

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

WEST LOS ANGELES HEALTH PAC - FEDERAL

ADDRESS (number and street) 249 E. OCEAN BLVD. STE 685

Check if different than previously reported. (ACC) LONG BEACH CA 90802

2. **FEC IDENTIFICATION NUMBER ▼** C00198861 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day **POST-Election** Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2015 through M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2015

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 David L Gould

Signature of Treasurer David L Gould *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 01 / 27 / 2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

WEST LOS ANGELES HEALTH PAC - FEDERAL

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="2015"/>	<input type="text" value="23118.87"/>	<input type="text" value="23118.87"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="16195.07"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="9700.00"/>	<input type="text" value="9700.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="25895.07"/>	<input type="text" value="32818.87"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8677.38"/>	<input type="text" value="15601.18"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="17217.69"/>	<input type="text" value="17217.69"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

WEST LOS ANGELES HEALTH PAC - FEDERAL

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).....	9700.00	9700.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9700.00	9700.00
(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)	9700.00	9700.00
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))..... ▶	9700.00	9700.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9700.00	9700.00

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
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	927.38	1851.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	927.38	1851.18
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7750.00	12750.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	0.00	1000.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	8677.38	15601.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8677.38	15601.18

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	9700.00	9700.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9700.00	9700.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	927.38	1851.18
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	927.38	1851.18

**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 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
WEST LOS ANGELES HEALTH PAC - FEDERAL

Full Name (Last, First, Middle Initial)
A. John Coleman

Mailing Address 433 N. Camden Dr., #600

City State Zip Code
Beverly Hills CA 90210

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

Name of Employer Occupation
Coleman Partnership Investments

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : INCA392

Amount of Each Receipt this Period
750.00

Full Name (Last, First, Middle Initial)
B. Lawrence Platt

Mailing Address 1630 Loma Vista Dr.

City State Zip Code
Beverly Hills CA 90210

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

Name of Employer Occupation
The Platt Collections President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015
Transaction ID : INCA391

Amount of Each Receipt this Period
750.00

Full Name (Last, First, Middle Initial)
C. Robert C. Davidson Jr.

Mailing Address 140 S Lake Ave Ste 250

City State Zip Code
Pasadena CA 91101

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

Name of Employer Occupation
Davidson R & Associates Business Management Consultant

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
 09 / 18 / 2015
Transaction ID : INCA398

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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:	PAGE 7 OF 13
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
WEST LOS ANGELES HEALTH PAC - FEDERAL

Full Name (Last, First, Middle Initial) A. Arlen Andelson		Date of Receipt M M / D D / Y Y Y Y Y 10 / 05 / 2015
Mailing Address 8485 Melrose Pl. Ste B		Transaction ID : INCA400
City Los Angeles	State CA	Zip Code 90069
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Andelson & Andelson	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Chester Firestein		Date of Receipt M M / D D / Y Y Y Y Y 10 / 05 / 2015
Mailing Address 9663 Santa Monica Blvd. #641		Transaction ID : INCA399
City Beverly Hills	State CA	Zip Code 90210
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. Thomas Leanse		Date of Receipt M M / D D / Y Y Y Y Y 10 / 13 / 2015
Mailing Address 230 21st St.		Transaction ID : INCA401
City Santa Monica	State CA	Zip Code 90402
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 750.00	
Name of Employer Katten Muchin Rosenman LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional).....▶	1950.00
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: PAGE 8 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WEST LOS ANGELES HEALTH PAC - FEDERAL

A. Ilene Nathan
 Full Name (Last, First, Middle Initial)
 Mailing Address 718 North Linden Dr.
 City State Zip Code
 Beverly Hills CA 90210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 None Homemaker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 13 / 2015
Transaction ID : INCA403
 Amount of Each Receipt this Period
 750.00

B. Steven Nichols
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 6526
 City State Zip Code
 Malibu CA 90264
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 K-Swiss Inc. Chief Executive
 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
 10 / 13 / 2015
Transaction ID : INCA404
 Amount of Each Receipt this Period
 2000.00

C. Lawrence Platt
 Full Name (Last, First, Middle Initial)
 Mailing Address 1630 Loma Vista Dr.
 City State Zip Code
 Beverly Hills CA 90210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Platt Collections President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 13 / 2015
Transaction ID : INCA402
 Amount of Each Receipt this Period
 750.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00
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: PAGE 9 OF 13
(check only one)

<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)
WEST LOS ANGELES HEALTH PAC - FEDERAL

A. David Kaplan
Full Name (Last, First, Middle Initial)
Mailing Address 16130 Ventura Blvd. #320

City Encino	State CA	Zip Code 91436
----------------	-------------	-------------------

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

Name of Employer David and Meredith Kaplan Foundation	Occupation Foundation Trustee
--	----------------------------------

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
11	/	18	/	2015

Transaction ID : INCA406

Amount of Each Receipt this Period
1000.00

B. Robert K. Barth
Full Name (Last, First, Middle Initial)
Mailing Address 433 N. Camden Dr. Suite 1070

City Beverly Hills	State CA	Zip Code 90210
-----------------------	-------------	-------------------

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

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2015

Transaction ID : INCA407

Amount of Each Receipt this Period
750.00

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

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	9700.00

**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"/> 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)
WEST LOS ANGELES HEALTH PAC - FEDERAL

Full Name (Last, First, Middle Initial)

A. GOULD & ORELLANA, LLC

Mailing Address 249 E. Ocean Blvd., Ste. 685

City Long Beach State CA Zip Code 90802

Purpose of Disbursement
PAC Management/Political Reporting Services

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : EXPB394

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. GOULD & ORELLANA, LLC

Mailing Address 249 E. Ocean Blvd., Ste. 685

City Long Beach State CA Zip Code 90802

Purpose of Disbursement
Office Expenses

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : EXPB395

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. GOULD & ORELLANA, LLC

Mailing Address 249 E. Ocean Blvd., Ste. 685

City Long Beach State CA Zip Code 90802

Purpose of Disbursement
PAC Management/Political Reporting Services

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : EXPB409

Amount of Each Disbursement this Period

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

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

**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"/> 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)
WEST LOS ANGELES HEALTH PAC - FEDERAL

Full Name (Last, First, Middle Initial)

A. GOULD & ORELLANA, LLC

Mailing Address 249 E. Ocean Blvd., Ste. 685

City Long Beach State CA Zip Code 90802

Purpose of Disbursement
Office Expenses

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB410

Amount of Each Disbursement this Period

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

**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"/> 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)
WEST LOS ANGELES HEALTH PAC - FEDERAL

Full Name (Last, First, Middle Initial)

A. McCarthy Victory Fund

Mailing Address 1215 K Street Suite 800

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Donation

011

Candidate Name

Kevin McCarthy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District:

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : EXPB390

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Schumer

Mailing Address 192 Lexington Ave. Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement
Donation

011

Candidate Name

Charles E. Schumer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: NY District:

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : EXPB393

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kevin McCarthy for Congress

Mailing Address 1215 K Street Suite 800

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Donation

011

Candidate Name

Kevin McCarthy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: CA District:

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2015

Transaction ID : EXPB396

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

**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"/> 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)
WEST LOS ANGELES HEALTH PAC - FEDERAL

Full Name (Last, First, Middle Initial)

A. Wyden For Senate

Mailing Address PO Box 3498

City Portland State OR Zip Code 97208

Purpose of Disbursement
Donation

011

Candidate Name

Ronald Wyden

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: OR District:

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2015

Transaction ID : EXPB397

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Wyden For Senate

Mailing Address PO Box 3498

City Portland State OR Zip Code 97208

Purpose of Disbursement
Donation

011

Candidate Name

Ronald Wyden

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: OR District:

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2015

Transaction ID : EXPB405

Amount of Each Disbursement this Period

1750.00

Full Name (Last, First, Middle Initial)

C. Sherman for Congress

Mailing Address 4570 Van Nuys Blvd. #270

City Sherman Oaks State CA Zip Code 91403

Purpose of Disbursement
Donation

011

Candidate Name

Brad Sherman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: CA District: 27

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2015

Transaction ID : EXPB408

Amount of Each Disbursement this Period

1000.00

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

4750.00

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

7750.00