

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

2004 JUN 15 P 4:34 OFFICE Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

R.W.J. Fund For Health Care Experiences Plus

ADDRESS (number and street)

1140 WASH State St

Check if different than previously reported. (AOC)

Trenton

N.J.

08608-1102

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

000365528

3. IS THIS REPORT

NEW (N) [checked]

OR

[]

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(b) Monthly Report Due On:

[] Feb 20 (M2)

[] May 20 (M5)

[] Aug 20 (M8)

[] Nov 20 (M11)

[] Mar 20 (M3)

[] Jun 20 (M6)

[] Sep 20 (M9)

[] Dec 20 (M12)

[] Apr 20 (M4)

[] Jul 20 (M7)

[] Oct 20 (M10)

[] Jan 31 (YE)

(a) Quarterly Reports:

[] April 15 Quarterly Report (Q1)

[checked] 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)

(c) 12-Day PRE-Election Report for the:

[] Primary (12P)

[] Convention (12C)

[] General (12G)

[] Special (12S)

[] Runoff (12R)

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

04 01 2004

through

06 30 2004

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

Dale W. Flood

Signature of Treasurer

[Handwritten Signature]

Date

07 12 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 9457g.

Office Use Only

FEC FORM 3X (Rev. 02/2003)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

RWJ Fund for Health Care Excellence PAC

Report Covering the Period:

From:

04 01 2004

To:

06 30 2004

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, 2004

11,641.64

(b) Cash on Hand at Beginning of Reporting Period

4,291.64

(c) Total Receipts (from Line 19)

18,775.00

18,925.00

(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)

23,066.64

30,566.64

7. Total Disbursements (from Line 51)

2,000.00

9,500.00

8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))

21,066.64

21,066.64

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:

Federal Election Commission
930 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

RWJ Fund for Health Care Excellence PAC

Report Covering the Period: From: 01 01 2004 To: 06 30 2004

1. 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)	18,775.00	18,925.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	18,775.00	18,925.00
(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)	18,775.00	18,925.00
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))	18,775.00	18,925.00
20. Total Federal Receipts (subtract Line 16(c) from Line 19)	18,775.00	18,925.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2008)

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), 1a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	5,000.00
23. Contributions to Federal Candidates/Committees and Other Political Organizations	2,000.00	4,500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §411a(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(2F))		
(a) Allocated Federal Election Activity (from Schedule H4)		
(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))	2,000.00	9,500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0.00	0.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	18,775.00	18,925.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18,775.00	18,925.00
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 schedules
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1 OF 10
(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)
RWJ Fund for Health Care Excellence PAC

A. Full Name (Last, First, Middle Initial)
Cahno, Annette

Mailing Address
7 Princess Ct.
Princeton, NJ
State Zip Code
NJ 08535

FEC ID number of contributing federal political committee.
C

Name of Employer
RWJH

Occupation
Health Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
06 18 2004

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Serafin, Rashi

Mailing Address
40 Briarwood Ct.
Princeton, NJ
State Zip Code
NJ 08540

FEC ID number of contributing federal political committee.
C

Name of Employer
RWJH

Occupation
Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1,000.00

Date of Receipt
06 18 2004

Amount of Each Receipt this Period
1,000.00

C. Full Name (Last, First, Middle Initial)
Muscovy, Gerald

Mailing Address
2419 Gregory Place
Hopewell, NJ
State Zip Code
NJ 08750

FEC ID number of contributing federal political committee.
C

Name of Employer
RWJH

Occupation
C

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt
06 18 2004

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) 1,250.00

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 2 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			

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NAME OF COMMITTEE (In Full)

RW Fund for Health Care Excellence PAC

Full Name (Last, First, Middle Initial)

A. Stephenson, Christine

Mailing Address

10 Landing Ave

City Remington NJ

State NJ Zip Code 08534

FEC ID number of contributing federal political committee.

Date of Receipt

06 07 2004

Amount of Each Receipt this Period

800.00

Name of Employer

RWJCH

Organization

HealthCare Admin

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Full Name (Last, First, Middle Initial)

B. Tomcik, Arlene

Mailing Address

6 Hawthorne Rd.

City Red Bank NJ

State NJ Zip Code 08701

FEC ID number of contributing federal political committee.

Date of Receipt

06 07 2004

Amount of Each Receipt this Period

100.00

Name of Employer

RWJCH

Organization

VP Patient Services

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Full Name (Last, First, Middle Initial)

C. Greene, Andrew

Mailing Address

104 Oak Creek Road

City East Windsor NJ

State NJ Zip Code 08520

FEC ID number of contributing federal political committee.

Date of Receipt

06 07 2004

Amount of Each Receipt this Period

500.00

Name of Employer

RWJCH

Organization

Health Care Admin

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1400.00

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)
11a 11b 11c 12
13 14 15 16 17

PAGE 3 OF 6

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NAME OF COMMITTEE (in Full)

Roy Fund for Health Care Excellence PAC

Full Name (Last, First, Middle Initial)

A. Hoffman, Dawn

Mailing Address

45 Hillcrest Dr.

City
Scranton

State NY Zip Code 08554

FEC ID number of contributing federal political committee

C

Name of Employer

RoyFH

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,000.00

Date of Receipt

06/01/2004

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

B. Cohen, Diane

Mailing Address

2 Windermere Way

City Princeton

State NJ Zip Code 08540

FEC ID number of contributing federal political committee

C

Name of Employer

RoyFH

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06/01/2004

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Colizzi, Dawn

Mailing Address

27 Mason Rd.

City East Brunswick

State NJ Zip Code 08816

FEC ID number of contributing federal political committee

C

Name of Employer

Rutgers University

Occupation

Professor Dean

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,000.00

Date of Receipt

06/01/2004

Amount of Each Receipt this Period

1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1,350.00

**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 4 of 16

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

Roy Fund for Health Care Excellence PAC

Full Name (Last, First, Middle Initial)

A. JONES, Stephen

Mailing Address

478 Providence Blvd.

City

Rendall Park

State

NJ

Zip Code

08824

FEC ID number of contributing federal political committee

0

Name of Employer

RWJRH

Occupation

Hospital Admin

Receipt For:

- Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,000.00

Date of Receipt

06/01/2004

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

B. Schwartzman, Arlene

Mailing Address

400 Harrison Ave

City

Highland Park

State

NJ

Zip Code

08904

FEC ID number of contributing federal political committee

0

Name of Employer

RWJRH

Occupation

Aggregate Year-to-Date ▼

1,000.00

Receipt For:

- Primary General
 Other (specify) ▼

Date of Receipt

06/01/2004

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

C. Mansell, Anna

Mailing Address

11 Powell Ct.

City

Hightstown

State

NJ

Zip Code

08520

FEC ID number of contributing federal political committee

0

Name of Employer

Chris Specialized Hosp.

Occupation

Health Care

Receipt For:

- Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,000.00

Date of Receipt

06/27/2004

Amount of Each Receipt this Period

1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

3,000.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 16

(check only one)

Grid for line numbers 11a-12, 13-16, 17

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NAME OF COMMITTEE (in full)

RWJ Fund for Health Care Excellence PAC

A. Full Name (Last, First, Middle Initial) COLLINS, Natalie

Date of Receipt

09 27 2004

Mailing Address 420 Lindsay Ct

Amount of Each Receipt This Period

100.00

City, State, Zip Code Burlington NJ 08076

FEC ID number of contributing federal political committee

Name of Employer RWJUH Occupation Healthcare

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

B. Full Name (Last, First, Middle Initial) HOFFMAN, Daniel

Date of Receipt

09 27 2004

Mailing Address 14 Foxcroft Rd

Amount of Each Receipt This Period

100.00

City, State, Zip Code Princeton NJ 08540

FEC ID number of contributing federal political committee

Name of Employer RWJUH Occupation Health Care

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1,000.00

C. Full Name (Last, First, Middle Initial) SMITH, David

Date of Receipt

04 08 2004

Mailing Address 259 Lawrence Ave

Amount of Each Receipt This Period

1,000.00

City, State, Zip Code Highland Park NJ 08904

FEC ID number of contributing federal political committee

Name of Employer RWJUH Occupation Health Care

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

Summary box with totals: 2,100.00

**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 1 of 16

<input checked="" type="checkbox"/> 110	<input type="checkbox"/> 115	<input type="checkbox"/> 116	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 12	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 18	<input type="checkbox"/>

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NAME OF COMMITTEE (in Full)

RWJ Fund for Health Care Excellence PAC

A. Full Name (Last, First, Middle Initial) Burais, Judith

Mailing Address 17 Kenwood Lane

City Matawan State NJ Zip Code 07917

FEC ID number of contributing federal political committee: C

Name of Employer RWJH Occupation Senior VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date 1,000.00

Date of Receipt 04 08 2004

Amount of Each Receipt this Period 1,000.00

B. Full Name (Last, First, Middle Initial) Novak, Ira

Mailing Address 3 Morrisstown Dr

City East Brunswick State NJ Zip Code 08816

FEC ID number of contributing federal political committee: C

Name of Employer Morris The Laughlin & Marcus Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date 1,000.00

Date of Receipt 04 08 2004

Amount of Each Receipt this Period 1,000.00

C. Full Name (Last, First, Middle Initial) Collins, Natalie

Mailing Address 470 Lindsay Ct

City Durham State NC Zip Code 28716

FEC ID number of contributing federal political committee: C

Name of Employer RWJH Occupation Health Care

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date 500.00

Date of Receipt 04 08 2004

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 2,050.00

TOTAL This Period (last page has line number only) 2,050.00

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

Use separate schedules for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 16
<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18

Any information copied from such Reports and Schedules 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)
RWJ Fund for Health Care Excellence PAC

A. WEISS, JACK
 Full Name (Last, First, Middle Initial)
 Mailing Address
416 US Hwy 1 N.
 City **Edison NJ** State **NJ** Zip Code **08817**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: Occupation:
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **25.00**

Date of Receipt
06 18 2004
 Amount of Each Receipt this Period
25.00

B. Dhillon, Suman
 Full Name (Last, First, Middle Initial)
 Mailing Address
324 Stone Cliff Road
 City **Princeton NJ** State **NJ** Zip Code **08540**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: Occupation
MUSICIAN RWJMS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **100.00**

Date of Receipt
06 18 2004
 Amount of Each Receipt this Period
100.00

C. Beggs, John
 Full Name (Last, First, Middle Initial)
 Mailing Address
303 Timberbrooke Cr.
 City **Bedminster NJ** State **NJ** Zip Code **07921**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: Occupation
RWJMS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1,000.00**

Date of Receipt
06 01 2004
 Amount of Each Receipt this Period
1,000.00

SUBTOTAL of Receipts This Page (optional) **1,225.00**
 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 16

<input checked="" type="checkbox"/> 1a	<input type="checkbox"/> 1b	<input type="checkbox"/> 1c	<input type="checkbox"/> 1d	<input type="checkbox"/> 17
1a	1b	1c	1d	17

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NAME OF COMMITTEE (In Full)

RWJ Fund for Health Care Excellence PAC

Full Name (Last, First, Middle Initial)

A. HOFFBERG, HARVEI

Mailing Address

900-11 W. Scaevola Ct.

City Jersey City

State NJ

Zip Code 07305

FEC ID number of contributing federal political committee.

0

Name of Employer

RWJUH

Occupation

Resident

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

5,000.00

Date of Receipt

04/08/2004

Amount of Each Receipt this Period

5,000.00

Full Name (Last, First, Middle Initial)

B. CHITZ, ALBERT

Mailing Address

15 Wilshire Dr.

City Belle Meade

State NJ

Zip Code 08502

FEC ID number of contributing federal political committee.

0

Name of Employer

RWJUH

Occupation

Health Care

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,500.00

Date of Receipt

04/08/2004

Amount of Each Receipt this Period

1,500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

0

Name of Employer

Guest

Occupation

Guest

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

04/08/2004

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

6,500.00
18,775.00

**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 9 of 16

<input type="checkbox"/> 11a	<input checked="" 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 (as Full)

Rwy Fund for Health Care Excellence PAC

Full Name (Last, First, Middle Initial)

Date of Receipt

0000

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

Date of Receipt

0000

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

Date of Receipt

0000

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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 10 OF 16

<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 34	<input checked="" type="checkbox"/> 11c 15	<input type="checkbox"/> 12 10	<input type="checkbox"/> 17
------------------------------------	------------------------------------	---	-----------------------------------	-----------------------------

Any information copied from such Reports and Statements may not be used 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 committees to solicit contributions from such committee.

NAME OF COMMITTEE (in full)

RW Fund for Health Care Excellence PAC

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer Occupation

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date

Date of Receipt

01/01/2010

Amount of Each Receipt this Period

0.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer Occupation

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date

Date of Receipt

01/01/2010

Amount of Each Receipt this Period

0.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer Occupation

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date

Date of Receipt

01/01/2010

Amount of Each Receipt this Period

0.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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 11 OF 16

11a 11b 11c 11d 11e 11f 11g 11h 11i 11j

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 select contributions from such committee.

NAME OF COMMITTEE (In Full)

RUN Fund for Health Care Excellence PAC

Full Name (Last, First, Middle Initial)

Form A: Mailing Address, City, State, Zip Code, FEC ID number of contributing federal political committee, Name of Employer, Occupation, Receipt For (Primary, General, Other), Aggregate Year-to-Date

Date of Receipt

01/01/2010

Amount of Each Receipt this Period

0.00

Form B: Mailing Address, City, State, Zip Code, FEC ID number of contributing federal political committee, Name of Employer, Occupation, Receipt For (Primary, General, Other), Aggregate Year-to-Date

Date of Receipt

01/01/2010

Amount of Each Receipt this Period

0.00

Form C: Mailing Address, City, State, Zip Code, FEC ID number of contributing federal political committee, Name of Employer, Occupation, Receipt For (Primary, General, Other), Aggregate Year-to-Date

Date of Receipt

01/01/2010

Amount of Each Receipt this Period

0.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (less page line number only)

0.00
0.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s) for each category on the Donor's Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 16
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input checked="" 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 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)
Roy Fund for Health Care Excellence PAC

A.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (just page this line number only)

0.00

0.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s) for each category on the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 2 OF 6
<input type="checkbox"/> 11a	<input checked="" 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 each Report 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)
RW Fund for Health Care Excellence PAC

A. Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee
Name of Employer Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date

Date of Receipt
Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee
Name of Employer Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date

Date of Receipt
Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee
Name of Employer Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date

Date of Receipt
Amount of Each Receipt this Period

SUBTOTAL of Receipts this Page (optional) **0.00**
TOTAL This Period (last page this line number only) **0.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedules for each category of the Related Summary Page

FDP LINE NUMBER: (check only one)

PAGE 14 of 16

11a	11b	11c	12	17
13	14	15	16	

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)

RW Fund for Health Care Excellence PAC

Full Name (Last, First, Middle Initial)

Date of Receipt

0000

A.

Mailing Address

City State Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

Date of Receipt

0000

B.

Mailing Address

City State Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

Date of Receipt

0000

C.

Mailing Address

City State Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page of this line number only)

0.00
0.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

FDR LINE NUMBER: PAGE 15 OF 16
11a 13 11b 14 11c 15 11d 16 11e 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 candidate to solicit contributions from such committee.

NAME OF COMMITTEE (in full)
Run Fund for Health Care Excellence PAC

A. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

6.00

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 1a 1b

<input type="checkbox"/> 11a	<input type="checkbox"/> 13b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 17

Any information copied from such Reports and Statements may not be held 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 contributor.

NAME OF COMMITTEE (in Full)

Roy Fund for Health Care Excellence PAC

Full Name (Last, First, Middle Initial)

A. Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee

Name of Employer Occupation

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date

Date of Receipt

01/10/2010

Amount of Each Receipt this Period

0.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee

Name of Employer Occupation

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date

Date of Receipt

01/10/2010

Amount of Each Receipt this Period

0.00

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee

Name of Employer Occupation

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date

Date of Receipt

01/10/2010

Amount of Each Receipt this Period

0.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

0.00
0.00

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"/> 21c	<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"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 29c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b		

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)
Riv Fund for Health Care Excellence PAC

A.

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:

Date of Disbursement:

Amount of Each Disbursement This Period

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:

Date of Disbursement:

Amount of Each Disbursement This Period

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:

Date of Disbursement:

Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only) 0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Expenditure Page:

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 2

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (in Full)

Rwyfund for Health Care Excellence PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

01/01/2012

A.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

01/01/2012

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

01/01/2012

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements (this Page optional)

TOTAL This Period (list page this line number only)

000
000

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedules (a)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21a	<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"/> 29c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

Royfund for Health Care Excellence PAC

Full Name (Last, First, Middle Initial)

A. Ferguson, Mike

Mailing Address

PO Box 225

Colonia NJ

State Zip Code

07067

Purpose of Disbursement

Political Contribution

Candidate Name

Mike Ferguson

Office Sought:

 House
 Senate
 President
 District

Disbursement For:

 Primary General
 Other (specify)

State: NJ

Date of Disbursement

06/10/2004

Amount of Each Disbursement this Period

1,000.00

Full Name (Last, First, Middle Initial)

B. Bothman, Steven

Mailing Address

PO Box 714

Hackettstown NJ

State Zip Code

07601

Purpose of Disbursement

Political Contribution

Candidate Name

Steve Bothman

Office Sought:

 House
 Senate
 President
 District

Disbursement For:

 Primary General
 Other (specify)

State: NJ

Date of Disbursement

06/10/2004

Amount of Each Disbursement this Period

1,000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

 House
 Senate
 President
 District

Disbursement For:

 Primary General
 Other (specify)

State:

Date of Disbursement

06/10/2004

Amount of Each Disbursement this Period

2,000.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

2,000.00

2,000.00

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)						PAGE 4 of 12
	<input type="checkbox"/> 21a	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input checked="" 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"/> 30	

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NAME OF COMMITTEE (in Full)
Ruffalo for Health Care Excellence PAC

A.

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:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

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:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

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:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional) _____

TOTAL This Period (last page this line number only) _____

0.00

0.00

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"/> 24	<input checked="" 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

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)

Rwyfund for Health Care Excellence PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

01/01/2010

A.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement This Period

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

01/01/2010

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement This Period

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

01/01/2010

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement This Period

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (see page 1 for line number only)

0.00
0.00

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)						PAGE <u>10</u> OF <u>10</u>				
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input checked="" type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 29c	<input type="checkbox"/> 29

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)
Roy Fund for Health Care Excellence PAC

A.

Full Name (Last, First, Middle Initial) _____

Date of Disbursement _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Category/Type _____

Amount of Each Disbursement This Period _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

B.

Full Name (Last, First, Middle Initial) _____

Date of Disbursement _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Category/Type _____

Amount of Each Disbursement This Period _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

C.

Full Name (Last, First, Middle Initial) _____

Date of Disbursement _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Category/Type _____

Amount of Each Disbursement This Period _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

SUBTOTAL of Disbursements This Page (optional) _____

TOTAL This Period (last page this line number only) _____

0.00

0.00

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)	PAGE	OF
	<input checked="" type="checkbox"/> 21b		
	<input type="checkbox"/> 22		
	<input type="checkbox"/> 23		
	<input type="checkbox"/> 23a		
	<input type="checkbox"/> 25b		
	<input type="checkbox"/> 26		
	<input type="checkbox"/> 26a		
	<input type="checkbox"/> 28		
	<input type="checkbox"/> 29		
	<input type="checkbox"/> 30b		

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)
RW Fund for Health Care Excellence PAC

A.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) **0.00**

TOTAL This Period (last page this line number only) **0.00**

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"/> 21	<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"/> 28	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

Royfund for Health Care Excellence PAC

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

0 0 0

Amount of Each Disbursement This Period

0 0 0

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

0 0 0

Amount of Each Disbursement This Period

0 0 0

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

0 0 0

Amount of Each Disbursement This Period

0 0 0

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (see page this line number only)

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)

PAGE 9 OF 13

<input type="checkbox"/> 21a	<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 checked="" type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30c

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 (or Full)
RWY Fund for Health Care Excellence PAC

A.

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

Amount of Each Disbursement This Period

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

Amount of Each Disbursement This Period

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

Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only) 0.00

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)
 21b 22 23 24 25 26
 27 28a 28b 29 30b

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NAME OF COMMITTEE (to PUS)

Rwyfund for Health Care Excellence PAC

PUR Name (Last, First, Middle Initial)

Date of Disbursement

01/10/2010

A.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

0.00

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

Date of Disbursement

01/10/2010

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

0.00

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

Date of Disbursement

01/10/2010

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

0.00

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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

0.00
0.00

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"/> 21a	<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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (in full)

Roy Fund for Health Care Excellence PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

10/15/13

A.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

10/15/13

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

10/15/13

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

0.00
0.00

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)

PAGE 10 OF 12

<input type="checkbox"/> 21a	<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"/> 29c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30

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)

Rwyfund for Health Care Excellence PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

01/15/2010

A.

Mailing Address

City

State Zip Code

Purpose of Disbursement

Candidate Name

Category Type

Amount of Each Disbursement this Period

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

01/15/2010

B.

Mailing Address

City

State Zip Code

Purpose of Disbursement

Candidate Name

Category Type

Amount of Each Disbursement this Period

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

01/15/2010

C.

Mailing Address

City

State Zip Code

Purpose of Disbursement

Candidate Name

Category Type

Amount of Each Disbursement this Period

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

0.00
0.00

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	FORM LINE 13 OF FORM 3X	

NAME OF COMMITTEE (in Full)
RUN Fund For Health Care Excellence PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)
N/A

EMISSION:

Primary

General

Other (specify) _____

Mailing Address

City State ZIP Code

Original Amount of Loan	Cumulative Payments To Date	Balance Outstanding at Close of This Period
-------------------------	-----------------------------	---

TERMS

Date Incurred _____ Date Due _____ Interest Rate _____ % (apf)

Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding

SUBTOTALS This Period This Page (optional) ▶ **0.00**

TOTALS This Period (last page in this line only) ▶ **0.00**

Carry outstanding balances only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page 1 of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (in Full) R(W) Fund for Health Care Excellence PAC	FEC IDENTIFICATION NUMBER C00365528
--	---

LENDING INSTITUTION (LENDER) Full Name N/A	Amount of Loan	Interest Rate (APR)
---	----------------	---------------------

Mailing Address	Date Incurred or Established	DATE
City State Zip Code	Date Due	

A. Has loan been restructured? No Yes If yes, date originally incurred

B. If line of credit
 Amount of this Draw: _____ Total Outstanding Balance: _____

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral?

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).

Date account established: _____ Location of account: _____
 Address: _____
 City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE
---	------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
 I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	DATE
--	------

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate attachments) for each numbered line)	PAGE 1 OF 2
	FOR LINE NUMBER: (check only one)
	<input checked="" type="checkbox"/> 1
	<input type="checkbox"/> 2

NAME OF COMMITTEE (in full)
RWY Fund for Health Care Excellence PA

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 2 OF 2
FOR LINE NUMBER:
(check only one) 9

NAME OF COMMITTEE (If Full)

RWJ Fund for Health Care Excellence PAU

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Name of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Name of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Name of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional) ▶

2) TOTALS This Period (last page this line number only) ▶

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

0.00
0.00
0.00
0.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1 OF 1
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in Full) RWJ fund for Health Care Excellence	FEC IDENTIFICATION NUMBER 000365528
---	---

Check 24-hour notice 48-hour notice

Full Name (Last, First, Middle Initial) of Payee
N/A

Date
01/01/2015

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure Category/Type

Office Sought
 House State: _____
 Senate District: _____
 Presidential

Name of Federal Candidate Supported or Opposed by Expenditure

Check One: Support Oppose

Calendar Year-To-Date For Election for Office Sought

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Date
01/01/2015

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure Category/Type

Office Sought
 House State: _____
 Senate District: _____
 Presidential

Name of Federal Candidate Supported or Opposed by Expenditure

Check One: Support Oppose

Calendar Year-To-Date For Election for Office Sought

Disbursement For: Primary General
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	0.00

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.

Signature _____

Date **01/01/2015**

SCHEDULE F (FEC Form SX)
ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

PAGE	OF
FOR LINE 25 OF FORM SX	
<input type="checkbox"/>	Check if 24-hour notice

NAME OF COMMITTEE (in Full)
RW Fund for Health Care Excellence PkC

Has your committee been designated to make coordinated expenditures by a political party committee?
 YES NO
If YES, name the designating committee:

Full Name of Subordinate Committee

Mailing Address

City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City State Zip Code

Name of Federal Candidate Supported Office Sought: House Senate Presidential State: _____ District: _____

Purpose of Expenditure

Date

Amount

Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(j)(4)(A)-1)

Aggregate General Election Expenditure for this Candidate

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City State Zip Code

Name of Federal Candidate Supported Office Sought: House Senate Presidential State: _____ District: _____

Purpose of Expenditure

Date

Amount

Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(j)(4)(A)-1)

Aggregate General Election Expenditure for this Candidate

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City State Zip Code

Name of Federal Candidate Supported Office Sought: House Senate Presidential State: _____ District: _____

Purpose of Expenditure

Date

Amount

Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(j)(4)(A)-1)

Aggregate General Election Expenditure for this Candidate

SUBTOTAL of Expenditures This Page (optional)

TOTAL This Period (last page this line number only)

0.00
0.00

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS</i>	Shipping Date <i>7/14/04</i>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>EW</i> PREPARER	<i>7/15/04</i> DATE PREPARED