

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Alliance For Natural Health USA PAC (ANH-USA 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="2013"/>	<input type="text" value="3373.80"/>	<input type="text" value="3373.80"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2988.90"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="19430.00"/>	<input type="text" value="19430.00"/>
(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="22418.90"/>	<input type="text" value="22803.80"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="15404.75"/>	<input type="text" value="15789.65"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="7014.15"/>	<input type="text" value="7014.15"/>
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

Alliance For Natural Health USA PAC (ANH-USA PAC)

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).....	16500.00	16500.00
(ii) Unitemized	2930.00	2930.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	19430.00	19430.00
(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)	19430.00	19430.00
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))..... ▶	19430.00	19430.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	19430.00	19430.00

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	404.75	404.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	404.75	404.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
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	10000.00	10000.00
(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)).....	10000.00	10000.00
29. Other Disbursements	0.00	384.90
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)) ..	15404.75	15789.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15404.75	15789.65

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)	19430.00	19430.00
34. Total Contribution Refunds (from Line 28(d))	10000.00	10000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9430.00	9430.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	404.75	404.75
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	404.75	404.75

**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 15
(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)
Alliance For Natural Health USA PAC (ANH-USA PAC)

A. GNC
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 6th Avenue
 City Pittsburgh State PA Zip Code 15222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2013
Transaction ID : SA11AI.4464
 Amount of Each Receipt this Period
 5000.00

B. Sandra Lee Jacobson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2572 Chaco Trail
 City St. George State UT Zip Code 84770
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Retired Retired
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : SA11AI.4458
 Amount of Each Receipt this Period
 500.00

C. Hunter Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1350 Connecticut Ave.
 City Washington State DC Zip Code 20036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Writer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 04 / 2013
Transaction ID : SA11AI.4474
 Amount of Each Receipt this Period
 5000.00
 Individual Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 10500.00
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: (check only one)	PAGE 7 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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)
Alliance For Natural Health USA PAC (ANH-USA PAC)

A. Nutracuetical Corp.
Full Name (Last, First, Middle Initial)
Mailing Address 1400 Kearns BLVD
City Park City State UT Zip Code 84060
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
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
07 / 30 / 2013
Transaction ID : SA11AI.4466
Amount of Each Receipt this Period
5000.00

B. Mr. Benjamin Quinto
Full Name (Last, First, Middle Initial)
Mailing Address 3265 W McNam Road
City Pompano State FL Zip Code 33069
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Natural Immunogenics Corp. Manufacturing
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 08 / 2013
Transaction ID : SA11AI.4460
Amount of Each Receipt this Period
500.00

C. Ms. Lucia Uihelin
Full Name (Last, First, Middle Initial)
Mailing Address 715 Lands End Drive
City Longboat State FL Zip Code 33069
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Homemaker Homemaker
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2013
Transaction ID : SA11AI.4502
Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	16500.00

**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)
Alliance For Natural Health USA PAC (ANH-USA PAC)

Full Name (Last, First, Middle Initial)

A. Suntrust Bank

Mailing Address PO BOX 622227

City ORLANDO State FL Zip Code 32862

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2013

Transaction ID : SB21B.4469

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

B. Suntrust Bank

Mailing Address PO BOX 622227

City ORLANDO State FL Zip Code 32862

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2013

Transaction ID : SB21B.4470

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. Suntrust Bank

Mailing Address PO BOX 622227

City ORLANDO State FL Zip Code 32862

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 12 / 2013

Transaction ID : SB21B.4471

Amount of Each Disbursement this Period

67.45

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

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

117.45

**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)
Alliance For Natural Health USA PAC (ANH-USA PAC)

Full Name (Last, First, Middle Initial)

A. Suntrust Bank

Mailing Address PO BOX 622227

City ORLANDO State FL Zip Code 32862

Purpose of Disbursement
Bank fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 30 / 2013

Transaction ID : SB21B.4472

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

B. Suntrust Bank

Mailing Address PO BOX 622227

City ORLANDO State FL Zip Code 32862

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2013

Transaction ID : SB21B.4476

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. Suntrust Bank

Mailing Address PO BOX 622227

City ORLANDO State FL Zip Code 32862

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2013

Transaction ID : SB21B.4477

Amount of Each Disbursement this Period

25.00

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

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

75.00

**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)
Alliance For Natural Health USA PAC (ANH-USA PAC)

Full Name (Last, First, Middle Initial)

A. Suntrust Bank

Mailing Address PO BOX 622227

City ORLANDO State FL Zip Code 32862

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Suntrust Bank

Mailing Address PO BOX 622227

City ORLANDO State FL Zip Code 32862

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Suntrust Bank

Mailing Address PO BOX 622227

City ORLANDO State FL Zip Code 32862

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 10 / 2013

Transaction ID : SB21B.4478

Amount of Each Disbursement this Period

25.00

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2013

Transaction ID : SB21B.4479

Amount of Each Disbursement this Period

25.00

Date of Disbursement

MM / DD / YYYY
11 / 12 / 2013

Transaction ID : SB21B.4484

Amount of Each Disbursement this Period

67.45

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

117.45

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)
Alliance For Natural Health USA PAC (ANH-USA PAC)

Full Name (Last, First, Middle Initial)

A. Suntrust Bank

Mailing Address PO BOX 622227

City ORLANDO State FL Zip Code 32862

Purpose of Disbursement
Transaction Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2013

Transaction ID : SB21B.4495

Amount of Each Disbursement this Period

14.95

B. Suntrust Bank

Mailing Address PO BOX 622227

City ORLANDO State FL Zip Code 32862

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2013

Transaction ID : SB21B.4496

Amount of Each Disbursement this Period

25.00

C. Suntrust Bank

Mailing Address PO BOX 622227

City ORLANDO State FL Zip Code 32862

Purpose of Disbursement
Transaction Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2013

Transaction ID : SB21B.4497

Amount of Each Disbursement this Period

14.95

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

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

54.90

**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)
Alliance For Natural Health USA PAC (ANH-USA PAC)

Full Name (Last, First, Middle Initial)

A. Suntrust Bank

Mailing Address PO BOX 622227

City ORLANDO State FL Zip Code 32862

Purpose of Disbursement
Transaction Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 13 / 2013

Transaction ID : SB21B.4498

Amount of Each Disbursement this Period

14.95

Full Name (Last, First, Middle Initial)

B. Suntrust Bank

Mailing Address PO BOX 622227

City ORLANDO State FL Zip Code 32862

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2013

Transaction ID : SB21B.4499

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

39.95

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

404.75

**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)
Alliance For Natural Health USA PAC (ANH-USA PAC)

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JASON CHAFFETZ

Mailing Address 315 WESTFIELD CIRCLE

City ALPINE State UT Zip Code 84004

Purpose of Disbursement

Candidate Name

FRIENDS OF JASON CHAFFETZ

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: UT District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	3		2	0	1	3

Transaction ID : SB23.4486

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JASON CHAFFETZ

Mailing Address 315 WESTFIELD CIRCLE

City ALPINE State UT Zip Code 84004

Purpose of Disbursement

Candidate Name

JASON CHAFFETZ

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: UT District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	3		2	0	1	3

Transaction ID : SB23.4489

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. MARTIN HEINRICH FOR SENATE

Mailing Address P.O. BOX 25763

City ALBUQUERQUE State NM Zip Code 87125

Purpose of Disbursement

Candidate Name

MARTIN HEINRICH FOR SENATE

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NM District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	7		2	0	1	8

Transaction ID : SB23.4481

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

3	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)
Alliance For Natural Health USA PAC (ANH-USA PAC)

Full Name (Last, First, Middle Initial)

A. GNC

Mailing Address 300 6th Avenue

City Pittsburgh State PA Zip Code 15222

Purpose of Disbursement
Refund of Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 19 / 2013

Transaction ID : SB28A.4493

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Nutraceutical Corp.

Mailing Address 1400 Kearns BLVD

City Park City State UT Zip Code 84060

Purpose of Disbursement
Refund of Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 23 / 2013

Transaction ID : SB28A.4494

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

10000.00

10000.00