

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Health Justice PAC

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="2019"/>	<input type="text" value="3068.51"/>	<input type="text" value="3068.51"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="3068.51"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="19504.00"/>	<input type="text" value="19504.00"/>
(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="22572.51"/>	<input type="text" value="22572.51"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5006.63"/>	<input type="text" value="5006.63"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="17565.88"/>	<input type="text" value="17565.88"/>
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="427.30"/>	

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

Health Justice PAC

Report Covering the Period: From: 01 / 01 / 2019 To: 06 / 30 / 2019

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).....	19500.00	19500.00
(ii) Unitemized	4.00	4.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii).....▶	19504.00	19504.00
(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)	19504.00	19504.00
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)).....▶	19504.00	19504.00
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19).....▶	19504.00	19504.00

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	2306.63	2306.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2306.63	2306.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2700.00	2700.00
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)) ..	5006.63	5006.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5006.63	5006.63

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	19504.00	19504.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19504.00	19504.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2306.63	2306.63
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2306.63	2306.63

**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 12
	(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

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 Justice PAC

A. Genie, Maria, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2116 E Workman Ave
 City West Covina State CA Zip Code 91791-1415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. John's Well Child & Family Center Occupation (for Individual) Executive Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 12 / 2019
Transaction ID : VSHCYHK2432
 Amount of Each Receipt this Period
 4500.00
 Memo Item

B. Meisler, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12914 Dewey St
 City Los Angeles State CA Zip Code 90066-1713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. John's Well Child and Family Cente Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 12 / 2019
Transaction ID : VSHCYHK2440
 Amount of Each Receipt this Period
 5000.00
 Memo Item

C. Neiman, Timothy, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3033 Wilshire Blvd
 City Los Angeles State CA Zip Code 90010-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Interior Designer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2019
Transaction ID : VSHCYHK2457
 Amount of Each Receipt this Period
 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	14500.00
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 12
(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)
Health Justice PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Radcliff, Jomo, , ,

Mailing Address 2520 7th Ave

City Los Angeles	State CA	Zip Code 90018-1701
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Gap, Inc.	Occupation (for Individual) General Manager
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	06	/	2019

Transaction ID : VSHCYHVFNR6

Amount of Each Receipt this Period
5000.00

Memo Item

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

Amount of Each Receipt this Period

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	/	D D	/	Y Y Y Y
	/		/	

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	19500.00

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)
Health Justice PAC

A. Kaufman Legal Group

Full Name (Last, First, Middle Initial)

Mailing Address 777 S Figueroa St
Ste 4050

City Los Angeles State CA Zip Code 90017-5864

Purpose of Disbursement Legal & Treasury Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 02 / 2019

FEC Identification Number: C

Transaction ID : VSGDP9ZSH/

Amount of Each Disbursement this Period: 154.50

Memo Item

B. Kaufman Legal Group

Full Name (Last, First, Middle Initial)

Mailing Address 777 S Figueroa St
Ste 4050

City Los Angeles State CA Zip Code 90017-5864

Purpose of Disbursement Legal & Treasury Expenses

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 02 / 2019

FEC Identification Number: C

Transaction ID : VSGDP9ZSH/

Amount of Each Disbursement this Period: 76.30

Memo Item

C. Kaufman Legal Group

Full Name (Last, First, Middle Initial)

Mailing Address 777 S Figueroa St
Ste 4050

City Los Angeles State CA Zip Code 90017-5864

Purpose of Disbursement Legal & Treasury Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 28 / 2019

FEC Identification Number: C

Transaction ID : VSGDP9ZSH/

Amount of Each Disbursement this Period: 936.50

Memo Item

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

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

1167.30

**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)
Health Justice PAC

Full Name (Last, First, Middle Initial) A. Kaufman Legal Group		Date of Disbursement MM / DD / YYYY 02 / 28 / 2019
Mailing Address 777 S Figueroa St Ste 4050		FEC Identification Number C [REDACTED] Transaction ID : VSGDP9ZSHI Amount of Each Disbursement this Period [REDACTED] 160.74
City Los Angeles	State CA	Zip Code 90017-5864
Purpose of Disbursement Legal & Treasury Expenses		Category/ Type 001
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Kaufman Legal Group		Date of Disbursement MM / DD / YYYY 05 / 23 / 2019
Mailing Address 777 S Figueroa St Ste 4050		FEC Identification Number C [REDACTED] Transaction ID : VSGDP9ZSHI Amount of Each Disbursement this Period [REDACTED] 746.50
City Los Angeles	State CA	Zip Code 90017-5864
Purpose of Disbursement Legal & Treasury Fees		Category/ Type 001
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Kaufman Legal Group		Date of Disbursement MM / DD / YYYY 05 / 23 / 2019
Mailing Address 777 S Figueroa St Ste 4050		FEC Identification Number C [REDACTED] Transaction ID : VSGDP9ZSHI Amount of Each Disbursement this Period [REDACTED] 232.09
City Los Angeles	State CA	Zip Code 90017-5864
Purpose of Disbursement Legal & Treasury Expenses		Category/ Type 001
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1139.33
TOTAL This Period (last page this line number only).....▶	[REDACTED] 2306.63

**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)
Health Justice PAC

A. KAMALA HARRIS FOR THE PEOPLE

Full Name (Last, First, Middle Initial)
Date of Disbursement: 04 / 01 / 2019

Mailing Address: 1121 5th St NW, Ste B
FEC Identification Number: C 00694455

City: Washington, State: DC, Zip Code: 20001-3605
Transaction ID: VSGDP9ZSHI

Purpose of Disbursement: Federal Contribution
Amount of Each Disbursement this Period: 2700.00

Candidate Name: HARRIS, KAMALA D., , ,
Category/Type: 011

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

State: 00, District: 00
 Memo Item

B.

Full Name (Last, First, Middle Initial)
Date of Disbursement: / /

Mailing Address
FEC Identification Number: C

City, State, Zip Code
Amount of Each Disbursement this Period: / / / / / / / / / /

Purpose of Disbursement
Category/Type: / / / / / / / / / /

Candidate Name
Office Sought: House, Senate, President
Disbursement For: Primary, General, Other (specify) ▼

State: /, District: /
 Memo Item

C.

Full Name (Last, First, Middle Initial)
Date of Disbursement: / /

Mailing Address
FEC Identification Number: C

City, State, Zip Code
Amount of Each Disbursement this Period: / / / / / / / / / /

Purpose of Disbursement
Category/Type: / / / / / / / / / /

Candidate Name
Office Sought: House, Senate, President
Disbursement For: Primary, General, Other (specify) ▼

State: /, District: /
 Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2700.00
TOTAL This Period (last page this line number only).....▶	2700.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 12
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Health Justice PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kaufman Legal Group			Nature of Debt (Purpose): Legal and Treasury Fees
Mailing Address 777 S Figueroa St Ste 4050			
City Los Angeles	State CA	Zip Code 90017-5864	

Outstanding Balance Beginning This Period <input type="text" value="154.50"/>	Transaction ID : VSEF69H9GQ7	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="154.50"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kaufman Legal Group			Nature of Debt (Purpose): Legal and Treasury Expenses
Mailing Address 777 S Figueroa St Ste 4050			
City Los Angeles	State CA	Zip Code 90017-5864	

Outstanding Balance Beginning This Period <input type="text" value="76.30"/>	Transaction ID : VSEF69H9GR5	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="76.30"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kaufman Legal Group			Nature of Debt (Purpose): Legal and Treasury Fees
Mailing Address 777 S Figueroa St Ste 4050			
City Los Angeles	State CA	Zip Code 90017-5864	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : VSEF69H9KK2	
Amount Incurred This Period <input type="text" value="350.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="350.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="350.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 12
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
Health Justice PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kaufman Legal Group			Nature of Debt (Purpose): Legal and Treasury Expenses
Mailing Address 777 S Figueroa St Ste 4050			
City Los Angeles	State CA	Zip Code 90017-5864	

Outstanding Balance Beginning This Period 0.00		Transaction ID : VSEF69H9KM0	
Amount Incurred This Period 77.30	Payment This Period 0.00	Outstanding Balance at Close of This Period 77.30	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)..... ▶	77.30
2) TOTALS This Period (last page this line number only)..... ▶	427.30
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	427.30