

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED

2012 MAR 14 AM 8:59

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. J. W. HEALTH CARE P.A.C.

ADDRESS (number and street) 1339 Horton JACKSON MI 49203

2. FEC IDENTIFICATION NUMBER 00388025 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 07 01 2011 through 12 31 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Anthony F. Raduazo Signature of Treasurer Date 02 22 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

12030753840

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

T. W Healthcare PAC

Report Covering the Period: From: 07 01 2011 To: 12 31 2011

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1,	0	0
(b) Cash on Hand at Beginning of Reporting Period.....	0	0
(c) Total Receipts (from Line 19)	50000	50000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	50000	50000
7. Total Disbursements (from Line 31).....	50000	50000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	0	0
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

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

12030753041

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

T.W. Healthcare PAC

Report Covering the Period: From:

07 ' *01* ' *2011*

To:

12 ' *31* ' *2011*

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

5000.00

- (ii) Unitemized.....
- (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)..... ▶

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....

- (b) Levin Funds (from Schedule H5).....

- (c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶

5000.00

5000.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶

5000.00

5000.00

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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)
- 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)

5000.00	
 	
 	
 	
 	
 	
 	
 	

5000.00	
 	
 	
 	
 	
 	
 	
 	

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

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

FOR LINE NUMBER:		PAGE	OF
<input 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)
J.W. Healthcare PAC

A. Full Name (Last, First, Middle Initial)
Don Ali Wilborne

Mailing Address
3080 Flemming Lk Rd

City *Ann Arbor, Mich* State Zip Code *48105*

FEC ID number of contributing federal political committee. C

Name of Employer *Self employed* Occupation *M.D.*

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ *5000.00*

Date of Receipt
09 / 09 / 2011

Amount of Each Receipt this Period
5000.00

B. 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) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ▶ *5000.00*

TOTAL This Period (last page this line number only)..... ▶ *5000.00*

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**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)						PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)
J. W. Heath CARE PAC

A. Full Name (Last, First, Middle Initial) **NATIONAL Republican** } *Congressional Campaign*
Mailing Address **320 FIRST ST S.E**
City **WASHINGTON** State **D.C.** Zip Code **20003**
Purpose of Disbursement **Political Support**
Candidate Name **N/A**
Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: _____ District: _____

Date of Disbursement
M M / D D / Y Y Y Y
09 23 2011

Amount of Each Disbursement this Period
5,000.00

B. 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
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

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
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶ **5,000.00**

TOTAL This Period (last page this line number only).....▶ **5,000.00**

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
3/9/12

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

Imp
 PREPARER 3/14/12
 (3/2005) DATE PREPARED

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