FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) — **TYPE OR PRINT ▼** — Example: If typing, type over the lines. 12FE4M5

Healthcare for Action PAC

ADDRESS (number and street) ▼

PO Box 9536

C/O North Side Ventures

☐ Check if different than previously reported. (ACC)

Lowell | MA | 01853 –

CITY ▲ | STATE ▲ | ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** C C00822536

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: ☒ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on 08 / 04 / 2026 in the State of MI

(d) 30-Day **POST**-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

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

5. Covering Period 07 / 01 / 2026 through 07 / 15 / 2026

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: Martello, Benjamin, , ,

Signature of Treasurer: *Martello, Benjamin, , ,* Date: 07 / 23 / 2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 05/2016)

Write or Type Committee Name

Healthcare for Action PAC

Report Covering the Period: From: 07 / 01 / 2026 To: 07 / 15 / 2026

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2026		56564.81
(b) Cash on Hand at Beginning of Reporting Period	85393.28	
(c) Total Receipts (from Line 19)	913.60	254711.45
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	86306.88	311276.26
7. Total Disbursements (from Line 31)	46824.52	271793.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	39482.36	39482.36
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3X** (Rev. 05/2016)

Write or Type Committee Name

Healthcare for Action PAC

Report Covering the Period: From: 07/01/2026 To: 07/15/2026

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)	25.00	77580.00
(ii) Unitemized	888.60	64131.45
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	913.60	141711.45
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▶	913.60	151711.45
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	103000.00
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)) ▶	913.60	254711.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	913.60	254711.45

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	5464.48	109948.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	5464.48	109948.87
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	10000.00
24. Independent Expenditures (use Schedule E)	35045.20	35045.20
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	255.00	323.00
(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)) ▶	255.00	323.00
29. Other Disbursements (Including Non-Federal Donations)	6059.84	116476.83
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))	46824.52	271793.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	46824.52	271793.90

DETAILED SUMMARY PAGE
of Disbursements

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)	913.60	151711.45
34. Total Contribution Refunds (from Line 28(d))	255.00	323.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	658.60	151388.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	5464.48	109948.87
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	5464.48	109948.87

Image# 202607239894419581

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 12

☒ 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)
Healthcare for Action PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Boling, Babette, , ,

Mailing Address 30006 Hickory Ln

City: Elkhart | State: IN | Zip Code: 46514-8439

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Not Employed
Occupation (for Individual): Not Employed

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 07 / 12 / 2026

Transaction ID : 10314385

Amount of Each Receipt this Period: 25.00

☐ Memo Item

* Earmarked Contribution: See Below

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ActBlue

Mailing Address 366 Summer St

City: Somerville | State: MA | Zip Code: 02144-3132

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual):
Occupation (for Individual): Conduit total listed in Agg. field

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 913.60

Date of Receipt: 07 / 12 / 2026

Transaction ID : 10314385E

Amount of Each Receipt this Period: 25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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) ▶ 25.00

TOTAL This Period (last page this line number only) ▶ 25.00

Image# 202607239894419582

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)
☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Healthcare for Action PAC

A. Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 366 Summer St
City: Somerville | State: MA | Zip Code: 02144-3132
Purpose of Disbursement: Credit card processing fee
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 06 / 2026
FEC Identification Number: C
Transaction ID : 500520401
Amount of Each Disbursement this Period: 10.55
☐ Memo Item

B. Full Name (Last, First, Middle Initial)
ActBlue
Mailing Address 366 Summer St
City: Somerville | State: MA | Zip Code: 02144-3132
Purpose of Disbursement: Credit card processing fee
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 13 / 2026
FEC Identification Number: C
Transaction ID : 500520402
Amount of Each Disbursement this Period: 15.68
☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Clurman, Meg, , ,
Mailing Address 99 Water St Unit 412
City: Warren | State: RI | Zip Code: 02885-3088
Purpose of Disbursement: Fundraising consulting
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 06 / 2026
FEC Identification Number: C
Transaction ID : 500520405
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5026.23

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)
☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Healthcare for Action PAC

A.
Full Name (Last, First, Middle Initial)
Saqrane, Abdelilah, , ,
Mailing Address 23 Maud St
City: London E16 YT United Kingdom | State: ZZ | Zip Code: 00000
Purpose of Disbursement: Website design
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 07 / 2026
FEC Identification Number: C
Transaction ID : 500520403
Amount of Each Disbursement this Period: 400.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Squarespace Inc.
Mailing Address 225 Varick St
City: New York | State: NY | Zip Code: 10014-4304
Purpose of Disbursement: Website hosting
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 13 / 2026
FEC Identification Number: C
Transaction ID : 500520404
Amount of Each Disbursement this Period: 38.25
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period:
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 438.25

TOTAL This Period (last page this line number only) ▶ 5464.48

Image# 202607239894419584

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)
☐ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Healthcare for Action PAC

A.
Full Name (Last, First, Middle Initial)
Israel, Aaron, , ,
Mailing Address 4236 Echo Ho Ln
City: Richmond | State: VA | Zip Code: 23235-1400
Purpose of Disbursement: Contribution refund
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 13 / 2026
FEC Identification Number: C
Transaction ID : 500520397
Amount of Each Disbursement this Period: 250.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period:
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period:
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 250.00

TOTAL This Period (last page this line number only) ▶ 250.00

Image# 202607239894419585

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)
21b 22 23 26 27
28a 28b 28c X 29 30b

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NAME OF COMMITTEE (In Full)
Healthcare for Action PAC

A.
Full Name (Last, First, Middle Initial)
NGP VAN
Mailing Address 655 15th St NW
Ste 650
City: Washington | State: DC | Zip Code: 20005-5738
Purpose of Disbursement: Non-contribution account - Database software
Candidate Name
Category/ Type
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Date of Disbursement: 07 / 06 / 2026
FEC Identification Number: C
Transaction ID : 500520399
Amount of Each Disbursement this Period: 1059.84
Memo Item

B.
Full Name (Last, First, Middle Initial)
Shimmer Communications
Mailing Address 2248 Broadway
1094
City: New York | State: NY | Zip Code: 10024-5805
Purpose of Disbursement: Media consulting - non-contribution account
Candidate Name
Category/ Type
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Date of Disbursement: 07 / 06 / 2026
FEC Identification Number: C
Transaction ID : 500520406
Amount of Each Disbursement this Period: 5000.00
Memo Item

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period
Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 6059.84

TOTAL This Period (last page this line number only) ▶ 6059.84

Image# 202607239894419586

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Healthcare for Action PAC

FEC IDENTIFICATION NUMBER ▼
C C00822536

Check if ☐ 24-hour report ☐ 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee
Crescendo Creative
Non-contribution account
☐ Memo Item
Mailing Address 10770 Columbia Pike
Ste # 300
City: Silver Spring | State: MD | Zip Code: 20901-4439
Purpose of Expenditure: Ad production
Category/ Type:
Date of Public Distribution/Dissemination: 07 / 07 / 2026
Amount: 3522.60
Transaction ID : 500514205
Date of Disbursement or Obligation: 07 / 07 / 2026
Name of Federal Candidate: SHAH, AMISH, DR., ,
☒ Support ☐ Oppose
Office Sought: ☒ House ☐ President ☐ Senate District: 01 State: AZ
Calendar Year-To-Date Per Election for Office Sought: 17522.60
Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶ 2026

Full Name of Payee
Crescendo Creative
Non-contribution account
☐ Memo Item
Mailing Address 10770 Columbia Pike
Ste # 300
City: Silver Spring | State: MD | Zip Code: 20901-4439
Purpose of Expenditure: Ad production
Category/ Type:
Date of Public Distribution/Dissemination: 07 / 07 / 2026
Amount: 3522.60
Transaction ID : 500514206
Date of Disbursement or Obligation: 07 / 07 / 2026
Name of Federal Candidate: MAASDAM, MATTHEW, , ,
☒ Support ☐ Oppose
Office Sought: ☒ House ☐ President ☐ Senate District: 07 State: MI
Calendar Year-To-Date Per Election for Office Sought: 17522.60
Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶ 2026

(a) SUBTOTAL of Itemized Independent Expenditures ▶ 7045.20

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martello, Benjamin, , ,
Signature

Date 07 / 23 / 2026

Image# 202607239894419587

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Healthcare for Action PAC

FEC IDENTIFICATION NUMBER ▼
C C00822536

Check if ☐ 24-hour report ☐ 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee
Feargal O'Toole
Non-contribution account
☐ Memo Item

Mailing Address 65 Myrtle St

City: Somerville | State: MA | Zip Code: 02145-4324

Purpose of Expenditure: Advertising - digital

Category/ Type:

Date of Public Distribution/Dissemination: 07 / 07 / 2026

Amount: 14000.00

Transaction ID : 500514203

Date of Disbursement or Obligation: 07 / 07 / 2026

Name of Federal Candidate:
SHAH, AMISH, DR., ,
☒ Support ☐ Oppose

Office Sought: ☒ House ☐ President ☐ Senate
District: 01
State: AZ

Calendar Year-To-Date Per Election for Office Sought: 17522.60

Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

Full Name of Payee
Feargal O'Toole
Non-contribution account
☐ Memo Item

Mailing Address 65 Myrtle St

City: Somerville | State: MA | Zip Code: 02145-4324

Purpose of Expenditure: Advertising - digital

Category/ Type:

Date of Public Distribution/Dissemination: 07 / 07 / 2026

Amount: 14000.00

Transaction ID : 500514204

Date of Disbursement or Obligation: 07 / 07 / 2026

Name of Federal Candidate:
MAASDAM, MATTHEW, , ,
☒ Support ☐ Oppose

Office Sought: ☒ House ☐ President ☐ Senate
District: 07
State: MI

Calendar Year-To-Date Per Election for Office Sought: 17522.60

Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶	28000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures ▶	35045.20

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martello, Benjamin, , ,
Signature

Date 07 / 23 / 2026