

# 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.   
**JW HEALTHCARE PAC**

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ 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)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /   
 /  /  through  /  /

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 Mr. ANTHONY F RADUAZO Esq.

Signature of Treasurer Mr. ANTHONY F RADUAZO Esq. [Electronically Filed] Date  /  /   
 /  /

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

**JW HEALTHCARE 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="2012"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="3200.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="45750.00"/>	<input type="text" value="59450.00"/>
(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="48950.00"/>	<input type="text" value="59450.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="45000.00"/>	<input type="text" value="55500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3950.00"/>	<input type="text" value="3950.00"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

**JW HEALTHCARE PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2012 To: M M / D D / Y Y Y Y 11 / 26 / 2012

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).....	45400.00	59100.00
(ii) Unitemized .....	350.00	350.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	45750.00	59450.00
(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) .....	45750.00	59450.00
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))..... ▶	45750.00	59450.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	45750.00	59450.00

**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 .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	45000.00	55500.00
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	0.00
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)) ..	45000.00	55500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	45000.00	55500.00

**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) .....	45750.00	59450.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	45750.00	59450.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 10
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**JW HEALTHCARE PAC**

Full Name (Last, First, Middle Initial) <b>A. GLENN APPELBAUM</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 23 / 2012
Mailing Address 460 SUMMIT TREE CT.		<b>Transaction ID : SA11AI.4118</b>
City FENTON	State MO	Zip Code 63026
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4000.00
Name of Employer G APPELBAUM MD	Occupation MD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. WILLIAM CHOATE</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 19 / 2012
Mailing Address CULVER ROAD		<b>Transaction ID : SA11AI.4138</b>
City CEMENT CITY	State MI	Zip Code 49233
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer CHOATES BELLY ACRES	Occupation DAIRY FARMER	
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>C. Mr. BRIAN CLONCH</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 28 / 2012
Mailing Address 708 LONG COVE CT.		<b>Transaction ID : SA11AI.4114</b>
City RIVER WOOD	State IL	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer EXTENDED CARE INC	Occupation NURSING HOME EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10000.00
<b>TOTAL</b> 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 10
	(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)  
**JW HEALTHCARE PAC**

**A. Mrs. LORI CLONCH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 708 LONG COVE CT  
City RIVER WOOD State IL Zip Code 60415  
FEC ID number of contributing federal political committee. **C**  
Name of Employer EXTENDED CARE INC Occupation RN  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 28 / 2012  
**Transaction ID : SA11AI.4116**  
Amount of Each Receipt this Period 5000.00

**B. Mr. IRA COMBS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 322 W MADISON  
City JACKSON State MI Zip Code 49202  
FEC ID number of contributing federal political committee. **C**  
Name of Employer IRCO Occupation CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 10 / 12 / 2012  
**Transaction ID : SA11AI.4144**  
Amount of Each Receipt this Period 2400.00

**C. Mrs. KIMBERLY COMBS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 322 W MADISON  
City JACKSON State MI Zip Code 49202  
FEC ID number of contributing federal political committee. **C**  
Name of Employer IRCO Occupation CFO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 12 / 2012  
**Transaction ID : SA11AI.4146**  
Amount of Each Receipt this Period 5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 12400.00  
**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 10
	(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)  
**JW HEALTHCARE PAC**

**A. Mrs. ELIZABETH HARTLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1048 S HIGBY

City JACKSON State MI Zip Code 49203

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

Name of Employer RETIRED Occupation CPA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2012

**Transaction ID : SA11AI.4122**

Amount of Each Receipt this Period  
 3500.00

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

Mailing Address 1048 S HIGBY

City JACKSON State MI Zip Code 49203

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

Name of Employer M HEARTLEY CPA Occupation CPA

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  
 10 / 22 / 2012

**Transaction ID : SA11AI.4124**

Amount of Each Receipt this Period  
 5000.00

**C. Mr. THOMAS SELSNIK**  
Full Name (Last, First, Middle Initial)

Mailing Address 3190 E LADY DRIVE

City BEVERLY HILLS State MI Zip Code 48025

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

Name of Employer RETIRED Occupation MD

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  
 10 / 21 / 2012

**Transaction ID : SA11AI.4130**

Amount of Each Receipt this Period  
 5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	13500.00
<b>TOTAL</b> 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 10
	(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)  
**JW HEALTHCARE PAC**

Full Name (Last, First, Middle Initial) <b>A. Mrs. VICKI SELSNIK</b>		Date of Receipt
Mailing Address 331950E LADY DRIVE		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code
BEVERLY HILLS	MI	48025
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
RETIRED	MD	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2000.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="2000.00"/>

Full Name (Last, First, Middle Initial) <b>B. JEROME WILBORN</b>		Date of Receipt
Mailing Address 23550 HAGGERTY		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City	State	Zip Code
FARMINGTON	MI	48335
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
JEROME WILBORN MD	MD	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2500.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="2500.00"/>

Full Name (Last, First, Middle Initial) <b>C. Mrs. SONALI WILBORN</b>		Date of Receipt
Mailing Address 23550 HAGGERTY		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City	State	Zip Code
FARMINGTON	MI	48335
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
SONALI WILBORN MD	MD	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="9500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="45400.00"/>

**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 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)  
**JW HEALTHCARE PAC**

Full Name (Last, First, Middle Initial)  
**A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Mailing Address **320 FIRST STREET SE**

City **WASHINGTON** State **DC** Zip Code **20003**

Purpose of Disbursement  Category/Type

Candidate Name

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

Date of Disbursement: **10 / 29 / 2012**

**Transaction ID : SB23.4150**

Amount of Each Disbursement this Period: **15000.00**

Full Name (Last, First, Middle Initial)  
**B. NATIONAL REPUBLICAN SENATORIAL COMMITTEE**

Mailing Address **425 SECOND STREET NE**

City **WASHINGTON** State **DC** Zip Code **20002**

Purpose of Disbursement  Category/Type

Candidate Name

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

Date of Disbursement: **10 / 29 / 2012**

**Transaction ID : SB23.4148**

Amount of Each Disbursement this Period: **15000.00**

Full Name (Last, First, Middle Initial)  
**C. REPUBLICAN NATIONAL COMMITTEE**

Mailing Address **310 FIRST STREET SE**

City **WASHINGTON** State **DC** Zip Code **20003**

Purpose of Disbursement  Category/Type

Candidate Name

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

Date of Disbursement: **10 / 29 / 2012**

**Transaction ID : SB23.4152**

Amount of Each Disbursement this Period: **15000.00**

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ **45000.00**

**TOTAL** This Period (last page this line number only)..... ▶ **45000.00**