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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For	Other Than An Auth	orized Committee		Office Use Only
1. NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M	5
Healthcare Freedom Fur	nd 			
ADDRESS (number and street)	PO Box 2485			
▼ Check if different				
than previously reported. (ACC)	Springfield		VA	22152
2. FEC IDENTIFICATION NUM	BER ▼ CITY	(▲	STATE ▲	ZIP CODE ▲
C C00528414	3. IS	THIS NEW (N) OR		ENDED
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M5		20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar 2	20 (M3) Jun 20 (M6	Sep	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)		20 (M4) Jul 20 (M7)		20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2)	(C) 12-Day PRE-Election	Primary (12P)	General (
October 15 Quarterly Report (Q3)	Report for the:	Convention (12C)	Special (123)
January 31 Year-End Report (YE)	Election	on/	Y W Y W Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (3	0R) Special (30S)
Termination Report (TER)	Election	on/	Y Y Y Y Y	in the State of
5. Covering Period 01	01 2020	through 03	31/	2020
I certify that I have examined this		my knowledge and belief it is	rue, correct and	I complete.
Type or Print Name of Treasurer	Grandy, Joe, , ,			
Signature of Treasurer Grandy,	Joe, , ,	[Electronically Filed]	Date 04	15 / 2020
NOTE: Submission of false, erroneou	s, or incomplete information	may subject the person signing	this Report to th	ne penalties of 52 U.S.C. § 30109
Office Use Only				FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name Healthcare Freedom Fund 01 01 2020 03 31 2020 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 54612.44 January 1, 2020 (b) Cash on Hand at 54612.44 Beginning of Reporting Period..... 51000.00 51000.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 105612.44 105612.44 6(a) and 6(c) for Column B)..... 50845.69 50845.69 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 54766.75 54766.75 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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. 05/2016) Page 3 Write or Type Committee Name Healthcare Freedom Fund 01 2020 03 31 2020 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 500.00 500.00 (i) Itemized (use Schedule A)..... (ii) Unitemized 0.00 0.00 (iii) TOTAL (add 500.00 500.00 Lines 11(a)(i) and (ii).................▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 50500.00 50500.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 51000 00 51000.00

	Totals to Line 33, page 5)▶	51000.00	51000.00
12.	Transfers From Affiliated/Other	200	0.00
	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal Candidates and Other	0.00	0.00

20. Total Federal Receipts
(subtract Line 18(c) from Line 19).......

51000.00

51000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calonida Tour to Date		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	4 4			
Expenditures	30845.69	30845.69		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	30845.69	30845.69		
Transfers to Affiliated/Other Party	4 4			
Contributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	20000.00	20000.00		
Independent Expenditures	0.00	200		
(use Schedule E)	0.00	0.00		
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loan Hepayments Made	0.00	0.00		
Loans Made Refunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
	3.00	4 4		
(b) Political Party Committees	0.00	0.00		
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))	0.00	0.00		
Other Disbursements (Including				
Non-Federal Donations)	0.00	0.00		
Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity	0))			
(from Schedule H6) (i) Federal Share	0.00	0.00		
()	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		4 4 4		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	50845.69	50845.69		
Total Federal Disbursements	4			
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	50845.69	50845.69		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

		3
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)	51000.00	51000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	51000.00	51000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	30845.69	30845.69
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	30845.69	30845.69

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

Use separate schedule(s)

F	OR	LINE	PAGE		6	OF	16			
(0	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16		17

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Healthcare Freedom Fund Full Name of Individual (Last, First, Middle Initial) or Full Organization Name McManus, John, , , Date of Receipt Mailing Address 2082 Grace Manor Court 2020 09 City Zip Code State Transaction ID: SA11AI.6544 VA McLean 22101 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) The McManus Group Consultant Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional).....

500.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 16 (check only one) 11a 11b
Any information copied from such Reports and sor for commercial purposes, other than using the			person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund			
Full Name of Individual (Last, First, Middle In AMERICAN ACADEMY OF DERMATOLOGY ASSO Mailing Address 1445 NEW YORK AVENUE IN STE 800	CIATION POLIT	Organization Name ICAL ACTION COMMITTEE (SKINPA Zip Code	Date of Receipt Date of Receipt 03
WASHINGTON	DC	20005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C co	0359539	5000.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00]
Full Name of Individual (Last, First, Middle In AMERICAN ACADEMY OF OPHTHALMOLOG Mailing Address 655 BEACH STREET			Date of Receipt
City SAN FRANCISCO	State	Zip Code 94109	03 16 2020 Transaction ID : SA11C.6531
FEC ID number of contributing federal political committee.		0196246	Amount of Each Receipt this Period 5000.00
Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00]
Full Name of Individual (Last, First, Middle In AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEO	itial) or Full C ONS POLITICAL A	Organization Name CTION COMMITTEE (NEUROSURGERYP	Date of Receipt
Mailing Address 25 MASSACHUSETTS AVE			03 06 2020
City WASHINGTON	State DC	Zip Code 20001	Transaction ID : SA11C.6530 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C co	0413955	5000.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 5000.00]
SUBTOTAL of Receipts This Page (optional))	15000.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 OF 16 (check only one) 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund			
Full Name of Individual (Last, First, Middle AMERICAN COLLEGE OF CARDIOL Mailing Address 2400 N ST NW City WASHINGTON FEC ID number of contributing	OGY POLITION State DC		Date of Receipt 03 02 2020 Transaction ID : SA11C.6526 Amount of Each Receipt this Period
federal political committee. Name of Employer (for Individual) Receipt For:	Occ	upation (for Individual) Year-to-Date ▼	Memo Item
Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle		2500.00	
AMERICAN COLLEGE OF RADIO Mailing Address 1891 PRESTON WHITE DR	DLOGY ASS		Date of Receipt 02 28 2020
City RESTON FEC ID number of contributing federal political committee.	State VA C COO	Zip Code 20191 0343459	Transaction ID : SA11C.6523 Amount of Each Receipt this Period 2000.00
Name of Employer (for Individual)	Occ	supation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	
Full Name of Individual (Last, First, Middle AMERICAN COLLEGE OF RHE Mailing Address 2200 LAKE BOULEVARD I	UMATOLO		Date of Receipt
City ATLANTA FEC ID number of contributing federal political committee.	State GA	Zip Code 30319 0432823	Transaction ID : SA11C.6522 Amount of Each Receipt this Period 5000.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 5000.00	
SUBTOTAL of Receipts This Page (optional).			9500.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 OF 16 (check only one) 11a 11b
Any information copied from such Reports and S or for commercial purposes, other than using the			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund			
Full Name of Individual (Last, First, Middle In AMERICAN COLLEGE OF SURGEONS) Mailing Address 20 F ST NW, STE 1000 ATTN: SARA MORSE City WASHINGTON FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)	State DC Co.		Date of Receipt 03 02 2020 Transaction ID : SA11C.6527 Amount of Each Receipt this Period 5000.00 Memo Item
Full Name of Individual (Last, First, Middle In AMERICAN MEDICAL ASSOCIATION Mailing Address 25 MASSACHUSETTS AVE, SUITE 600 City WASHINGTON FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)	N POLITICA NW State DC C Coo	Organization Name	Date of Receipt 03 02 2020 Transaction ID : SA11C.6528 Amount of Each Receipt this Period 5000.00 Memo Item
Full Name of Individual (Last, First, Middle In AMERICAN PSYCHIATRIC ASSOCIAM Mailing Address 800 MAINE AVE SW SUITE 900 City WASHINGTON FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)	State DC C0		E Date of Receipt M M M / 30 / 2020 Transaction ID: SA11C.6534 Amount of Each Receipt this Period 1000.00 Memo Item
SUBTOTAL of Receipts This Page (optional)			11000.00

SCHEDULE A (FEC Form 3X)		Han annual Labert	FOR LINE NUMBER: PAGE 10 OF 16					
TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)					
		Detailed Summary Page	11a 11b x 11c 12					
			13 14 15 16 17					
Any information copied from such Reports and S or for commercial purposes, other than using the								
NAME OF COMMITTEE (In Full)								
Healthcare Freedom Fund								
Full Name of Individual (Last, First, Middle Ini BWX TECHNOLOGIES, INC POLITICA			Date of Receipt					
Mailing Address 2016 MT. ATHOS ROAD			02 28 2020					
City	State	Zip Code	Transaction ID : SA11C.6524					
LYNCHBURG	VA	24504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C co	0365502	5000.00					
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General Other (specify) ▼		5000.00						
		4 4	1					
Full Name of Individual (Last, First, Middle Ini EYEPAC POLITICAL ACTION COMMITTEE FOR AMERICAN			Date of Receipt					
Mailing Address 4000 LEGATO ROAD, SUITE	700		03 02 2020					
City	State	Zip Code	Transaction ID : SA11C.6529					
FAIRFAX	VA	22033	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C co	0171504	2500.00					
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General	00 0		1					
Other (specify) ▼		2500.00						
Full Name of Individual (Last, First, Middle Ini MASSACHUSETTS MUTUAL LIFE INSURANCE	tial) or Full C COMPANY P	rganization Name OLITICAL ACTION COMMITTEE	Date of Receipt					
Mailing Address 1295 STATE STREET			01 10 2020					
City	State	Zip Code	Transaction ID : SA11C.6521					
SPRINGFIELD	MA	01111	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C co	0118943	2500.00					
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
Receipt For: Primary General	Aggregate	Year-to-Date ▼						
Other (specify)		2500.00						
		4 4	<u> </u>					
SUBTOTAL of Receipts This Page (optional)			10000.00					

ITEMIZED RECEIPTS

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

SCHEDULE A (FEC Form 3X) 16 FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one) for each category of the **X** 11c 11b 11a 12 Detailed Summary Page 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) Healthcare Freedom Fund Full Name of Individual (Last, First, Middle Initial) or Full Organization Name POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS--PAC OF AAO Date of Receipt Mailing Address 317 MASSACHUSETTS AVE., N.E. 1ST FLOOR 16 2020 City Zip Code State Transaction ID: SA11C.6532 DC WASHINGTON 20002 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 C00343137 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 5000.00 SUBTOTAL of Receipts This Page (optional).....

50500.00

17

SCHEDULE B (FEC Form 3X)	Usa	ovoto cabachila ()	FOR LINE NUMBER:					PAGE	12 0	F 16
ITEMIZED DISBURSEMENTS		category of the	I '	(check only one) x 21b 22 23				ne	7 07	
		Summary Page			2 3b	23 28c		26 29	27 30b	
Any information copied from such Reports and State	ments may	not be sold or us								ons
or for commercial purposes, other than using the nar										
NAME OF COMMITTEE (In Full)										
Healthcare Freedom Fund										
Full Name (Last, First, Middle Initial)						iok	m '			
A. BB&T						isburse			YY	
Mailing Address PO Box 580340					м)1	1		1	2020	Y
,	State	Zip Code		FEC	lden	tification	n Nun	nber		
Charlotte Purpose of Disbursement	NC	28258-0340								
Credit Card Payment										
Candidate Name			Category/	Am		saction f Each			6535 nt this P	eriod
			Type		Junit U	. Lacii	الادام	551116		-
	ment For:					7			1864.51	1
Senate President	Primary Other (spe	General								
State: District:	Other (spe	ecity) ▼			Memo	Item				
Full Name (Last, First, Middle Initial)										
B. Trattoria Alberto				Dat	e of D	isburse	ment			
				М	M = M / D = D / Y = Y = Y					Υ
Mailing Address 506 8th Street SE		I			12	1	1	<u>L</u> .	2019	
City Washington	State DC	Zip Code 20003		FEG	Iden	tification	n Nun	nber		
Purpose of Disbursement	DO	20003		C				-		
Food/Beverage					Trans	action	ID · S	B21D	6535 C	
Candidate Name			Category/ Type	Am			_		nt this P	eriod
	ment For:					-		7	841.86	6
Senate	Primary	General				,		,		
President State: District:	Other (spe	ecity)		X	Memo	Item				
Full Name (Last, First, Middle Initial)				+-						
C. Capitol Hill Club				Dat	e of D	isburse	ment			
<u> </u>				_	M	/ D			Y	Y
Mailing Address 300 1st Street SE					12	1	6	_	2019	_
City	State	Zip Code			\ lde=	tifica*! -	o Misso	aher		
Washington	DC	20003		FEC	iden	tification	ı ıvun	iper		
Purpose of Disbursement Food/Beverage				C						
Candidate Name				J		action				
Candidate Name			Category/ Type	Am	ount o	t Each	Disbu	ırseme	nt this P	eriod
Office Sought: House Disbursel	ment For:		.,,,,						1022.65	5
Senate	Primary	General				7		1	- 40	
President	Other (spe	ecify) \blacktriangledown		×	Memo	Item				
State: District:										
SUBTOTAL of Disbursements This Page (optional)								-	1864.5	1
COSTOTAL OF DISDUISMINENTS THIS Page (optional)			•••••••••••••••••••••••••••••••••••••••	<u> </u>	=	7	\Rightarrow	7		#
TOTAL This Period (last page this line number only))									. 1

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	OULE B (FEC Form 3X) ED DISBURSEMENTS	for each	arate schedule(s) category of the	FOR LINE (check only	
		Detailed	Summary Page	28a	28b 28c 29 30b
					on for the purpose of soliciting contributions o solicit contributions from such committee.
\	OF COMMITTEE (In Full) Ithcare Freedom Fund				
Full Na A. BB8	ame (Last, First, Middle Initial)				Date of Disbursement
Mailing	g Address PO Box 580340				03 09 2020
City Charlo		State NC	Zip Code 28258-0340		FEC Identification Number
Credi	se of Disbursement t Card Payment date Name		[C Transaction ID : SB21B.6542
		rsement For:		Category/ Type	Amount of Each Disbursement this Period 1335.99
- Cilio	Senate President	Primary Other (spe	General cify) ▼		Memo Item
State:	District:				
_	ame (Last, First, Middle Initial) itol Hill Club				Date of Disbursement
	g Address 300 1st Street SE				01 28 2020
City Washi		State DC	Zip Code 20003		FEC Identification Number
Food	se of Disbursement /Beverage date Name		[Transaction ID : SB21B.6542.0
				Category/ Type	Amount of Each Disbursement this Period
Office	Senate President	rsement For: Primary Other (spe	General cify)		911.33 X Memo Item
State:	District: ame (Last, First, Middle Initial)				
C. Pud	din'				Date of Disbursement
Mailing	g Address 1309 5th St NE				02 11 2020
City Washii		State DC	Zip Code 20002		FEC Identification Number
Food/	se of Disbursement /Beverage date Name		[Category/ Type	Transaction ID: SB21B.6542. Amount of Each Disbursement this Period
Office	Senate	rsement For:	General	71-	273.35
	President	Other (spe	сіту) ▼		X Memo Item

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	FOR LINE NUMBER: PAGE 14 OF 16 (check only one) X 21b 22 23 26 27				
		Summary Page	X 21b 28a	28b 28c 29 30b			
Any information copied from such Reports and State or for commercial purposes, other than using the nar							
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund							
Full Name (Last, First, Middle Initial) A. Capitol Hill Club				Date of Disbursement			
Mailing Address 300 1st Street SE				02 14 2020			
Washington	State DC	Zip Code 20003		FEC Identification Number			
Purpose of Disbursement Food/Beverage Candidate Name				Transaction ID : SB21B.6542.2 Amount of Each Disbursement this Period			
Senate	ment For:	General	Category/ Type	151.31			
State: President District:	Other (spec	CITY) ▼		★ Memo Item			
Full Name (Last, First, Middle Initial) B. Concentric Office, LLC				Date of Disbursement			
Mailing Address PO Box 2485				03 09 2020			
City Springfield Purpose of Disbursement Compliance Consulting	State VA	Zip Code 22152		FEC Identification Number			
Candidate Name			Category/ Type	Transaction ID : SB21B.6540 Amount of Each Disbursement this Period			
Office Sought: House Senate President State: District:	ment For: Primary Other (spec	General cify)		901.65 Memo Item			
Full Name (Last, First, Middle Initial) C. Machado & Company				Date of Disbursement			
Mailing Address 6111 Newman Road				01 14 2020			
City Fairfax Purpose of Disbursement	State VA	Zip Code 22030-5918		FEC Identification Number			
Fundraising Consulting Candidate Name			Category/ Type	Transaction ID: SB21B.6536 Amount of Each Disbursement this Period			
Office Sought: House Disbursel Senate President	ment For: Primary Other (spe	General cify) ▼		13375.00 Memo Item			
State: District:							
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only				14276.65			

S 17

SCHEDULE B (FEC Form 3X)		FOR			LINE NUMBER: PAGE 15 OF 16						
ITEMIZED DISBURSEMENTS Use separate schedule(s) for each category of the			·	(check only one)							
		Detailed Summary Page		1b 22 8a 28b	23 28c	26	26 27 29 30b				
Any information copied from such Reports and State	mente may	not be sold or use						ne			
or for commercial purposes, other than using the na	me and add	dress of any politic	al committe	e to solicit c	ontributions	from such	committee) .			
NAME OF COMMITTEE (In Full)											
Healthcare Freedom Fund											
Full Name (Last, First, Middle Initial)				Dete							
A. Machado & Company	M	Date of Disbursement 03 09 2020									
Mailing Address 6111 Newman Road					03 09 2020						
City Fairfax	State VA	Zip Code 22030-5918	FEC I	FEC Identification Number							
Purpose of Disbursement					C						
Fundraising Consulting					Transaction ID : SB21B.6541						
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SUBTOTAL of Disbursements This Page (optional).				. L.	-		13339.79				
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SCHEDULE B (FEC Form 3X)				FOR LINE	NE NUMBER: PAGE 16 OF 16								
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		(check only one)									
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	NAME OF COMMITTEE (In Full)												
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