

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 701 8th Street, NW  
Suite 500  
 Check if different than previously reported. (ACC) Washington DC 20001

2. **FEC IDENTIFICATION NUMBER** C00390674 **CITY** **STATE** **ZIP CODE**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M / D D / Y Y Y Y Y Y in the State of    
(d) 30-Day **POST-Election** Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y Y Y in the State of  

5. Covering Period 08 / 01 / 2016 through 08 / 31 / 2016

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 Lance Kolbet

Signature of Treasurer Lance Kolbet [Electronically Filed] Date 09 / 15 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Freedom Fund**

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="2016"/>		948027.17
(b) Cash on Hand at Beginning of Reporting Period.....	995616.24	
(c) Total Receipts (from Line 19) .....	4710.31	179078.32
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1000326.55	1127105.49
7. Total Disbursements (from Line 31).....	23168.26	149947.2
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	977158.29	977158.29
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.0	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.0	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Freedom Fund**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.0	0.0
(ii) Unitemized .....	0.0	0.0
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.0	0.0
(b) Political Party Committees .....	0.0	0.0
(c) Other Political Committees (such as PACs).....	4500.0	177500.0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	4500.0	177500.0
12. Transfers From Affiliated/Other Party Committees.....	0.0	0.0
13. All Loans Received .....	0.0	0.0
14. Loan Repayments Received.....	0.0	0.0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.0	0.0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.0	0.0
17. Other Federal Receipts (Dividends, Interest, etc.).....	210.31	1578.32
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))..... ▶	4710.31	179078.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4710.31	179078.32

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	13168.26	72247.2
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	13168.26	72347.2
22. Transfers to Affiliated/Other Party Committees.....	0.0	0.0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.0	77500.0
24. Independent Expenditures (use Schedule E) .....	0.0	0.0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.0	0.0
26. Loan Repayments Made.....	0.0	0.0
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.0	0.0
(b) Political Party Committees .....	0.0	0.0
(c) Other Political Committees (such as PACs).....	0.0	0.0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.0	0.0
29. Other Disbursements .....	0.0	100.0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	23168.26	149947.2
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23168.26	149947.2

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	4500.0	177500.0
34. Total Contribution Refunds (from Line 28(d)) .....	0.0	0.0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4500.0	177500.0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	13168.26	72247.2
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.0	0.0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	13168.26	72247.2

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

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

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

NAME OF COMMITTEE (In Full)  
**Freedom Fund**

Full Name (Last, First, Middle Initial)  
**A. Association for Advanced Life Underwriting PAC**

Mailing Address 11921 Freedom Drive  
Suite 1100

City Reston State VA Zip Code 20190

FEC ID number of contributing federal political committee. **C** C00447565

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.0

Date of Receipt: 08 / 16 / 2016  
**Transaction ID : 1471368010416**

Amount of Each Receipt this Period: 2500.0

Memo Item  
 Check

Full Name (Last, First, Middle Initial)  
**B. Credit Suisse Securities (USA) Political Action Committee**

Mailing Address 1155 21st Street, NW  
Suite 300

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00111559

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.0

Date of Receipt: 08 / 11 / 2016  
**Transaction ID : 1470924938500**

Amount of Each Receipt this Period: 2000.0

Memo Item  
 Check

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: / /

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4500.00
<b>TOTAL</b> This Period (last page this line number only).....	4500.00

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

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

FOR LINE NUMBER: PAGE 7 OF 10  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Freedom Fund**

Full Name (Last, First, Middle Initial)  
**A. Chain Bridge Bank**  
 Mailing Address 1445-A Laughlin Avenue  
 City McLean State VA Zip Code 22101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1578.32

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 31 / 2016  
**Transaction ID : 1472831616451**  
 Amount of Each Receipt this Period  
 210.31  
 Memo Item  
 Interest

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  
 M M / D D / Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

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  
 M M / D D / Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	210.31
<b>TOTAL</b> This Period (last page this line number only).....▶	210.31

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Freedom Fund**

Full Name (Last, First, Middle Initial)

**A. Federal Election Commission**

Mailing Address 999 E Street NW

City Washington State DC Zip Code 20463

Purpose of Disbursement  
PAC penalty

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 1471365952600**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. First Data Services**

Mailing Address NA

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
PAC Credit Card Fees

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 1472831692640**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. PCI Payments**

Mailing Address 902 Chinquapin Road

City McLean State VA Zip Code 22102

Purpose of Disbursement  
PAC Merchant Fees

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 1470754059998**

Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Freedom Fund**

Full Name (Last, First, Middle Initial)

**A. Susan Wheeler**

Mailing Address 2727 Merrilee Drive  
#430

City Fairfax State VA Zip Code 22031

Purpose of Disbursement  
PAC Expense Reimbursement see below

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 1470353223407**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Susan Wheeler**

Mailing Address 2727 Merrilee Drive  
#430

City Fairfax State VA Zip Code 22031

Purpose of Disbursement  
PAC Mileage Reimbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 1470353660975**

Amount of Each Disbursement this Period

Memo Item  
See chk #1824 to Susan Wheeler \$469.22

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

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

**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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Freedom Fund**

Full Name (Last, First, Middle Initial)

**A. Marco Rubio for Senate 2016**

Mailing Address P.O. Box 661537

City Miami State FL Zip Code 33266

Purpose of Disbursement  
PAC Political Contribution

011

Candidate Name  
**Marco Rubio**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2016

Transaction ID : 1471647517899

Amount of Each Disbursement this Period

5000.0

Memo Item

Full Name (Last, First, Middle Initial)

**B. Marco Rubio for Senate 2016**

Mailing Address P.O. Box 661537

City Miami State FL Zip Code 33266

Purpose of Disbursement  
PAC Political Contribution

011

Candidate Name  
**Marco Rubio**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 19 / 2016

Transaction ID : 1471647588084

Amount of Each Disbursement this Period

5000.0

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 Y Y

Amount of Each Disbursement this Period

Memo Item

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

10000.00

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

10000.00