



**SUMMARY PAGE**  
of Receipts and Disbursements

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))....	12500.00	62250.00
(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)).....	12500.00	62250.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	220.27	5658.22
(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)).....	220.27	5658.22
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Health First Committee

Report Covering the Period: From: 10 / 20 / 2016 To: 11 / 28 / 2016

I. RECEIPTS

COLUMN A Total this Period

COLUMN B Election Cycle Total as of

COLUMN C Total for

11 / 08 / 2016 (date of general election)

11 / 09 / 2016 (date after general election)

through

11 / 28 / 2016 (last day of reporting period)

11. CONTRIBUTIONS

(other than loans) FROM:

- (a) Individuals/Persons Other than Political Committees
  - (i) Itemized (use Schedule A)

4000.00 5250.00 0.00

(ii) Unitemized

0.00 0.00 0.00

(iii) Total of contributions from individuals

4000.00 5250.00 0.00

(b) Political Party Committees

0.00 0.00 0.00

(c) Other Political Committees

8500.00 57000.00 0.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 19

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
12500.00	62250.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
12500.00	62250.00	0.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 19

Write or Type Committee Name

Health First Committee

 Report Covering the Period: From:   /   /   To:   /   /  
**II. DISBURSEMENTS**

	<b>COLUMN A</b> Total this Period	<b>COLUMN B</b> Election Cycle Total as of * (date of general election) (* See page 5 for date)	<b>COLUMN C</b> Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES	<input type="text" value="220.27"/>	<input type="text" value="5658.22"/>	<input type="text" value="193.52"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	<input type="text" value="36998.36"/>	<input type="text" value="49966.28"/>	<input type="text" value="6431.98"/>
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 19

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
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(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00	0.00	0.00
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**21. OTHER DISBURSEMENTS**

0.00	0.00	0.00
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**22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)**

37218.63	55624.50	6625.50
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**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

12500.00	62250.00	0.00
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

220.27	5658.22	193.52
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	24718.63
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	12500.00
25. SUBTOTAL (add Line 23 and Line 24).....	37218.63
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	37218.63
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	0.00

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

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

FOR LINE NUMBER: PAGE 7 OF 19  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 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)  
**BGR Government Affairs**

Mailing Address PO Box 14416

City Washington State DC Zip Code 20044

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 28 / 2016

**Transaction ID : SA11AI.4203**

Amount of Each Receipt this Period  
2000.00

Memo Item  
SEE MEMO ITEMS/ Verified Non-Corporate

**B.** Full Name (Last, First, Middle Initial)  
**Boyer, David, , ,**

Mailing Address PO Box 14416

City Washington State DC Zip Code 20044

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

Name of Employer Occupation  
BGR Government Affairs Principal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 28 / 2016

**Transaction ID : SA11AI.4207**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Eardensohn, Todd, , ,**

Mailing Address PO Box 14416

City Washington State DC Zip Code 20044

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

Name of Employer Occupation  
BGR Government Affairs Chief Financial Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 28 / 2016

**Transaction ID : SA11AI.4206**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 8 OF 19  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Health First Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Long, Ryan, , ,**  
 Mailing Address 16 South Lexington Street  
 City: Arlington State: VA Zip Code: 22204  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: BGR Government Affairs Occupation: Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Election Cycle-to-Date: 1000.00

Date of Receipt: 10 / 26 / 2016  
**Transaction ID : SA11AI.4177**  
 Amount of Each Receipt this Period: 1000.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Long, Ryan, , ,**  
 Mailing Address 16 South Lexington Street  
 City: Arlington State: VA Zip Code: 22204  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: BGR Government Affairs Occupation: Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Election Cycle-to-Date: 1500.00

Date of Receipt: 10 / 28 / 2016  
**Transaction ID : SA11AI.4205**  
 Amount of Each Receipt this Period: 500.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Lukawski, Jennifer, , ,**  
 Mailing Address PO Box 14416  
 City: Washington State: DC Zip Code: 20044  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: BGR Government Affairs Occupation: Principal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Election Cycle-to-Date: 500.00

Date of Receipt: 10 / 28 / 2016  
**Transaction ID : SA11AI.4204**  
 Amount of Each Receipt this Period: 500.00  
 Memo Item

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

1000.00



# 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 9 OF 19		
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 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)  
**Rayder, Mark, , ,**

Mailing Address 9106 Chickawane Court

City Alexandria	State VA	Zip Code 22309
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FEC ID number of contributing federal political committee. **C**

Name of Employer Alston & Bird, LLP	Occupation Senior Policy Advisor
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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  
10 / 26 / 2016

**Transaction ID : SA11AI.4198**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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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

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4000.00

**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 10 OF 19	
	<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)  
**3M Company PAC**

Mailing Address 3M Center Building

City St. Paul	State MN	Zip Code 55144
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FEC ID number of contributing federal political committee. **C** C00084475

Name of Employer	Occupation
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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  
 11 / 04 / 2016

**Transaction ID : SA11C.4194**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Covington & Burling, LLP PAC**

Mailing Address 850 10th Street NW

City Washington	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00462630

Name of Employer	Occupation
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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  
 11 / 04 / 2016

**Transaction ID : SA11C.4196**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Sanofi US Services, Inc. PAC**

Mailing Address 55 Corporate Drive

City Bridgewater	State NJ	Zip Code 08807
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FEC ID number of contributing federal political committee. **C** C00144345

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2016

**Transaction ID : SA11C.4175**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 8500.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____ 8500.00

**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 11 OF 19	
	<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**

Full Name (Last, First, Middle Initial) <b>A. Campaign, Financial Services, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2016
Mailing Address PO Box 30844		FEC Identification Number C
City Bethesda	State MD	Zip Code 20824
Purpose of Disbursement E-Merchant Fees	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 90.00
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) ▼	
State: District:	Transaction ID : SB17.4210 <input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Fast Courier</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2016
Mailing Address 10500 Wheatley Street		FEC Identification Number C
City Kensington	State MD	Zip Code 20895
Purpose of Disbursement Courier Service	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 39.87
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) ▼	
State: District:	Transaction ID : SB17.4215 <input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>c. Federal Express (FedEx)</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2016
Mailing Address 942 South Shady Grove Road		FEC Identification Number C
City Memphis	State TN	Zip Code 38120
Purpose of Disbursement Express Mail	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 26.75
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) ▼	
State: District:	Transaction ID : SB17.4191 <input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> 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 19	
	<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) <b>A. Federal Express (FedEx)</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2016	
Mailing Address 942 South Shady Grove Road			FEC Identification Number C	
City Memphis	State TN	Zip Code 38120	Amount of Each Disbursement this Period 43.21	
Purpose of Disbursement Express Mail		Category/ Type 001	Transaction ID : SB17.4211	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
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) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Red River, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2016	
Mailing Address 8501 Bayside Road Suite C4-D			FEC Identification Number C	
City Chesapeake Beach	State MD	Zip Code 20732	Amount of Each Disbursement this Period 26.75	
Purpose of Disbursement SEE MEMO ITEM		Category/ Type 001	Transaction ID : SB17.4188	
Candidate Name		Memo Item <input type="checkbox"/>		
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) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
Candidate Name				
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) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	26.75
<b>TOTAL</b> This Period (last page this line number only).....▶	26.75

**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 13 OF 19
	<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) <b>A. Bilirakis for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 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	Category/ Type 008	Amount of Each Disbursement this Period 2537.54
Candidate Name <b>Bilirakis, Gus, , ,</b>	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : <b>SB18.4178</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 12	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Bilirakis for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 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	Category/ Type 008	Amount of Each Disbursement this Period 643.20
Candidate Name <b>Bilirakis, Gus, , ,</b>	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : <b>SB18.4216</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 12	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>c. Billy Long for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2016
Mailing Address 3246 East Ridgview Street		FEC Identification Number C C00460063
City Springfield	State MO	Zip Code 65804
Purpose of Disbursement Transfer of Net Proceeds	Category/ Type 008	Amount of Each Disbursement this Period 2813.65
Candidate Name <b>Long, Billy, , ,</b>	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : <b>SB18.4179</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: 07	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5994.39
<b>TOTAL</b> 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 14 OF 19
	<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**

**A. Billy Long for Congress**

Full Name (Last, First, Middle Initial)  
Billy Long

Mailing Address 3246 East Ridgview Street

City Springfield State MO Zip Code 65804

Purpose of Disbursement Transfer of Net Proceeds Category/Type 008

Candidate Name Long, Billy, , ,

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼  
 State: MO District: 07

Date of Disbursement 11 / 17 / 2016

FEC Identification Number C C00460063

Amount of Each Disbursement this Period 643.19

Transaction ID : SB18.4217

Memo Item

**B. Bucshon for Congress**

Full Name (Last, First, Middle Initial)  
Larry Bucshon

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement Transfer of Net Proceeds Category/Type 008

Candidate Name Bucshon, Larry, , ,

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼  
 State: IN District: 08

Date of Disbursement 11 / 02 / 2016

FEC Identification Number C C00468256

Amount of Each Disbursement this Period 3807.68

Transaction ID : SB18.4180

Memo Item

**c. Bucshon for Congress**

Full Name (Last, First, Middle Initial)  
Larry Bucshon

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement Transfer of Net Proceeds Category/Type 008

Candidate Name Bucshon, Larry, , ,

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼  
 State: IN District: 08

Date of Disbursement 11 / 17 / 2016

FEC Identification Number C C00468256

Amount of Each Disbursement this Period 643.20

Transaction ID : SB18.4218

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 5094.07

**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 15 OF 19	
	<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) <b>A. Collins for Congress</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2016	
Mailing Address PO Box 386			FEC Identification Number C C00520379	
City Clarence	State NY	Zip Code 14031	Amount of Each Disbursement this Period 2537.54	
Purpose of Disbursement Transfer of Net Proceeds		Category/ Type 008	Transaction ID : SB18.4181	
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>B. Collins for Congress</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2016	
Mailing Address PO Box 386			FEC Identification Number C C00520379	
City Clarence	State NY	Zip Code 14031	Amount of Each Disbursement this Period 643.20	
Purpose of Disbursement Transfer of Net Proceeds		Category/ Type 008	Transaction ID : SB18.4219	
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>C. Friends of Susan Brooks</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 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 3807.68	
Purpose of Disbursement Transfer of Net Proceeds		Category/ Type 008	Transaction ID : SB18.4182	
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				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6988.42
<b>TOTAL</b> 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 16 OF 19
	<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) <b>A. Friends of Susan Brooks</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2016
Mailing Address 9425 North Meridian Street Unit 237		FEC Identification Number C C00500207
City Indianapolis	State IN	Zip Code 46260
Purpose of Disbursement Transfer of Net Proceeds		008
Candidate Name <b>Brooks, Susan, , ,</b>		Amount of Each Disbursement this Period 643.20
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2016	<b>Transaction ID : SB18.4220</b>
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Memo Item
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	
State: IN	District: 05	

Full Name (Last, First, Middle Initial) <b>B. Guthrie for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2016
Mailing Address PO Box 9639		FEC Identification Number C C00445023
City Bowling Green	State KY	Zip Code 42102
Purpose of Disbursement Transfer of Net Proceeds		008
Candidate Name <b>Guthrie, Brett, , ,</b>		Amount of Each Disbursement this Period 2813.65
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2016	<b>Transaction ID : SB18.4183</b>
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Memo Item
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	
State: KY	District: 02	

Full Name (Last, First, Middle Initial) <b>c. Guthrie for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2016
Mailing Address PO Box 9639		FEC Identification Number C C00445023
City Bowling Green	State KY	Zip Code 42102
Purpose of Disbursement Transfer of Net Proceeds		008
Candidate Name <b>Guthrie, Brett, , ,</b>		Amount of Each Disbursement this Period 643.20
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2016	<b>Transaction ID : SB18.4221</b>
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Memo Item
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	
State: KY	District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4100.05
<b>TOTAL</b> 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 17 OF 19	
	<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) <b>A. Lance for Congress</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2016	
Mailing Address PO Box 225			FEC Identification Number C C00444224	
City Colonia	State NJ	Zip Code 07067	Amount of Each Disbursement this Period 2813.66	
Purpose of Disbursement Transfer of Net Proceeds		Category/ Type 008	Transaction ID : SB18.4184	
Candidate Name <b>Lance, Leonard, , ,</b>		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>B. Lance for Congress</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2016	
Mailing Address PO Box 225			FEC Identification Number C C00444224	
City Colonia	State NJ	Zip Code 07067	Amount of Each Disbursement this Period 643.20	
Purpose of Disbursement Transfer of Net Proceeds		Category/ Type 008	Transaction ID : SB18.4222	
Candidate Name <b>Lance, Leonard, , ,</b>		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>c. Marsha Blackburn for Congress, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2016	
Mailing Address PO Box 3750			FEC Identification Number C C00376939	
City Brentwood	State TN	Zip Code 37024	Amount of Each Disbursement this Period 2813.65	
Purpose of Disbursement Transfer of Net Proceeds		Category/ Type 008	Transaction ID : SB18.4185	
Candidate Name <b>Blackburn, Marsha, , ,</b>		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				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6270.51
<b>TOTAL</b> 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 18 OF 19
	<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) <b>A. Marsha Blackburn for Congress, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2016
Mailing Address PO Box 3750		FEC Identification Number C C00376939
City Brentwood	State TN	Zip Code 37024
Purpose of Disbursement Transfer of Net Proceeds	Category/ Type 008	Amount of Each Disbursement this Period 643.19
Candidate Name <b>Blackburn, Marsha, , ,</b>	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB18.4223
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: TN District: 07	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Morgan Griffith for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2016
Mailing Address PO Box 361		FEC Identification Number C C00477240
City Christiansburg	State VA	Zip Code 24068
Purpose of Disbursement Transfer of Net Proceeds	Category/ Type 008	Amount of Each Disbursement this Period 3807.68
Candidate Name <b>Griffith, Morgan, , ,</b>	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB18.4186
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VA District: 09	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>c. Morgan Griffith for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2016
Mailing Address PO Box 361		FEC Identification Number C C00477240
City Christiansburg	State VA	Zip Code 24068
Purpose of Disbursement Transfer of Net Proceeds	Category/ Type 008	Amount of Each Disbursement this Period 643.20
Candidate Name <b>Griffith, Morgan, , ,</b>	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB18.4224
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VA District: 09	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5094.07
<b>TOTAL</b> 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 19 OF 19
	<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) <b>A. Tim Murphy for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 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	Category/ Type 008	Amount of Each Disbursement this Period 2813.65
Candidate Name <b>Murphy, Tim, , ,</b>	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : <b>SB18.4187</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 18	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Tim Murphy for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 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	Category/ Type 008	Amount of Each Disbursement this Period 643.20
Candidate Name <b>Murphy, Tim, , ,</b>	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : <b>SB18.4225</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 18	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C.</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	Amount of Each Disbursement this Period
Candidate Name	Disbursement For:	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3456.85
<b>TOTAL</b> This Period (last page this line number only).....▶	36998.36