

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Health PAL

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="2025"/>	<input type="text" value="20213.65"/>	<input type="text" value="20213.65"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="20213.65"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="63100.00"/>	<input type="text" value="63100.00"/>
(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="83313.65"/>	<input type="text" value="83313.65"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="26544.51"/>	<input type="text" value="26544.51"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="56769.14"/>	<input type="text" value="56769.14"/>
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Health PAL

Report Covering the Period: From: 01 / 01 / 2025 To: 06 / 30 / 2025

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).....	63100.00	63100.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	63100.00	63100.00
(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)	63100.00	63100.00
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)).....▶	63100.00	63100.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	63100.00	63100.00

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	4044.51	4044.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4044.51	4044.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
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).....	21500.00	21500.00
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)) ..	26544.51	26544.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26544.51	26544.51

DETAILED SUMMARY PAGE
of Disbursements

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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)	63100.00	63100.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	63100.00	63100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4044.51	4044.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4044.51	4044.51

**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 20
	(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"/> 15
	<input type="checkbox"/> 12	<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 PAL

A. Cannady, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6511 Foxchase Lane
 City Cincinnati State OH Zip Code 45243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bon Secours Mercy Health Occupation (for Individual) Healthcare Administration
 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
 04 / 30 / 2025
Transaction ID : SA11AI.5498
 Amount of Each Receipt this Period
 5000.00
 Memo Item

B. Cardone, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4080 Retreat Dr
 City Blue Ash State OH Zip Code 45241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bon Secours Mercy Health Occupation (for Individual) Chief Mission Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 11 / 2025
Transaction ID : SA11AI.5520
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Carter, Nikki, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1184 Cross Dr
 City Austintown State OH Zip Code 44515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bon SecoursMercy Health Occupation (for Individual) Chief Strategy Officer, US Markets
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2025
Transaction ID : SA11AI.5527
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5500.00
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 8 OF 20
<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 PAL

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Cazayoux, Joseph, , ,

Mailing Address **34 Middleboro Ct**

City Nashville	State TN	Zip Code 37215
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Bon Secours Mercy Health	Occupation (for Individual) Executive
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
06 / 30 / 2025

Transaction ID : SA11AI.5525

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address **6197 Redhawk Court**

City Loveland	State OH	Zip Code 45140
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Bon Secours Mercy Health	Occupation (for Individual) Management
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
05 / 01 / 2025

Transaction ID : SA11AI.5503

Amount of Each Receipt this Period
1000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Crum, Travis, , ,

Mailing Address **524 Lang Rd**

City Cincinnati	State OH	Zip Code 45244
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Bon Secours Mercy Health	Occupation (for Individual) Accountant
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
05 / 02 / 2025

Transaction ID : SA11AI.5505

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	7000.00
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 9 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Health PAL

A. Gage, Joe, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1081 Coastal Circle
 City Ocoee State FL Zip Code 34761
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BSMH Occupation (for Individual) Healthcare executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2025
Transaction ID : SA11AI.5501
 Amount of Each Receipt this Period
 2600.00
 Memo Item

B. Haidar, Wael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3115 Foxhall RD NW
 City Washington State DC Zip Code 20016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bon Secours Mercy Health Occupation (for Individual) Executive
 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
 05 / 01 / 2025
Transaction ID : SA11AI.5502
 Amount of Each Receipt this Period
 5000.00
 Memo Item

C. Judd, Jerome, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6801 Fox Hill Lane
 City Cincinnati State OH Zip Code 45236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Catholic Health Partners Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2025
Transaction ID : SA11AI.5510
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	8600.00
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 10 OF 20
	<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 PAL

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Kline, Donald, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 29 / 2025 Transaction ID : SA11AI.5497		
Mailing Address 401 Potomac Ct.			Amount of Each Receipt this Period 5000.00		
City Wexford	State PA	Zip Code 15090	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Bon Secours Mercy Health		Occupation (for Individual) CFO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lear, Jerry, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 05 / 2025 Transaction ID : SA11AI.5508		
Mailing Address 11301 Longden Way			Amount of Each Receipt this Period 1500.00		
City Union	State KY	Zip Code 41091	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Bon Secours Mercy Health		Occupation (for Individual) Chief Audit/ERM Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Lehman, Ronda, K, ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2025 Transaction ID : SA11AI.5500		
Mailing Address 8101 Faulkner Rd			Amount of Each Receipt this Period 1000.00		
City Harrod	State OH	Zip Code 45850	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Mercy Health - Lima		Occupation (for Individual) Hospital President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1000.00			

SUBTOTAL of Receipts This Page (optional).....▶	7500.00
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 11 OF 20
(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 PAL

A. Lenz, Rebecca, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4127 NW 175th Street

City Clive	State IA	Zip Code 50325
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BSMH	Occupation (for Individual) Chief Care Delivery Officer
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2025

Transaction ID : SA11AI.5519

Amount of Each Receipt this Period
1500.00

Memo Item

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

Mailing Address 2405 Bayshore Drive

City Flower Mound	State TX	Zip Code 45069
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Bon Secours Mercy Health	Occupation (for Individual) President, Medical Group
---	---

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
04	/	30	/	2025

Transaction ID : SA11AI.5499

Amount of Each Receipt this Period
5000.00

Memo Item

C. Luellen, John, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9011 Peregrine Drive

City Gibsonia	State PA	Zip Code 15044
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Bon Secours Mercy Health	Occupation (for Individual) State President
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	09	/	2025

Transaction ID : SA11AI.5512

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	9000.00
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 12 OF 20
	<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 PAL

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Lutes, Michael, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2025
Mailing Address 2039 Monument Avenue		Transaction ID : SA11AI.5523
City Richmond	State VA	Zip Code 23220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3500.00
Name of Employer (for Individual) Bon Secours Mercy Health	Occupation (for Individual) Executive Management	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mackey, Sandra, , ,		Date of Receipt MM / DD / YYYY 05 / 02 / 2025
Mailing Address 2667 Ridgetop Lane		Transaction ID : SA11AI.5504
City Clermont	State FL	Zip Code 34711
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) Bon Secours Mercy Health	Occupation (for Individual) Chief Marketing Officer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Siegert, Jason, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2025
Mailing Address PO Box 24		Transaction ID : SA11AI.5526
City Crystal Beach	State FL	Zip Code 34681
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer (for Individual) Bon Secours Mercy Health	Occupation (for Individual) Chief Ventures Officer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional).....▶	9500.00
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 13 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Health PAL

A. Stapleton, Odesa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2526 Beech Lane
 City Cincinnati State OH Zip Code 45237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bon Secours Mercy Health Occupation (for Individual) Chief People Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2025
Transaction ID : SA11AI.5514
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Szczuka, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 Karam Court
 City Coto de Caza State CA Zip Code 92679
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bon Secours Mercy Health Occupation (for Individual) Chief Digital Officer
 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
 05 / 15 / 2025
Transaction ID : SA11AI.5515
 Amount of Each Receipt this Period
 5000.00
 Memo Item

C. Szczuka, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 Karam Court
 City Coto de Caza State CA Zip Code 92679
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 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
 05 / 15 / 2025
Transaction ID : SA11AI.5517
 Amount of Each Receipt this Period
 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	11000.00
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 14 OF 20
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Health PAL

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Yungmann, Michael, J, ,

Mailing Address 215 Hunting Creek

City Paducah	State KY	Zip Code 42003
-----------------	-------------	-------------------

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

Name of Employer (for Individual) BSMH	Occupation (for Individual) Market President
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2025

Transaction ID : SA11AI.5509

Amount of Each Receipt this Period
1500.00

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	63100.00

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 PAL

A. McTigue & Colombo LLC

Full Name (Last, First, Middle Initial)

Mailing Address 545 E Town St

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Legal Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 01 / 30 / 2025

FEC Identification Number: C
Transaction ID : SB21B.5528

Amount of Each Disbursement this Period: 500.00

Memo Item

B. McTigue & Colombo LLC

Full Name (Last, First, Middle Initial)

Mailing Address 545 E Town St

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Legal Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 13 / 2025

FEC Identification Number: C
Transaction ID : SB21B.5529

Amount of Each Disbursement this Period: 500.00

Memo Item

C. McTigue & Colombo LLC

Full Name (Last, First, Middle Initial)

Mailing Address 545 E Town St

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Legal Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 13 / 2025

FEC Identification Number: C
Transaction ID : SB21B.5530

Amount of Each Disbursement this Period: 8.11

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1008.11

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"/> 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 PAL

Full Name (Last, First, Middle Initial)

A. Raise the Money

Mailing Address PO Box 26466

City
Little Rock

State
AR

Zip Code
72221

Purpose of Disbursement

Merchant Fee

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
0	6		3	0		2	0	2	5

FEC Identification Number

C

Transaction ID : SB21B.5547

Amount of Each Disbursement this Period

3036.40

Memo Item

Full Name (Last, First, Middle Initial)

B.

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

Full Name (Last, First, Middle Initial)

C.

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).....▶

3036.40

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

4044.51

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 PAL

A. GUTHRIE FOR CONGRESS

Full Name (Last, First, Middle Initial)
Date of Disbursement: 04 / 16 / 2025

Mailing Address PO BOX 22401

City LOUISVILLE State KY Zip Code 40252

Purpose of Disbursement: Contribution
FEC Identification Number: C00445023
Transaction ID : SB23.5549

Candidate Name: GUTHRIE FOR CONGRESS
Amount of Each Disbursement this Period: 1000.00

Office Sought: House Senate President
Disbursement For: 2026
 Primary General Other (specify) ▼

State: KY District: 02

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1000.00

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Health PAL

A. FRIENDS OF BRIAN STEWART

Full Name (Last, First, Middle Initial)
Mailing Address 15075 HOME COURT

City ASHVILLE State OH Zip Code 43103

Purpose of Disbursement
Contribution
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 05 / 12 / 2025

FEC Identification Number: C
Transaction ID : SB29.5536
Amount of Each Disbursement this Period: 5000.00

Memo Item

B. Matt Huffman for Ohio

Full Name (Last, First, Middle Initial)
Mailing Address 4679 Winterset Dr

City Columbus State OH Zip Code 43220

Purpose of Disbursement
Contribution
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 04 / 2025

FEC Identification Number: C
Transaction ID : SB29.5531
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Matt Huffman for Ohio

Full Name (Last, First, Middle Initial)
Mailing Address 4679 Winterset Dr

City Columbus State OH Zip Code 43220

Purpose of Disbursement
Contribution
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 04 / 02 / 2025

FEC Identification Number: C
Transaction ID : SB29.5532
Amount of Each Disbursement this Period: 2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 8000.00

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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Health PAL

Full Name (Last, First, Middle Initial) A. Odioso for Ohio		Date of Disbursement MM / DD / YYYY 05 / 29 / 2025	
Mailing Address 12070 STONE POINT COURT			
City LOVELAND	State OH	Zip Code 45140	
Purpose of Disbursement Contribution		FEC Identification Number C	
Candidate Name		Transaction ID : SB29.5544 Amount of Each Disbursement this Period 500.00	
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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Romanchuk for Ohio		Date of Disbursement MM / DD / YYYY 05 / 12 / 2025	
Mailing Address 4679 WINTERSET DRIVE			
City Columbus	State OH	Zip Code 43220	
Purpose of Disbursement Contribution		FEC Identification Number C	
Candidate Name		Transaction ID : SB29.5537 Amount of Each Disbursement this Period 1000.00	
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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Vivek Ramaswamy for Ohio		Date of Disbursement MM / DD / YYYY 06 / 06 / 2025	
Mailing Address 350 E 1ST AVE STE 100			
City Columbus	State OH	Zip Code 43201	
Purpose of Disbursement Contribution		FEC Identification Number C	
Candidate Name		Transaction ID : SB29.5546 Amount of Each Disbursement this Period 10000.00	
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:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	11500.00
TOTAL This Period (last page this line number only).....▶	21500.00