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FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FURIVI 3A	For Other Than	An Authorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT	Example: If typing over the lines.	g, type 12FE4M5
, Healthcare Freedo	om Fund		
ADDRESS (number and stre	eet) PO Box 2485		
Check if different than previously reported. (ACC)	Springfield		VA 22152
2. FEC IDENTIFICATION	ON NUMBER ▼	CITY 🛦	STATE ▲ ZIP CODE ▲
C C00528414		3. IS THIS REPORT X (N)	
4. TYPE OF REPOR (Choose One) (a) Quarterly Reports	Report Due On:	Mar 20 (M3) Ju	ay 20 (M5) Aug 20 (M8) Nov 20 (Non-Electic Year Only) In 20 (M6) Sep 20 (M9) Dec 20 (Non-Electic Year Only) Il 20 (M7) Oct 20 (M10) Jan 31 (
April 15 Quarterly Re July 15 Quarterly Re October 15 Quarterly Re January 31	port (Q2) (c) 12-Day PRE-El Report port (Q3)	* ` '	General (12G) Runoff (12C) Special (12S) in the State of
Year-End Re July 31 Mid- Report (Non- Year Only) (Non- Termination F	Year election MY) (d) 30-Day POST-I		
5. Covering Period	M M / D D / O1 O1	2015 through	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have exami Type or Print Name of Tre	·	e best of my knowledge and be	elief it is true, correct and complete.
Signature of Treasurer	Joe Grandy	[Electronically I	Filed] Date 07 31 2015
NOTE: Submission of false,	erroneous, or incomplete	information may subject the perso	on signing this Report to the penalties of 2 U.S.C. §40
Office Use			FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISRUPSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Healthcare Freedom Fund 2015 06 30 2015 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 76244.44 January 1, 2015 (b) Cash on Hand at 76244.44 Beginning of Reporting Period..... 149850.00 149850.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 226094.44 226094.44 6(a) and 6(c) for Column B)..... 132078.59 132078.59 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 94015.85 94015.85 (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. 06/2004)

Write or Type Committee Name

H	lealth	care	Free	dom	Fun	Ч
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Report Covering the Period: From: 01	01 2015	To: 06 30 2015
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
I. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	10050.00	16950.00
(i) Itemized (use Schedule A)	16850.00	16850.00
400 A A A A A A	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add	16850.00	16850.00
Lines 11(a)(i) and (ii)▶	10030.00	10000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		7 7 7
(such as PACs)	133000.00	133000.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶	149850.00	149850.00
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
All Lord Burins	0.00	0.00
3. All Loans Received	3.00	0.00
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made	7	7
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds		•
(a) Non-Federal Account	0.00	
(from Schedule H3)	0.00	0.00
	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(a) Total Transfers (add 19/a) and 19/b))	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
). Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	149850.00	149850.00
). Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	149850.00	149850.00

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
Operating Expenditures:	rotal fino i chou	Calelidal Teal-to-Date
(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	22070 50	22070 50
Expenditures(c) Total Operating Expenditures	32878.59	32878.59
(add 21(a)(i), (a)(ii), and (b))▶	32878.59	32878.59
Transfers to Affiliated/Other Party	7	
Committees	0.00	0.00
Contributions to Federal Candidates/Committees		
and Other Political Committees	99200.00	99200.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(use scriedule i)	7 7	0.00
Loan Repayments Made	0.00	0.00
4.9		
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
(h) Political Porty Committees	0.00	0.00
(b) Political Party Committees	0.00	5.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	
(add Lines 28(a), (b), and (c))▶	0.00	0.00
		0.00
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
<u> </u>		200
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
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
=oo oo(a)(i), oo(a)(ii) ana oo(b))	7	
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	132078.59	132078.59
L-	7	7
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	400070 50	400070 50
from Line 31)	132078.59	132078.59

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)	149850.00	149850.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	149850.00	149850.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	32878.59	32878.59
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	32878.59	32878.59

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE	NOMBER	:	PAGE	•	6	OF	41	
(check only	one)							
X 11a	11b		11c		12			
13	14		15		16	.	17	

	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund		
Full Name (Last, First, Middle Initial) David L. Black Mailing Address, 840 Planetation Reviewed		Date of Receipt
Mailing Address 819 Planatation Boulevard		06 08 2015
City	State Zip Code	Transaction ID : SA11AI.4768
Gallatin	TN 37066	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	2500.00
Name of Employer	Occupation	1
Aegis Sciences Corp.	President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Thomas G. Cigarran		Date of Receipt
Mailing Address 715 Belle Meade Boulevard Apt. E2	I	06 08 2015
City	State Zip Code	Transaction ID : SA11AI.4770
Nashville	TN 37205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	2500.00
Name of Employer Nashville Preadtors	Occupation	1
Receipt For:	Chairman	-
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial) C. Colleen Conway Welch		Date of Receipt
Mailing Address 109 Lynwood Terrace		06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Nashville	State Zip Code TN 37205	Transaction ID : SA11AI.4762 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	2500.00
Name of Employer	Occupation	-
Retired	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2500.00	
SUBTOTAL of Receipts This Page (optional).		7500.00
TOTAL This Period (last page this line numb	er only)	

SCHEDULE A (FEC Form 3X)

	F	OR	LINE	NU	MBER	:	PAGE	=	7	OF	41
Use separate schedule(s) for each category of the	(0	he	ck only	or	ne)						
Detailed Summary Page		X	11a		11b		11c		12		
,g.			13		14		15		16	Γ	17

ITEMIZED RECEIPTS 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 (Last, First, Middle Initial) William Hagerty Date of Receipt Mailing Address 4362 Chickering Lane 2015 27 City State Zip Code Transaction ID: SA11AI.4757 TN Nashville 37215 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Name of Employer Occupation Self Employed Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Andrew W. Miller, Jr. Date of Receipt Mailing Address 9170 Hester Beasley Road 06 80 2015 City State Zip Code Transaction ID: SA11AI.4772 Nashville TN 37221 Amount of Each Receipt this Period FEC ID number of contributing 2600.00 federal political committee. Name of Employer Occupation Diatech Oncology Chairman Receipt For: Aggregate Year-to-Date ▼ Primary General 2600.00 Other (specify) Full Name (Last, First, Middle Initial) c. James Nixon Date of Receipt Mailing Address 4706 Lealand Lane 20 06 2015 City Zip Code State Transaction ID: SA11AI.4786 TN Nashville 37220 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Waller Lansden Dortch & Davis, LLP Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00

9

5350.00

SUBTOTAL of Receipts This Page (optional).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

F	OR	LINE	NU	MBER	:	PAGE	8	OF	41
(0	che	ck only	or	ıe)					
	X	11a		11b		11c	12		
		13		14		15	16		17

Any information copied from such Reports or for commercial purposes, other than using	and Statements may not be sold or used by any pering the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund		
Full Name (Last, First, Middle Initial) Stephen M. Pinkos Mailing Address 604 Melrose Street		Date of Receipt
City	State 7in Code	06 29 2015
City Alexandria	State Zip Code VA 22302	Transaction ID : SA11AI.4808 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer American Continental Group	Occupation Gov. Affairs Executive	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Wright Pinson Mailing Address 408 Charlsgate Court		Date of Receipt
		05 29 2015
City	State Zip Code	Transaction ID : SA11AI.4760
Nashville	TN 37215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer Vanderbilt	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Luke Simons	1	Date of Receipt
Mailing Address 502 Park Hill		06 08 2015
City	State Zip Code	Transaction ID : SA11AI.4766
Nashville	TN 37205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Retired	Retired	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	nal)	4000.00
	<u> </u>	15050.00
TOTAL This Period (last page this line null	mber only)	16850.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 OF 41 (check only one) 11a 11b X 11c 12 13 14 15 16 17
or for commercial purposes, other than using			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund			
A. ABBVIE POLITICAL ACTION COM Mailing Address 1 N. WAUKEGAN ROAD	IMITTEE		Date of Receipt
City NORTH CHICAGO	State IL	Zip Code 60064	06 24 2015 Transaction ID : SA11C.4790 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C co	0536573	1000.00
Name of Employer	Occupation	l	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) B. ACADIA HEALTHCARE COMPAI		PAC	Date of Receipt
Mailing Address 725 COOL SPRINGS BOU SUITE 600		7:n Code	06 08 2015
City FRANKLIN	State TN	Zip Code 37067	Transaction ID : SA11C.4774 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C co	0496919	2500.00
Name of Employer	Occupation	1	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00]
Full Name (Last, First, Middle Initial) AMERICAN ACADEMY OF DERMATOLOGY ASS	OCIATION POLITIC	CAL ACTION COMMITTEE (SKINPAC)	Date of Receipt
Mailing Address 1445 NEW YORK AVENUI STE 800	E NW		03 13 2015
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SA11C.4712 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C co	0359539	5000.00
Name of Employer	Occupation	1	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00]
SUBTOTAL of Receipts This Page (optional))	8500.00

S	SCHEDULE A (FEC Form 3X)						FOR LINE NUMBER: PAGE 10 OF 41 (check only one)							
ΙΤ	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(cl	_ `	·								
			Detailed Summary Page	1 -	11a	11b	X 11c	12						
۸r	y information copied from such Reports and Sta	tomonte m	ny not ho cold or used by any no	orcon			15	16	tions					
	for commercial purposes, other than using the r													
	NAME OF COMMITTEE (In Full)													
$ \rangle$	Healthcare Freedom Fund													
Α.	Full Name (Last, First, Middle Initial) AMERICAN ACADEMY OF FAMILY PHYSIC	CIANS POI	LITICAL ACTION COMMITTEE		Date of	Receipt								
	Mailing Address 1133 CONNECTICUT AVE NW SUITE 1100				M = M	/ D		2015	Y					
	City	State	Zip Code		Trans	action ID	: SA11C.	4748						
	WASHINGTON	DC	20036		Amount	of Each	Receipt th	nis Period	I					
	FEC ID number of contributing federal political committee.	C co	0411553			,	- 1	5000	0.00					
	Name of Employer	Occupation												
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify)		5000.00											
			7	1										
В.	Full Name (Last, First, Middle Initial) AMERICAN ACADEMY OF NEUROL	OGY BR	AINPAC		Date of	Receipt								
	Mailing Address 401 C ST NE				04	/ D	D / Y	2015	Y					
	City	State	Zip Code		Transaction ID : SA11C.4730 Amount of Each Receipt this Period									
	WASHINGTON	DC	20002	_										
	FEC ID number of contributing federal political committee.	C cod	0435933			,		1000	0.00					
	Name of Employer	Occupation												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General		1000.00	ш										
	Other (specify) ▼		1000.00	ч										
С .	Full Name (Last, First, Middle Initial) AMERICAN ACADEMY OF OPHTHALMOLOGY IN	IC POLITICA	L COMMITTEE (OPHTHPAC)		Date of	Receipt								
	Mailing Address 655 BEACH STREET				M = M 05		D / Y	2015	Υ					
	City	State	Zip Code		Trans	action ID	: SA11C.							
	SAN FRANCISCO	CA	94109	_	Amount	of Each	Receipt th	nis Period	l					
	FEC ID number of contributing federal political committee.	C co	0196246			-,	,	5000	0.00					
	Name of Employer	Occupation												
	Receipt For:	Aggregate	Year-to-Date ▼	\dashv										
	Primary General	33 3 4		ı										
	Other (specify)		5000.00											
г									_					
s	UBTOTAL of Receipts This Page (optional)		>	•	Ŀ			11000	.00					

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 11 OF 41 (check only one)
Any information copied from such Reports and St	Detailed Summary Page	13 14 15 16 17
or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund		
Full Name (Last, First, Middle Initial) AMERICAN ACADEMY OF OTOLARYNGOLO Mailing Address 1650 DIAGONAL ROAD	GY-HEAD AND NECK SURGERY ENT PAC	Date of Receipt
City	State Zip Code	03 23 2015
ALEXANDRIA	VA 22314	Transaction ID : SA11C.4716 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00306449	5000.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS	POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)	Date of Receipt
Mailing Address 725 FIFTHEENTH ST., NW SU		03 30 2015
City WASHINGTON	State Zip Code DC 20005	Transaction ID : SA11C.4722 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00413955	5000.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) AMERICAN COLLEGE OF RADIOLOGY ASS	OCIATION POLITICAL ACTION COMMITTEE	Date of Receipt
Mailing Address 1891 PRESTON WHITE DRIV	E	04 06 2015
City RESTON	State Zip Code VA 20191	Transaction ID : SA11C.4724 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00343459	1500.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
SUBTOTAL of Receipts This Page (optional)	>	11500.00

20	HEDIII E A /EEC Form 3V	ı		FOR LINE NUMBER BASE 12 OF 11
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 OF 41 (check only one)
ΤI	EMIZED RECEIPTS		for each category of the	
			Detailed Summary Page	11a 11b X 11c 12 13 14 15 16 17
	y information copied from such Reports and State for commercial purposes, other than using the n			rson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)	<u> </u>	adioco or any pomical committee	
	Healthcare Freedom Fund			
١.	Full Name (Last, First, Middle Initial) AMERICAN COLLEGE OF SURGEONS F	PROFESS	IONAL ASSOCIATION PAC	Date of Receipt
	Mailing Address 20 F ST NW, STE 1000			M = M / D = D / Y = Y = Y
	ATTN: SARA MORSE City	State	Zip Code	03 03 2015 Transaction ID : SA11C.4710
	WASHINGTON	DC	20001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C coo	0382424	5000.00
	Name of Employer	Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	
3.	Full Name (Last, First, Middle Initial) AMERICAN DENTAL ASSOCIATION Mailing Address 1111 14TH STREET, NW	POLITIC	CAL ACTION COMMITTEE	M = M / D = D / Y = Y = Y
	SUITE 1100 City	State	Zip Code	03 27 2015
	WASHINGTON	DC	20005	Transaction ID : SA11C.4720 Amount of Each Receipt this Period
	FEC ID number of contributing			Amount of Each Neceipt this Feriod
	federal political committee.		0000729	5000.00
	. ,	Occupation		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		5000.00	
).	Full Name (Last, First, Middle Initial) AMERICAN GASTROENTEROLOG	SICAL A	SSOCIATION INC. PAC	Date of Receipt
	Mailing Address 4926 DEL RAY AVENUE			05 04 2015
	City BETHESDA	State MD	Zip Code 20814	Transaction ID : SA11C.4746 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C cod	0423228	1000.00
	Name of Employer	Occupation		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		1000.00	
s	UBTOTAL of Receipts This Page (optional)		·····	11000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 13 OF 41 (check only one)				
			Detailed Summary Page	11a 13	11b X 11c 12 14 15 16 17			
	y information copied from such Reports and Sta for commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full) Healthcare Freedom Fund							
Α.	Full Name (Last, First, Middle Initial) AMERICAN HOTEL AND LODGING ASSOCIATION P	OLITICAL AC	ΓΙΟΝ COMMITTEE ('HOTELPAC')	Date of	of Receipt			
	Mailing Address 1201 NEW YORK AVENUE, N'SIXTH FLOOR			06	24 2015			
	City	State DC	Zip Code 20005		saction ID : SA11C.4792			
	WASHINGTON	DC	20005	Amour	nt of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C co	0001198		2500.00			
	Name of Employer	Occupation						
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General	33 13		1				
	Other (specify) ▼		2500.00					
В.	Full Name (Last, First, Middle Initial) AMERICAN MEDICAL ASSOCIATION	Date of	of Receipt					
	Mailing Address 25 MASSACHUSETTS AVE, NW SUITE 600				24 2015			
	City	State	Zip Code		saction ID : SA11C.4742			
	WASHINGTON	DC	20001	Amour	nt of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C co	0000422		5000.00			
	Name of Employer	Occupation						
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General		5000.00	1				
	Other (specify) ▼		5000.00	1				
C.	Full Name (Last, First, Middle Initial) AMERICAN SOCIETY OF ANESTHESIOLOG	ISTS POLIT	ICAL ACTION COMMITTEE	Date of	of Receipt			
	Mailing Address 1061 AMERICAN LANE			06	15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Tran	saction ID : SA11C.4782			
	SCHAUMBURG	IL	60173	Amour	nt of Each Receipt this Period			
	FEC ID number of contributing federal political committee. C 000255752				1000.00			
	Name of Employer Occupation							
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) 1000.00							
	Other (specify) ▼							
s	UBTOTAL of Receipts This Page (optional)				8500.00			
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LΤ	OTAL This Period (last page this line number o	nıy)		· L.				

SCHEDULE A (FEC Form 3X)			Llee concrete cohedule(a)		FOR LINE NUMBER: PAGE 14 OF 41						
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the		eck only	y one) 11b	X 11c	12			
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	ny information copied from such Reports and Sta						of solicit	ing contrib	oution	าร	
or	for commercial purposes, other than using the r	name and a	ddress of any political committee	to so	licit cor	ntribution	s from si	uch comm	nittee.		
	NAME OF COMMITTEE (In Full) Healthcare Freedom Fund										
//	Healthcare Freedom Fund										
Α.	Full Name (Last, First, Middle Initial) AMSURG CORP. GOOD GOVERNME	NT FUND)		Date of	Receip	t				
	Mailing Address 20 BURTON HILLS BLVD.				M = M	/ D	D /	Y = Y = Y	Y	1	
	SUITE 500	State	7in Codo	4	06		08	2015	_		
	City NASHVILLE	TN	Zip Code 37215	\perp			D : SA110		- d		
			0.2.0	─ í	Amount	of Eac	1 Receipt	this Perio	oa	-	
	FEC ID number of contributing federal political committee.	C cod	0484410			7	,	25	00.00)	
	Name of Employer	Occupation									
	Receipt For:	Aggregate	Year-to-Date ▼	\dashv							
	Primary General		2500.00								
	Other (specify) ▼		2500.00	Ш							
В.	Full Name (Last, First, Middle Initial) ASSOCIATED GENERAL CONTRACTORS OF A	AMERICA P	OLITICAL ACTION COMMITTEE		Date of	Receip	t				
	Mailing Address 2300 WILSON BLVD.		M = M / D = D / Y = Y = Y								
	SUITE 300	4	06 25 2015								
	ARLINGTON	State VA	Zip Code 22201		Transaction ID : SA11C.4794 Amount of Each Receipt this Period						
	FEC ID number of contributing		LLLU I	⊢ ′	Amount of Each fledelpt this Feriod						
	federal political committee.	C cod	0082917						00.00		
	Name of Employer	Occupation									
	Receipt For:	A	Veen to Date =	\dashv							
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼										
<u>с</u> .	Full Name (Last, First, Middle Initial) BLOOMIN' BRANDS, INC. POLITIC	CAL ACT	TION COMMITTEE		Date of	Receip	t				
	Mailing Address 2202 N. WESTSHORE BLVD.				M = M	/ D	D /	Y = Y = Y	Y	1	
	5TH FLOOR	01-1-	7'- 0-1-	41	06	J L	29	2015	_		
	City TAMPA	State FL	Zip Code 33607				D : SA110				
			33001	- '	Amount	of Eac	n Receipt	this Perio	od	_	
	FEC ID number of contributing federal political committee.			-		10	00.00)			
	Name of Employer	Occupation									
	Receipt For:	Aggregate	Year-to-Date ▼	\dashv							
	Primary General	33 3									
	Other (specify) ▼		1000.00								
5	SUBTOTAL of Receipts This Page (optional)							600	00.00		
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SCHEDULE A (FEC For	m 3Y)		FOR LINE NUMBER: PAGE 15 OF 41					
`	III 3A)	Use separate schedule(s)	(check only one)					
TEMIZED RECEIPTS		for each category of the	11a 11b X 11c 12					
		Detailed Summary Page	13 14 15 16 17					
Any information copied from such Report for commercial purposes, other that	ports and Statements manning the name and a	I ay not be sold or used by any p ddress of any political committe	person for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Healthcare Freedom Fu	nd							
Full Name (Last, First, Middle Initia CELGENE CORPORATION	al) POLITICAL ACTIOI	N COMMITTEE	Date of Receipt					
Mailing Address 86 MORRIS AVEN	NUE		05 11 2015					
City	State	Zip Code	Transaction ID : SA11C.4749					
SUMMIT	NJ	07901	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C co	0514331	2500.00					
Name of Employer	Occupation							
Receipt For:	Aggregate	Year-to-Date ▼	\dashv					
Primary General	7.59.094.0		7					
Other (specify) ▼		2500.00						
Full Name (Last, First, Middle Initia	al)							
3. CHS/COMMUNITY HEALTH SYS	STEMS, INC. POLITICA	AL ACTION CMTE (CHS PAC)	Date of Receipt					
Mailing Address 4000 MERIDIAN B			06 22 2015					
City	State	Zip Code	Transaction ID : SA11C.4788					
FRANKLIN	TN	37067	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C coo	0485896	2500.00					
Name of Employer	Occupation	I						
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General	00 0		7					
Other (specify) ▼		2500.00	J					
Full Name (Last, First, Middle Initia	al) FOR AMERICAN SOCIETY OF (CATARACT AND REFRACTIVE SURGERY	Date of Receipt					
Mailing Address 4000 LEGATO RC	OAD, SUITE 700		04 20 2015					
City	State	Zip Code	Transaction ID : SA11C.4736					
FAIRFAX	VA	22033	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C co	0171504	5000.00					
Name of Employer	Occupation							
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General	33 13410		1					
Other (specify) ▼		5000.00	1					
SUBTOTAL of Receipts This Page (optional)		10000.00					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 OF 41 (check only one) 11a 11b X 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Healthcare Freedom Fund			erson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) A. GLAXOSMITHKLINE LLC PAC (GS) Mailing Address FIVE MOORE DRIVE PO BOX 13358 City RES. TRIANGLE PARK FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State NC C CO	Zip Code 27709 0199703 Year-to-Date ▼	Date of Receipt 06 26 2015 Transaction ID: SA11C.4796 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) B. HCA INC. GOOD GOVERNMENT Mailing Address PO BOX 550 ONE PARK PLAZA City NASHVILLE FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General	State TN C Coo	Zip Code 37203 0067231 Year-to-Date ▼	Date of Receipt 06 08 2015 Transaction ID: SA11C.4778 Amount of Each Receipt this Period 2500.00
Other (specify) Full Name (Last, First, Middle Initial) C. HEALTHSOUTH CORPORATION Mailing Address 3660 GRANDVIEW PARKW City BIRMINGHAM FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State AL C CO Occupation	Zip Code 35243 0414649	Date of Receipt M M / D D / Y Y Y Y Y O4 14 2015 Transaction ID : SA11C.4728 Amount of Each Receipt this Period 2000.00
SUBTOTAL of Receipts This Page (optional))	5500.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 17 OF 41					
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one)					
			Detailed Summary Page	11a 11b X 11c 12					
Δ	ny information copied from such Reports and Sta	atements m	y not be sold or used by any no						
	for commercial purposes, other than using the								
\setminus	NAME OF COMMITTEE (In Full)								
	Healthcare Freedom Fund								
Α.	Full Name (Last, First, Middle Initial) I.P.H.F.H.A. INC. POLITICAL ACTION	COMMIT	TEE INC.	Date of Receipt					
	Mailing Address 7829 E. ROCKHILL #201			06 29 _ 2015 _					
	City	State	Zip Code	Transaction ID : SA11C.4810					
	WICHITA	KS	67206	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C co	0251447	2000.00					
	Name of Employer	Occupation	1						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General	riggrogato							
	Other (specify) ▼		2000.00						
В.	Full Name (Last, First, Middle Initial) INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISE	NCHISING P	OLITICAL ACTION COMMITTEE INC	Date of Receipt					
	Mailing Address 1900 K STREET NW SUITE 700	06 29 2015							
	City	Transaction ID : SA11C.4804							
	WASHINGTON	DC	20006	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C co	0084491	2500.00					
	Name of Employer	Occupation							
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General	33 - 3							
	Other (specify) ▼	Other (specify) ▼ 2500.00							
C.	Full Name (Last, First, Middle Initial) INVESTMENT COMPANY INSTITUTE	POLITICA	L ACTION COMMITTEE	Date of Receipt					
	Mailing Address 1401 H STREET NW SUITE 12	200		05 14 _ 2015 _					
	City	State	Zip Code	Transaction ID : SA11C.4755					
	WASHINGTON	DC	20005	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C co	0105981	5000.00					
	Name of Employer		ı						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify) ▼		5000.00						
	SUBTOTAL of Receipts This Page (optional)			9500.00					
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1 1	OTAL This Period (last page this line number o	шу)							

91	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 18 OF 41				
· · · · · · · · · · · · · · · · · · ·			Use separate schedule(s)	(check only one)				
ITEMIZED RECEIPTS			for each category of the	11a 11b X 11c 12				
			Detailed Summary Page					
				13 14 15 16 17				
	y information copied from such Reports and Sta for commercial purposes, other than using the							
$ \cdot $	NAME OF COMMITTEE (In Full)							
	Healthcare Freedom Fund							
	Full Name (Last, First, Middle Initial)							
A.	NATIONAL EMERGENCY MEDICINE	POLITIC <i>E</i>	AL ACTION COMMITTEE	Date of Receipt				
	Mailing Address 1125 EXECUTIVE CIRCLE			M = M / D = D / Y = Y = Y				
				04 13 2015				
	City	State	Zip Code	Transaction ID : SA11C.4726				
	IRVING	TX	75038	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C co	0140061	5000.00				
	Name of Employer	Occupation	l					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General	00 0						
	Other (specify) ▼		5000.00					
_	Full Name (Last First Middle Initial)							
В.	Full Name (Last, First, Middle Initial) NEW YORK LIFE INSURANCE COMPAN	Y POLITIC	CAL ACTION COMMITTEE	Date of Receipt				
	Mailing Address 51 MADISON AVENUE ROOM 1109	06 26 _2015 _						
	City	Transaction ID : SA11C.4798						
	NEW YORK	NY	Zip Code 10010	Amount of Each Receipt this Period				
	FEC ID number of contributing							
	federal political committee.	C coo	0158881	5000.00				
	Name of Employer	Occupation						
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General	00 0						
	Other (specify) ▼		5000.00					
С .	Full Name (Last, First, Middle Initial) PHARMACEUTICAL RESEARCH & MANUFACTURERS	S OF AMERIC	A BETTER GOVERNMENT COMMITTE	E Date of Receipt				
	Mailing Address 950 F STREET, NW			M = M / D = D / Y = Y = Y = Y				
	SUITE 300	State	Zip Code	06 17 2015				
	WASHINGTON	DC	20004	Transaction ID : SA11C.4784 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C co	0021972	500.00				
	Name of Employer							
	Receipt For:	Aggregate	Year-to-Date ▼	_				
	Primary General	99. 09410						
	Other (specify)		500.00					
			,					
				10500.00				
S	UBTOTAL of Receipts This Page (optional)		·····	10500.00				
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)		FOR LINE NUMBER: PAGE 19 OF 41						
ITEMIZED RECEIPTS		for each category of the		(check only one)							
			Detailed Summary Page		13	110		- H	16		17
ΙA	Any information copied from such Reports and Statements ma		ay not be sold or used by any pe	erson						ution	
	for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full)										
	Healthcare Freedom Fund										
Α.	Full Name (Last, First, Middle Initial) POLITICAL ACTION COMMITTEE OF THE AMERICAL	N ASSOCIATI	ON OF ORTHOPAEDIC SURGEONS		Date of	Receip	t				
	Mailing Address 317 MASSACHUSETTS AVEN	UE, NE			M = M		D /	Υ	YY	Y	
	1ST FLOOR				02		23	L	2015		
	City	State	Zip Code		Trans	action I	D : SA1	1C.48	383		
	WASHINGTON	DC	20002	_	Amount	of Eac	n Receip	ot this	s Perio	d	
	FEC ID number of contributing federal political committee.	C co	0343137			7		7	500	0.00	
	Name of Employer	Occupation	ı								
	Receipt For:	Aggregate	Year-to-Date ▼	\dashv							
	Primary General		5000.00								
	Other (specify) ▼		3000.00	Ш							
В.	Full Name (Last, First, Middle Initial) RITE AID CORPORATION PAC				Date of	Receip	t				
	Mailing Address 30 HUNTER LANE		M = M 06		02	Υ	2015	- Y			
	City	State	Zip Code	\dashv		_		1C.47			
	CAMP HILL	PA	17011	Transaction is . OATTO:4704							
	FEC ID number of contributing federal political committee.	C co	0104083		500.00						
	Name of Employer	Occupation									
	. ,	·									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		500.00								
	Other (specify) ▼		500.00	ч							
<u>С</u> .	Full Name (Last, First, Middle Initial) SANOFI US SERVICES INC. EMPLOYEES	S' POLITIC	AL ACTION COMMITTEE		Date of	Receip	t				
	Mailing Address 55 CORPORATE DRIVE				M = M 04		29	Υ	2015	- Y	
	City	State	Zip Code	\dashv		action I		1C.4			
	BRIDGEWATER	NJ	08807			of Eac				d	
	FEC ID number of contributing federal political committee.	C co	0144345			-		,	500	0.00	
	Name of Employer										
	Receipt For:	\dashv									
	Primary General	Aggregate									
	Other (specify) ▼	Ц									
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 OF 41 (check only one)					
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page						
_			Detailed duffifflary Fage	13 14 15 16 17					
	ny information copied from such Reports and State for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full)								
	Healthcare Freedom Fund								
Δ.	Full Name (Last, First, Middle Initial) SHEET METAL AND AIR CONDITIONING CONTR	RACTORS PO	OLITICAL ACTION COMMITTEE	Date of Receipt					
	Mailing Address 4201 LAFAYETTE CENTER DE	RIVE		04 21 _ 2015 _					
	City	State	Zip Code	04 21 2015 Transaction ID : SA11C.4738					
	CHANTILLY	VA	20151	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C co	0013961	5000.00					
	Name of Employer	Occupation							
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify) ▼		5000.00						
	Cutor (specify)		7						
В.	Full Name (Last, First, Middle Initial) SOCIETY FOR CARDIOVASCULAR ANGIOGRAPH	Y AND INTER	RVENTIONS ASSOCIATION PAC	Date of Receipt					
	Mailing Address 1100 17TH STREET, NW	M = M / D = D / Y = Y = Y							
	SUITE 330	04 24 2015 Transaction ID : SA11C.4740							
	WASHINGTON	DC	Zip Code 20036	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C C00	0519371	1000.00					
	Name of Employer	Occupation	ı						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General	00 0	1000.00						
	Other (specify) ▼		1000.00						
<u> </u>	Full Name (Last, First, Middle Initial) SOCIETY FOR VASCULAR SURGERY	POLITIC	AL ACTION COMMITTEE	Date of Receipt					
	Mailing Address 633 N. ST. CLAIR ST.			M = M / D = D / Y = Y = Y					
	24TH FLOOR City	State	Zip Code	04 20 2015 Transaction ID : SA11C.4734					
	CHICAGO	IL	60611	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C co	0381459	2000.00					
	Name of Employer	Occupation	ı						
	Receipt For:		Year-to-Date ▼	_					
	Primary General Other (specify) ▼		2000.00						
_	Other (specify)		2000.00						
s	UBTOTAL of Receipts This Page (optional)			8000.00					
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T	OTAL This Period (last page this line number o	nly)							

S	CHEDULE A (FEC Form 3X)	1		FOR LINE NUMBER: PAGE 21 OF 41				
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the		(check only one)				
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				13 14 15 16 17				
	y information copied from such Reports and Stator commercial purposes, other than using the r							
\setminus	NAME OF COMMITTEE (In Full)							
\rangle	Healthcare Freedom Fund							
Α.	Full Name (Last, First, Middle Initial) SOCIETY OF THORACIC SURGEONS	S POLITIC	CAL ACTION COMMITTEE	Date of Receipt				
	Mailing Address 20 F STREET, NW SUITE 310 C			04 20 _ 2015 _				
	City	State	Zip Code	Transaction ID : SA11C.4732				
	WASHINGTON	DC	20001	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C coo	0325936	1000.00				
	Name of Employer	Occupation						
	Receipt For: Primary General	Aggregate	Year-to-Date ▼					
	Other (specify) ▼		1000.00					
— В.	Full Name (Last, First, Middle Initial) SPINE PAC OF THE NATIONAL ASSO	CIATION	OF SPINE SPECIALISTS	Date of Receipt				
	Mailing Address 7075 VETERANS BLVD.	03 17 _ 2015 _						
	City	State	Zip Code	Transaction ID : SA11C.4714				
	BURR RIDGE	IL	60527	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C cod	0349225	1000.00				
	Name of Employer	Occupation						
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼		1000.00					
<u> </u>	Full Name (Last, First, Middle Initial) SPINE PAC OF THE NATIONAL ASSO	CIATION (OF SPINE SPECIALISTS	Date of Receipt				
•	Mailing Address 7075 VETERANS BLVD.			05 28 _2015				
	City BURR RIDGE	State IL	Zip Code 60527	Transaction ID : SA11C.4758 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C C00	0349225	2000.00				
	Name of Employer							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00					
s	UBTOTAL of Receipts This Page (optional)		>	4000.00				

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 22 OF 41				
ITEMIZED RECEIPTS		Use separate schedule(s)		(check only one)				
TILIMIZED RECEIPTS			for each category of the Detailed Summary Page	11a 11b X 11c 12				
				13 14 15 16 17				
	y information copied from such Reports and Sta for commercial purposes, other than using the r							
\setminus	NAME OF COMMITTEE (In Full)							
	Healthcare Freedom Fund							
A.	Full Name (Last, First, Middle Initial) SUNTRUST BANKS OF TENNESSEE	, INC., GC	OOD GOVERNMENT FUND	Date of Receipt				
	Mailing Address 9950 KINGSTON PIKE			06 30 2015				
	City	State	Zip Code	Transaction ID : SA11C.4812				
	KNOXVILLE	TN	37922	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C cod	0043265	1000.00				
	Name of Employer	Occupation						
	Receipt For: Primary General	Aggregate	Year-to-Date ▼					
	Other (specify) ▼		1000.00					
— В.	Full Name (Last, First, Middle Initial) THE AMERICAN CONGRESS OF O	B-GYNS	PAC (OB-GYN PAC)	Date of Receipt				
	Mailing Address 409 12TH STREET, SW		,	03 23 _2015 _				
	City	State	Zip Code	Transaction ID : SA11C.4718				
	WASHINGTON	DC	20024	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C cod	0364158	5000.00				
	Name of Employer	Occupation						
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼	7 iggi ogulo	5000.00					
_	Full Name (Last, First, Middle Initial)		, ,					
C.	THE CATERPILLAR INC. EMPLOYE	E POLITI	CAL ACTION COMMITTE	E Date of Receipt				
	Mailing Address 100 N.E. ADAMS STREET			05 14 2015				
	PEORIA	State IL	Zip Code 61629	Transaction ID : SA11C.4753 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C co	0148031	5000.00				
	Name of Employer							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00					
s	UBTOTAL of Receipts This Page (optional)		·····	11000.00				

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SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 OF 41 (check only one)
Any information copied from such Reports and		not be sold or used by any pe	13 14 15 16 17 erson for the purpose of soliciting contributions
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Healthcare Freedom Fund	пе пате апо ао	uress or any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) THE EYE OF THE TIGER POLITICA Mailing Address PO BOX 2485 City SPRINGFIELD FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General	State VA C C004 Occupation	OMMITTEE Zip Code 22152 467431 /ear-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) TREE CARE INDUSTRY ASSOCIATION, Mailing Address 136 HARVEY ROAD SUITE	•	VOICE FOR TREES PAC)	Date of Receipt
City LONDONDERRY FEC ID number of contributing	State NH	Zip Code 03053	06 29 2015 Transaction ID : SA11C.4802 Amount of Each Receipt this Period 1000.00
Receipt For: Primary Other (specify) ▼ General	Occupation	∕ear-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) UNITED PARCEL SERVICE INC Mailing Address 55 GLENLAKE PARKWAY I		Zip Code	Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
ATLANTA FEC ID number of contributing federal political committee. Name of Employer	C Cood	30328 064766	Amount of Each Receipt this Period 3000.00
Receipt For: Primary General Other (specify) ▼	Aggregate Y	rear-to-Date ▼ 3000.00	
SUBTOTAL of Receipts This Page (optional)		······	5000.00
TOTAL This Period (last page this line numbe	er only)	_	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 24 OF 41
	•		Use separate schedule(s)	(check only one)
П	EMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b X 11c 12
				13 14 15 16 17
Ar	ny information copied from such Reports and Sta	atements ma	ay not be sold or used by any pe	erson for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and a	address of any political committee	to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
/	Healthcare Freedom Fund			
<u>/</u>	Full Name (Last, First, Middle Initial)			
Α.	VERIZON COMMUNICATIONS INC. GOOD	GOVERN	MENT CLUB (VERIZON PAC)	Date of Receipt
	Mailing Address 1300 I ST NW, STE 400 WEST			M = M / D = D / Y = Y = Y
	ATTN: TAYLOR CRAIG			06 08 2015
	City	State	Zip Code	Transaction ID : SA11C.4780
	WASHINGTON	DC	20005	Amount of Each Receipt this Period
	FEC ID number of contributing	C C0	0186288	2500.00
	federal political committee.	C	0100200	1000.00
	Name of Employer	Occupation	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	7.99.094.0		
	Other (specify) ▼		2500.00	
			,	
_	Full Name (Last, First, Middle Initial)			
В.	Matter a Address			Date of Receipt
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			<u>-</u> р ••••	Amount of Each Receipt this Period
	FEC ID number of contributing			Amount of Each Hoodpt time I ched
	federal political committee.	C		
	None of Employer	Occuration		
	Name of Employer	Occupation	l	
	Receipt For:	_		
	Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) \blacktriangledown		A A A	
	Full Name (Last, First, Middle Initial)			
C.				Date of Receipt
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	01.	01-1-	7'- 0-1-	_
	City	State	Zip Code	
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۱,	UBTOTAL of Receipts This Page (optional)			2500.00
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		FOR LINE NUMBER: PAGE 25 OF (check only one)					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 28a 28b	24 25 26 28c 29 30				
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NAME OF COMMITTEE (In Full) Healthcare Freedom Fund	and address of any point	our committee to	Solicit Solici Dutiolis	Guori committee.				
Full Name (Last, First, Middle Initial)								
A. American Express			Date of Disburser					
Mailing Address PO Box 1270			04 29 2015					
,	State Zip Code		Transaction ID	: SB21B.4825				
Newark Purpose of Disbursement	NJ 07101-1270		Transaction is	. 05215.4020				
Food & Beverage - See Memo		003	Amount of Each I	Disbursement this Period				
Candidate Name		Category/		709.38				
Office Cought. House Dishurses	ant Fam	Type		709.30				
	nent For: Primary General Other (specify) ▼							
State: District:								
Full Name (Last, First, Middle Initial)								
B. American Express			Date of Disburser					
Mailing Address PO Box 1270			06 16					
Newark	State Zip Code NJ 07101-1270		Transaction ID	: SB21B.4837				
Purpose of Disbursement Food & Beverage - See Memo		003	Amount of Each I	Disbursement this Period				
Candidate Name		Category/ Type		503.52				
	nent For: Primary General Other (specify)							
Full Name (Last, First, Middle Initial) C. Amis Mill Eatery			Date of Disburser					
Mailing Address 127 W Bear Hollow Rd			12 / 22					
Rogersville	State Zip Code TN 37857		Transaction ID	: SB21B.4847				
Purpose of Disbursement Food & Beverage		003						
Candidate Name		Category/ Type		Disbursement this Period 265.93				
	nent For: Primary General Other (specify)		[MEMO ITEM]	7				
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).				1212.90				

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ITEM	IIZED DISBURSEMENTS	Use separate schedule for each category of the	`` (UI	ieck only 🔀 21b	one)	23	7.04	o		1.06
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Any in	formation copied from such Reports and Stat		r used by a	any ners	on for the	nurnose of	soliciting	contrib	utions	
	commercial purposes, other than using the na									
\ NAI	ME OF COMMITTEE (In Full)									
\rangle He	ealthcare Freedom Fund									
<u>/</u>	Name (Lock First Middle Initial)									
	Name (Last, First, Middle Initial) SOCIATED GENERAL CONTRACTORS OF A	MERICA POLITICAL ACTIO	ON COMMI.	TTEE	Date of	Disbursem	ent			
4. 7.0	Seem the Server of the Control of the	MENIONI GENIONE NOTIC)		M M	/ D D		YY	V	
Mai	ling Address 2300 WILSON BLVD.				04	14		2015	. I	
	SUITE 300									
City	/ LINGTON	State Zip Code VA 22201			Transa	action ID :	SB21B.4	862		
	pose of Disbursement	VA 22201								
	cility Rental		00)3	Amount	of Each Di	sbursem	ent this	Perio	d
Car	ndidate Name		Cate	gory/						
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Offi		ement For:			[MEMO	ITEM]				
	Senate President	Primary General	al .							
Sta		Other (specify) ▼								
Full	Name (Last, First, Middle Initial)									
_	ank of America				Date of	Disbursem	ent			
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Mai	ling Address PO Box 15019				06	17		2015		
City	,	State Zip Code								
•	, mington	DE 19886-5019	9		Trans	action ID :	SB21B.4	838		
	pose of Disbursement			-						
	avel (Lodging & Meal) - See Memos		00	02	Amount	of Each Di	sbursem	ent this	Perio	d
Car	ndidate Name		Cate					76	52.20	
Offi	ce Sought: House Disburs	ement For:	Ту	pe		,	7			
0	Senate	Primary Genera	al							
	President	Other (specify) ▼								
Sta	te: District:									
_	Name (Last, First, Middle Initial)									
C. BE	3&T				Date of	Disbursem				
Mai	ling Address 1909 K Street, NW				M M M	12	/ Y	2015	Y	
iviai	iiiig Address 1909 K Street, NVV				01	12		2010		
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	shington pose of Disbursement	DC 20006			mans	action ib .	00210.4	010		
	edit Card Charges - See Memos		00)1		(
Car	ndidate Name		_		Amount	of Each Di	sbursem	ent this	Perio	oa
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Offi	ce Sought: House Disburs	ement For:				,				
	Senate	Primary Genera	al							
Sta	President te: District:	Other (specify) ▼								
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	District.									
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	Category/ Type	95.50
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Zip Code 20006		Transaction ID : SB21B.4827
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	Category/ Type	4622.06
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SCHEDULE B ITEMIZED DISI	•	Use separate scl		FOR LINE I			PAGI	28 (OF 41
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Belga Cafe					Date of D	/ D I		Y	V
Mailing Address 51	Mailing Address 514 8th Street SE				06	15		2015	
City Washington		State Zip Co DC 20003			Transac	tion ID :	SB21B.48	372	
Purpose of Disburs Food & Beverage	sement		Г	003	Amount o	of Each F)isburseme	ant thic F	Parind
Candidate Name				Category/	Amount	n Lacii L	/ISDUI SCITIC	111 1115 1	eriou
				Type		7	7	503	3.52
Office Sought:	House Senate President	Disbursement For: Primary Other (specify)	General		[MEMO I	ГЕМ]			
State:	District:								
Full Name (Last, F B. Brasserie Be	•				Date of D				
Mailing Address 1	101 K St NW				12	10		2014	Y
City Washington		State Zip Co DC 20009			Transa	ction ID :	SB21B.48	343	
Purpose of Disburs Food & Beverage	sement			003	Amount o	of Each D	Disburseme	ent this F	Period
Candidate Name				Category/ Type		7		807	7.78
Office Sought: State:	House Senate President District:	Disbursement For: Primary Other (specify)	General	7,72	[MEMO I	TEM]	,		
_	Full Name (Last, First, Middle Initial) Capitol Hill Club				Date of D				
Mailing Address 30	00 1st Street SE				12	21		2014	Y
City Washington		State Zip Co DC 20003			Transac	ction ID :	SB21B.48	346	
Purpose of Disburs Food & Beverage	sement				Amount o	of Each F	Disburseme	nt thin I	Dariad
Candidate Name				Category/ Type				617	7.73
Office Sought:	House Senate	Disbursement For: Primary Other (specify)	General	1,7,12	[MEMO I				

PAGE 29 OF 4
24 25 2 28c 29 3
f soliciting contributions from such committee.
cush committee.
ment
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05215.4017
Disbursement this Period
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227.13
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: SB21B.4849
- -
Disbursement this Period
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Disbursement this Period 247.77

•		X 21b 27 sed by any person	22 23 24 25 20 28 28 28 29 30 20 10 for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund Full Name (Last, First, Middle Initial) A. Capitol Hill Club Mailing Address 300 1st Street SE City Washington	e and address of any polit		Date of Disbursement
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund Full Name (Last, First, Middle Initial) A. Capitol Hill Club Mailing Address 300 1st Street SE City Superior Security City Secur			Date of Disbursement
A. Capitol Hill Club Mailing Address 300 1st Street SE City Superington	State Zip Code		M M / D D / Y Y Y Y
Mailing Address 300 1st Street SE City S Washington	State Zip Code		M M / D D / Y Y Y Y
City S Washington	State Zip Code		
Washington	State Zip Code		03 18 2015
	DC 20003		Transaction ID : SB21B.4858
	20003		
Food & Beverage		003	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	95.53
	nent For: Primary General Other (specify)	Турс	[MEMO ITEM]
State: District:			
Full Name (Last, First, Middle Initial) B. Capitol Hill Club			Date of Disbursement
Mailing Address 300 1st Street SE			04 17 2015
,	State Zip Code DC 20003		Transaction ID : SB21B.4868
Purpose of Disbursement Food & Beverage		003	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	146.85
	nent For: Primary General Other (specify)		[MEMO ITEM]
Full Name (Last, First, Middle Initial) C. Capitol Hill Club			Date of Disbursement
Mailing Address 300 1st Street SE			05 14 2015
Washington	State Zip Code DC 20003		Transaction ID : SB21B.4828
Purpose of Disbursement Food & Beverage		003	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	640.40
	nent For: Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional)		······	640.40

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	1	R LINE NUMBER: PAGE 31 OF eck only one)					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 2 28a 28b	24 25 26 28c 29 30				
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund	as and address of any political	33111111100 10	Serior Contributions III	34311 051111111100.				
Full Name (Last, First, Middle Initial)			D					
A. Capitol Hill Club			Date of Disburseme	ent				
Mailing Address 300 1st Street SE			05 17	2015				
,	State Zip Code		Transaction ID : S	B21B.4882				
Washington Purpose of Disbursement	DC 20003							
Food & Beverage		003	Amount of Each Dis	sbursement this Period				
Candidate Name	-	Category/		482.67				
Office Sought: House Disbursem	aont For:	Type		402.07				
Senate	Primary General Other (specify) ▼		[МЕМО ІТЕМ]					
State: District:								
Full Name (Last, First, Middle Initial)			Date of Distance					
3. Capitol Hill Club			Date of Disburseme					
Mailing Address 300 1st Street SE			06 02	2015				
•	State Zip Code		Transaction ID : S	SB21B.4836				
Washington Purpose of Disbursement	DC 20003							
Food & Beverage		003	Amount of Each Dis	sbursement this Period				
Candidate Name	,	Category/ Type		608.40				
	nent For: Primary General Other (specify)							
Full Name (Last, First, Middle Initial) CapitolHost			Date of Disburseme	ent				
Mailing Address PO Box 77896			04 / 27	2015				
,	State Zip Code DC 20013		Transaction ID : S	SB21B.4869				
Purpose of Disbursement Food & Beverage	Г	202						
Candidate Name	l	003 Category/	Amount of Each Dis	sbursement this Period 1825.88				
	nent For: Primary General Other (specify)	Туре	[MEMO ITEM]	7				
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).				608.40				

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 32 OI					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 28 28b	24 25 26 28c 29 30			
Any information copied from such Reports and Statem or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund	e and address of any political	committee to	SOUCH CONTINUED IN	on such committee.			
Full Name (Last, First, Middle Initial)							
A. Card Services			Date of Disburseme				
Mailing Address PO Box 13337			06 22	2015			
	tate Zip Code PA 19101		Transaction ID : S	B21B.4841			
Philadelphia Purpose of Disbursement	PA 19101						
Airfare - See Memo		002	Amount of Each Dis	sbursement this Period			
Candidate Name		Category/		433.10			
	nent For: Primary General Other (specify)	Туре	7	<u></u>			
State: District:	VI 37, V						
Full Name (Last, First, Middle Initial) B. Concentric Office, LLC			Date of Disburseme	ent			
Mailing Address PO Box 2485			02 09	2015			
Springfield	State Zip Code VA 22152		Transaction ID : S	6B21B.4821			
Purpose of Disbursement Compliance Services		001	Amount of Each Dis	sbursement this Period			
Candidate Name	I	Category/ Type	Amount of Eddin Bro	926.16			
	nent For: Primary General Other (specify)						
Full Name (Last, First, Middle Initial) C. Concentric Office, LLC			Date of Disburseme				
Mailing Address PO Box 2485			04 29	2015			
Springfield	State Zip Code VA 22152		Transaction ID : S	SB21B.4826			
Purpose of Disbursement Compliance Services		001	Amount of Fook Dis	bureament this Davied			
Candidate Name		Category/ Type	Amount of Each Dis	sbursement this Period 1387.45			
	nent For: Primary General Other (specify)			,			
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).				2746.71			

Date of Disbursement Transaction ID: SB21B.4859 Amount of Each Disbursement this Period [MEMO ITEM]
Date of Disbursement M M O O O O O O O O O O O O O O O O O
Date of Disbursement M M / 08 / 2015 Transaction ID : SB21B.4859 Amount of Each Disbursement this Period 496.60 [MEMO ITEM]
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Transaction ID - CD04D 4000
Transaction ID: SB21B.4863
Amount of Each Disbursement this Period
442.60
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Date of Disbursement
04 15 2015
Transaction ID : SB21B.4864
Amount of Each Disbursement this Period
587.60

SCHEDULE B (FEC Form 3X)	Use separate sche	dule(s)	FOR LINE I			PAGE	= 34 C)F 4′	
ITEMIZED DISBURSEMENTS	for each category of Detailed Summary	of the	X 21b 27	22 28a	23 28b	24 28c	25 29	30	
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NAME OF COMMITTEE (In Full) Healthcare Freedom Fund	o una address or un	у рошос				nom easi.			
Full Name (Last, First, Middle Initial)				D	D: 1				
A. Delta Air Lines, Inc.				Date of	Disburse		Y	V	
Mailing Address P.O. Box 20706				04 17 2015					
•	State Zip Code			Trans	action ID	: SB21B.48	165		
Atlanta Purpose of Disbursement	GA 30320-6	001		mano	2011011110	. 00210.40	,,,,		
Airfare			002	Amount	of Each	Disburseme	ent this F	Period	
Candidate Name			Category/	_			000	00	
			Туре		-	7	389	.60	
		neral		[MEMO	ITEM]				
State: District:									
Full Name (Last, First, Middle Initial) B. Delta Air Lines, Inc.				Date of	Disburse	ement			
<u> </u>				M = M	/ D	D / Y	Y	Υ	
Mailing Address P.O. Box 20706				04	3	0	2015		
,	State Zip Code GA 30320-6			Trans	action ID	: SB21B.48	379		
Purpose of Disbursement	30320-0	0001							
REFUND Airfare			002	Amount	of Each	Disburseme	ent this F	Period	
Candidate Name			Category/ Type		-,-	,	442	.60	
		neral		[MEMO	ITEM]				
Full Name (Last, First, Middle Initial)				Data of	Diahuman				
C. Delta Air Lines, Inc.					Disburse				
Mailing Address P.O. Box 20706				04	3		2015	Y	
Atlanta	GA Zip Code GA 30320-6			Trans	action ID	: SB21B.48	380		
Purpose of Disbursement REFUND Airfare			000						
Candidate Name			002 Category/	Amount	of Each	Disburseme	ent this F 587		
		neral	Туре	[MEMO		7		-	
State: District: SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).				F	7	7	0.	.00	

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for each category of the Detailed Summary Page	(official office	22 23 24 28a 28b 28c	25 26 29 36	
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		04 30	2015	
tate Zip Code		Transaction ID : SB21B.4	881	
30320-6001				
	002	Amount of Each Disbursem	ent this Period	
	Category/		389.60	
ent For:	Туре	[MEMO ITEM]		
Primary General Other (specify) ▼		[INIEINIO ITEM]		
		Date of Disbursement		
		05 / 31 / Y	2015	
tate Zip Code TN 38555		Transaction ID : SB21B.4	874	
	002	Amount of Each Disbursem	ent this Period	
	Category/ Type		696.66	
ent For: Primary General Other (specify)	71.	[MEMO ITEM]		
		Date of Disbursement		
		01 / D D / Y	2015	
tate Zip Code DC 20003		Transaction ID : SB21B.4	850	
	003			
	Category/		ent this Period 27.23	
ent For: Primary General Other (specify)	1,150	[MEMO ITEM]		
t	e and address of any police and address of address	e and address of any political committee to tate Zip Code GA 30320-6001 O02 Category/ Type ent For: Primary General Other (specify) ent For: Primary General Other (specify) Category/ Type ent For: Primary General Other (specify) Category/ Type ent For: Primary General Other (specify) Category/ Type ent For: O03 Category/ Type ent For:	Transaction ID : SB21B.4 Amount of Each Disbursement Category/ Type IMEMO ITEM] Date of Disbursement Date of Disbursement Transaction ID : SB21B.4 Amount of Each Disbursement Date of Disbursement Transaction ID : SB21B.4 Amount of Each Disbursement M	

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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	e (orlook only	7 one) 22 23 24 25 26 28a 28b 28c 29 36
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NAME OF COMMITTEE (In Full) Healthcare Freedom Fund	ne and address of any pol	micai committee to	o solicit continuations from such confinitiee.
Full Name (Last, First, Middle Initial)			
^{A.} Bryan Kaegi			Date of Disbursement
Mailing Address 1222 16th Avenue South #10			01 02 2015
City Nashville	State Zip Code TN 37212		Transaction ID : SB21B.4815
Purpose of Disbursement	3/2/2		
Fundraising Consulting		003	Amount of Each Disbursement this Period
Candidate Name		Category/	12000.00
Office Sought: House Senate President Disburse	ment For: Primary General Other (specify)	Type	
State: District:			
Full Name (Last, First, Middle Initial) B. Machado & Co.			Date of Disbursement
Mailing Address 6111 Newman Road			05 14 2015
Fairfax	State Zip Code VA 22030-5918		Transaction ID : SB21B.4829
Purpose of Disbursement Fundraising Consulting		003	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	6450.00
Office Sought: House Disbursel	ment For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Matchbox			Date of Disbursement
Mailing Address 521 8th Street SE			02 01 2015
Washington	State Zip Code DC 20003		Transaction ID : SB21B.4852
Purpose of Disbursement Food & Beverage		003	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	530.32
Office Sought: House Disburse	ment For: Primary General		[МЕМО ІТЕМ]
Senate President State: District:	Primary ☐ General Other (specify) ▼		

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 37 OF 4			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only X 21b 27	one) 22 23 28a 28b	24 25 26 28c 29 30	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund	and address of any political	Committee to	SOURCE CONTINUEDING I	om suon committee.	
Full Name (Last, First, Middle Initial)					
A. Parkmobile USA			Date of Disbursem	_	
Mailing Address 3200 Cobb Galleria Parkway Suite 100			04 / 14	2015	
	State Zip Code		Transaction ID :	SB21B.4861	
Atlanta Purpose of Disbursement	GA 30339		Transaction 12 .	0221211001	
Parking		002	Amount of Each D	isbursement this Period	
Candidate Name		Category/		2.15	
Office County		Type		3.15	
	nent For: Primary General Other (specify)		[MEMO ITEM]		
State: District:					
Full Name (Last, First, Middle Initial) 3. PIRYX			Date of Disbursem		
Mailing Address 144 2nd Street 1st Floor			05 29	2015	
,	State Zip Code CA 94105		Transaction ID :	SB21B.4834	
Purpose of Disbursement Credit Card Merchant Fee	34100				
Candidate Name		003	Amount of Each D	isbursement this Period	
Candidate Name		Category/ Type		143.75	
	nent For: Primary General Other (specify)		,	,	
Full Name (Last, First, Middle Initial) PIRYX			Date of Disbursem	ent	
Mailing Address 144 2nd Street 1st Floor			06 01	2015	
San Francisco	State Zip Code CA 94105		Transaction ID :	SB21B.4835	
Purpose of Disbursement Credit Card Merchant Fee		003	Amount of Foob D	ichuraamant thia Daviad	
Candidate Name		Category/ Type	Amount of Each D	isbursement this Period 143.75	
	nent For: Primary General Other (specify)				
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).				287.50	

17

SCHEDULE B (FEC Form 3X)		, FOR LINE	NUMBER:	PAGE 38 OF 41
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	e(s) (check only one)		
	Detailed Summary Page	X 21b	22 23	24 25 26
		27	28a 28b	28c 29 30b
Any information copied from such Reports and State				
or for commercial purposes, other than using the na	me and address of any polit	lical committee to	Solicit contribution:	s irom such committee.
NAME OF COMMITTEE (In Full)				
Full Name (Last, First, Middle Initial)				
A. PIRYX			Date of Disburs	ement
			M M / D	D / Y Y Y Y Y
Mailing Address 144 2nd Street			06 2	20 2015
1st Floor City	State Zip Code			
San Francisco	CA 94105		Transaction ID): SB21B.4839
Purpose of Disbursement				
Credit Card Merchant Fee		003	Amount of Each	Disbursement this Period
Candidate Name		Category/		14.38
000		Type		14.30
Office Sought: House Disburse Senate	ment For: Primary General			
President	Other (specify)			
State: District:	Other (opcomy)			
Full Name (Last, First, Middle Initial)				
B. Ruby Tuesday			Date of Disburs	ement
			M M / D	D / Y Y Y Y
Mailing Address 520 Donelson Pike			05 ;	31 2015
0''	7: 0 1			
City Nashville	State Zip Code TN 37214		Transaction II	D : SB21B.4876
Purpose of Disbursement	07214			
Meal		002	Amount of Each	Disbursement this Period
Candidate Name		Category/		65.54
		Type		05.54
	ment For:		[MEMO ITEM]	
Senate President	Primary General Other (specify) ▼			
State: District:	Other (specify)			
Full Name (Last, First, Middle Initial)				
C. Suncoast Hotel & Casino			Date of Disburs	ement
			M M / D	D / Y Y Y Y
Mailing Address 9090 Alta Drive			04 1	17 2015
City	State Zip Code			
City Las Vegas	NV 89144		Transaction ID	D : SB21B.4866
Purpose of Disbursement				
Lodging		002	Amount of Each	Disbursement this Period
Candidate Name		Category/		99.68
Office County		Туре		99.00
Office Sought: House Disburse Senate	ement For: Primary General		[MEMO ITEM]	
President	Primary General Other (specify) ▼			
State: District:	Salor (opcony)			
SUBTOTAL of Disbursements This Page (optional).				14.38
(-pional)				
TOTAL This Period (last page this line number only	<i>ı</i>)			

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SCHEDULE B (FEC Form 3X)	Llee senarate schedule(s)	FOR LINE NUMBER: PAGE 39 OF 41			
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	7 one) 22 23 24 25 26 28a 28b 28c 29 36		
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. Taylor Gourmet			Date of Disbursement		
Mailing Address 1750 Pennsylvania Avenue, NW			02 01 2015		
	State Zip Code		Transaction ID : SB21B.4854		
Washington Purpose of Disbursement	DC 20006		Transaction is : OBZTB.7007		
Food & Beverage		003	Amount of Each Disbursement this Period		
Candidate Name		Category/	327.76		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼	Туре	[MEMO ITEM]		
State: District:					
Full Name (Last, First, Middle Initial) 3. Trattoria Alberto Mailing Address 506 8th Street SE			Date of Disbursement O4 28 2015		
			20 2010		
Washington	State Zip Code DC 20003		Transaction ID : SB21B.4870		
Purpose of Disbursement Food & Beverage		003	Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	709.38		
Office Sought: House Senate President State: District:	ment For: Primary General Other (specify) ▼		[МЕМО ІТЕМ]		
Full Name (Last, First, Middle Initial) - United States Postal Service			Date of Disbursement		
Mailing Address 15 Independence Ave SE			12 11 2014		
City Washington	State Zip Code DC 20515		Transaction ID : SB21B.4845		
Purpose of Disbursement Postage	20010	001			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period 49.00		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	71.	[МЕМО ІТЕМ]		

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SCHEDULE B (FEC Form 3X)	11	FOR LINE	NUMBER:	PAGE 40 OF 41
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(orlook orlly orlo)		
	Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 30b
Any information copied from such Reports and States or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)	7 %			
Healthcare Freedom Fund				
Full Name (Last, First, Middle Initial)			Date of Disburse	mont
A. US Airways			Date of Disburser	
Mailing Address 4000 E. Sky Harbor Blvd.			04 09	
,	State Zip Code		Transaction ID	: SB21B.4860
Phoenix Purpose of Disbursement	AZ 85034		Transaction is	. 05215.4000
Airfare		002	Amount of Each	Disbursement this Period
Candidate Name		Category/		490.40
Office Occupied Advanced By L		Type		480.10
Office Sought: House Disburser Senate	ment For: Primary General		[MEMO ITEM]	
President	Other (specify)			
State: District:	(1			
Full Name (Last, First, Middle Initial)				
B. US Airways			Date of Disburse	ment
Mailing Address 4000 F. Olya Harker Blad			06 22	
Mailing Address 4000 E. Sky Harbor Blvd.			00 22	2 2013
City	State Zip Code		Transaction ID	: SB21B.4878
Phoenix Purpose of Disbursement	AZ 85034			
Airfare		002	Amount of Each	Disbursement this Period
Candidate Name		Category/		
		Type		433.10
	ment For:		[MEMO ITEM]	
Senate President	Primary General Other (specify) ▼			
State: District:	Other (speedly)			
Full Name (Last, First, Middle Initial)				
C.			Date of Disburse	ment
- A . II			M M / D	D / Y Y Y Y
Mailing Address				
City	State Zip Code			
Purpose of Disbursement				
			Amount of Each	Disbursement this Period
Candidate Name		Category/		
Office Sought: House Disburse	ment For:	Туре		
Senate Dispurse	Primary General			
President	Other (specify) ▼			
State: District:				
				2.00
SUBTOTAL of Disbursements This Page (optional)		······································		0.00
TOTAL This Period (last page this line number only				32634.84
I I I I I I I I I I I I I I I I I I I	/			

SCHEDULE B (FEC Form 3X)	Lies concrete cohodule(s)		PAGE 41 OF 41	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 X 23 28b	24 25 26 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund	and address of any points		25 3011341.0110 1	
Full Name (Last, First, Middle Initial)			Date of Disbursem	nent
A. NRCC			Date of Disburserr	
Mailing Address 320 FIRST STREET SE			01 27	2015
City	State Zip Code		Transaction ID :	SB23.4819
WASHINGTON Purpose of Disbursement	DC 20003			
Committee Contribution - 2015		011	Amount of Each D	isbursement this Period
Candidate Name		Category/		32400.00
Office Sought: House Disburse Senate President State: District:	ement For: Primary	Туре		
Full Name (Last, First, Middle Initial)				
B. NRCC			Date of Disbursem	nent
Mailing Address 320 FIRST STREET SE			03 / 13	
City WASHINGTON Purpose of Disbursement	State Zip Code DC 20003		Transaction ID :	SB23.4823
Building Fund 2015		011	Amount of Each D	isbursement this Period
Candidate Name		Category/ Type	,	33400.00
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
c. NRCC			Date of Disbursem	nent
Mailing Address 320 FIRST STREET SE			05 / D D D D D D D D D D D D D D D D D D	2015
City WASHINGTON	State Zip Code DC 20003		Transaction ID :	SB23.4830
Purpose of Disbursement Building Fund 2015		011		
Candidate Name		Category/ Type	Amount of Each D	sisbursement this Period 33400.00
Senate President	ment For: Primary	71		
State: District:				
SUBTOTAL of Disbursements This Page (optional).		·····		99200.00
TOTAL This Period (last page this line number only	y)			99200.00