846

Amount of Each Receipt this Period
1000.00

Memo Item

C. Laffey, Shelly, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4642 S. Atlantic Ave

City New Smyrna Beach	State FL	Zip Code 32169
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) Visiting Angels	Occupation (for Individual) Director
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2022

Transaction ID : SA11AI.4841

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5500.00
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: (check only one)	PAGE 8 OF 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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)
PRIVATE CARE ASSOCIATION POLITICAL ACTION COMMITTEE, THE

A. McDonald, Eileen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7660 15th Street
 City Vero Beach State FL Zip Code 32966
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coastal Conceirge Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 28 / 2022
Transaction ID : SA11AI.4837
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Napoli, Beverly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1717 Mexico Ave
 City Tarpon Springs State FL Zip Code 34689
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Visiting Angels Clearwater Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 28 / 2022
Transaction ID : SA11AI.4836
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Ocampo, Julian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9762 Honeysuckle Avenue
 City Palm Beach Gardens State FL Zip Code 33410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LUX Senior Care Occupation (for Individual) Info requested per best efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 28 / 2022
Transaction ID : SA11AI.4842
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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: (check only one)	PAGE 9 OF 12
<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

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NAME OF COMMITTEE (In Full)
PRIVATE CARE ASSOCIATION POLITICAL ACTION COMMITTEE, THE

A. Quad, Marcus, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4215 SW 31st Place
 City Ocala State FL Zip Code 34474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Quad Nurse Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **05 / 17 / 2022**
Transaction ID : SA11AI.4855
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Quad, Marcus, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4215 SW 31st Place
 City Ocala State FL Zip Code 34474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Quad Nurse Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **06 / 28 / 2022**
Transaction ID : SA11AI.4832
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Radcliffe, Nancy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 460 NW 124 Ave
 City Miami State FL Zip Code 33182
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Providence Homecare LLC Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **06 / 28 / 2022**
Transaction ID : SA11AI.4844
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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: (check only one)	PAGE 10 OF 12
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
PRIVATE CARE ASSOCIATION POLITICAL ACTION COMMITTEE, THE

A. Sinakoli, Elida, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1499 S Federal Hwy
Apt 513

City Boynton Beach State FL Zip Code 33435

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

Name of Employer (for Individual) Mazaltov Home Care Occupation (for Individual) Info requested per best efforts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2022

Transaction ID : SA11AI.4834

Amount of Each Receipt this Period
 500.00

Memo Item

B. Vigil, Will, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1131 Kittiwake Dr.

City Venice State FL Zip Code 34285

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

Name of Employer (for Individual) Griswold Occupation (for Individual) Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2022

Transaction ID : SA11AI.4839

Amount of Each Receipt this Period
 1000.00

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
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	15400.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
PRIVATE CARE ASSOCIATION POLITICAL ACTION COMMITTEE, THE

Full Name (Last, First, Middle Initial)
A. PayPal Inc.

Mailing Address 2211 North 1st Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement Processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 05 / 17 / 2022

FEC Identification Number: C

Transaction ID : **SB21B.4856**

Amount of Each Disbursement this Period: 29.39

Memo Item

Full Name (Last, First, Middle Initial)
B. PayPal Inc.

Mailing Address 2211 North 1st Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement Processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 06 / 30 / 2022

FEC Identification Number: C

Transaction ID : **SB21B.4831**

Amount of Each Disbursement this Period: 319.42

Memo Item

Full Name (Last, First, Middle Initial)
C. Webster, Chamberlain & Bean, LLP

Mailing Address 1747 Pennsylvania Ave, NW Ste 1000

City Washington State DC Zip Code 20006

Purpose of Disbursement Legal and compliance fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 05 / 18 / 2022

FEC Identification Number: C

Transaction ID : **SB21B.4851**

Amount of Each Disbursement this Period: 40.50

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 389.31

TOTAL This Period (last page this line number only)..... ▶ 389.31

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)

PRIVATE CARE ASSOCIATION POLITICAL ACTION COMMITTEE, THE

Full Name (Last, First, Middle Initial)

A. HAVA HOLZHAUER FOR CONGRESS

Mailing Address PO BOX 811232

City
BOCA RATON

State
FL

Zip Code
33481

Purpose of Disbursement

011

Category/
Type

Candidate Name

HOLZHAUER, HAVA, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: FL District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		1	8		2	0	2	2		

FEC Identification Number

C C00813733

Transaction ID : SB23.4854

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

2500.00

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

2500.00