PAGE 1 / 18

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For	Other Than A	An Authorized	d Commit	tee		Office Us	se Only	
1. NAME OF COMMITTEE (in		PE OR PRINT V		ample: If typer the lines.	oing, type	12FE4	M5		
HEALTHCARE	E FREEDO	M FUND							
ADDRESS (number a		O BOX 2485							
Check if diff than previous reported. (A	ısly , ş	SPRINGFIELD				VA	22152	2	
2. FEC IDENTIFIC	CATION NUME	BER ▼	CITY 🛦			STATE 🛦		ZIP CODE	A
C C005284	14		3. IS THIS REPORT	×	NEW (N) OR		AMENDED (A)		
4. TYPE OF RE (Choose One) (a) Quarterly Re		(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)	Ē	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	s	ug 20 (M8) ep 20 (M9) ct 20 (M10)	D (N	ov 20 (M11) lon-Election ear Only) ec 20 (M12) lon-Election ear Only) an 31 (YE)
April 15 Quarter July 15	ly Report (Q1)	(c) 12-Day		Primary (12			al (12G)	-	unoff (12R)
Quarter	ly Report (Q2)	PRE-Ele Report f		Convention	(12C)	Specia	al (12S)		
January	y Report (Q3) y 31 ad Report (YE)		Election on	M = M	/ D D /	Y	Y	in the State of	
July 31 Report Year Or	Mid-Year (Non-election nly) (MY)	(d) 30-Day POST-E Report f		General (3	0G)	Runof	(30R)	_	pecial (30S)
Termina (TER)	tion Report		Election on	M = M	/ D D /	Y Y Y Y	Y	in the State of	
5. Covering Period	M M M 01	/ D D / Y	2023	through	M M M	30	/ Y Y 202		
I certify that I have e	(eport and to the Carlin, Robert, F.,		wledge and	belief it is tr	ue, correct	and comple	te.	
Signature of Treasure	Carlin, Ro	bbert, F., ,		[Electronica	lly Filed] [Date 07			2023
NOTE: Submission of	false, erroneous	, or incomplete in	nformation may su	ubject the pe	erson signing t	his Report to	the penalti	es of 52 U.	S.C. § 30109
Office Use								FORM Rev. 05/2016	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

HEALTHCARE FREEDOM FUND

R	Report Covering the Period: From:	1 01 2023 To	: 06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
	(a) Cash on Hand January 1, 2023		58796.47
	(b) Cash on Hand at Beginning of Reporting Period	58796.47	
	(c) Total Receipts (from Line 19)	95000.00	95000.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	153796.47	153796.47
	Total Disbursements (from Line 31)	23709.93	23709.93
-	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	130086.54	130086.54
	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

Federal Election Commission 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)

Write or Type Committee Name

HEALTHCARE FREEDOM FUND

R	eport Covering the Period: From:		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	5000.00	5000.00
	(ii) Unitemized	0.00	0.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	5000.00	5000.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	90000.00	90000.00
12.	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	95000.00	95000.00
	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
17	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	95000.00	95000.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	95000.00	95000.00

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)		Calcinati I dal 10 Dato
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	4 4 4	
Expenditures(c) Total Operating Expenditures	23709.93	23709.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	23709.93	23709.93
Transfers to Affiliated/Other Party	0.00	0.00
Committees Contributions to Federal Candidates/Committees	0.00	0.00
and Other Political Committees	0.00	0.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	4 4	
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other	4 4	
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	0.00
(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 (from Schedule H6)	20))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	200	200
(c) Total Federal Election Activity (add	0.00	0.00
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))	23709.93	23709.93
Total Federal Disbursements	,	
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	23709.93	23709.93

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) III. Net Contributions/

Operating Expenditures

(from Line 11(d), page 3)

(from Line 28(d)).....

(subtract Line 34 from Line 33)

(add Line 21(a)(i) and Line 21(b))▶

(from Line 15, page 3).....

(subtract Line 37 from Line 36)

33. Total Contributions (other than loans)

35. Net Contributions (other than loans)

36. Total Federal Operating Expenditures

37. Offsets to Operating Expenditures

38. Net Operating Expenditures

34. Total Contribution Refunds

Page 5 **COLUMN A** COLUMN B **Total This Period** Calendar Year-to-Date 95000.00 95000.00 0.00 0.00 95000.00 95000.00 23709.93 23709.93 0.00 0.00 23709.93 23709.93

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

F	FOR LINE NUMBER:					PAGE		6	OF		18
(check only one)											
	X 11a 11b							12	2		
		13		14		15		16	6		17

	ny information copied from such Reports and Sta for commercial purposes, other than using the n							
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) HEALTHCARE FREEDOM FUNI)						
Α.	Conafay, Stephen, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Conafay, Stephen, , ,						
	Mailing Address 8317 Persimmon Tree Rd.	05 25 2023						
	City	State	Zip Code	Transaction ID : SA11AI.6798				
	Bethesda	MD	20817	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		5000.00				
	Name of Employer (for Individual) The Conafay Group	Occupa Princip	ation (for Individual) pal	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 5000.00					
В.	Full Name of Individual (Last, First, Middle Initial Mailing Address	l) or Full Orga	anization Name	Date of Receipt				
	City							
		State	Zip Code	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.							
	Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼					
<u> </u>	Full Name of Individual (Last, First, Middle Initia	l) or Full Orga	anization Name	Date of Receipt				
	Mailing Address			M = M / D = D / Y = Y = Y				
	City	State	Zip Code	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C						
	Name of Employer (for Individual)	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼					
s	SUBTOTAL of Receipts This Page (optional)			5000.00				
Т	OTAL This Period (last page this line number on	ıly)		5000.00				

SCHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 7 OF 18				
TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b				
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) HEALTHCARE FREEDOM FUN	D						
Full Name of Individual (Last, First, Middle Initial AMERICAN ACADEMY OF DERMATOLOGY ASSOCIATION OF THE PROPERTY OF THE PROPER			Date of Receipt				
Mailing Address 1201 PENNSYLVANIA AVE. N SUITE 540	W		03 16 2023				
City WASHINGTON	State DC	Zip Code 20004	Transaction ID : SA11C.6782 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 Initia AMERICAN ACADEMY OF FAMILY PHYSIC Mailing Address 1133 CONNECTICUT AVE NW SUITE 1100	IÁNS POLI		Date of Receipt 03 18 2023				
City WASHINGTON	State	Zip Code 20036	Transaction ID : SA11C.6785				
FEC ID number of contributing federal political committee.		0411553	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 Initial). AMERICAN ACADEMY OF NEURO			Date of Receipt				
Mailing Address 401 C ST NE			03 24 2023				
City WASHINGTON	State DC	Zip Code 20002	Transaction ID : SA11C.6789 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C co	0435933	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).....

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 8 OF 18 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 AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL COMMITTEE (OPHTHPAC) Date of Receipt Mailing Address 655 BEACH STREET 24 2023 City Zip Code State Transaction ID: SA11C.6787 CA SAN FRANCISCO 94109 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 C00196246 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 AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC Date of Receipt Mailing Address 1650 DIAGONAL ROAD 03 31 2023 City Zip Code State Transaction ID: SA11C.6792 VA **ALEXANDRIA** 22314 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 C00306449 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ General Primary Other (specify) 5000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC) Date of Receipt Mailing Address 25 MASSACHUSETTS AVENUE, NW, SUITE 03 24 2023 City State Zip Code Transaction ID: SA11C.6790 DC WASHINGTON 20001 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 C00413955 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ General Primary 5000.00 Other (specify) 15000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 -

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOR	FOR LINE NUMBER: PAGE 9 OF 18										
Use separate schedule(s) for each category of the Detailed Summary Page	(ched	ck only	on	ie)								
		11a		11b	×	11c		12				
zotanou cummur, r ugo		13		14		15		16			17	
not be sold or used by any person for the purpose of soliciting contributions lress of any political committee to solicit contributions from such committee.												

	y information copied from such Reports and State for commercial purposes, other than using the na			
\rangle	NAME OF COMMITTEE (In Full) HEALTHCARE FREEDOM FUND)		
۱.	Full Name of Individual (Last, First, Middle Initial) AMERICAN COLLEGE OF RADIOLOGY A Mailing Address 1891 PRESTON WHITE DRIVE City RESTON	Date of Receipt 03 31 2023 Transaction ID: SA11C.6791 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify) ▼	C C00343 Occupat Aggregate Yea	ion (for Individual)	Memo Item
3.	Primary General Other (specify) ▼	State DC C00382 Occupat	Zip Code 20001 2424 zion (for Individual) r-to-Date 5000.00	Date of Receipt 03 07 2023 Transaction ID : SA11C.6774 Amount of Each Receipt this Period 5000.00 Memo Item
	Full Name of Individual (Last, First, Middle Initial) AMERICAN MEDICAL ASSOCIATION Mailing Address 25 MASSACHUSETTS AVE, NW. SUITE 600 City WASHINGTON FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)	State DC C00000	Zip Code 20001 0422 ion (for Individual)	Date of Receipt 03
	UBTOTAL of Receipts This Page (optional)		<u> </u>	15000.00

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 OF 18 (check only one) 11a 11b					
Any information copied from such Reports and S or for commercial purposes, other than using the								
NAME OF COMMITTEE (In Full) HEALTHCARE FREEDOM FU	ND							
A. Full Name of Individual (Last, First, Middle In AMERICAN OSTEOPATHIC INFORMATION ASSOCIATION Mailing Address 1090 VERMONT AVE., NW			Date of Receipt					
SUITE 500 City	State	Zip Code	02 14 2023 Transaction ID : SA11C.6772					
WASHINGTON	DC	20005	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C co	0113803	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 SOCIETY OF ANESTHESIOLOGISTS			Date of Receipt					
Mailing Address 1061 AMERICAN LANE	Mailing Address 1061 AMERICAN LANE							
City SCHAUMBURG	State	Zip Code 60173	Transaction ID : SA11C.6783					
	112	00173	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C cod	0255752	5000.00					
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Primary General Aggregate Year-to-Date V							
Full Name of Individual (Last, First, Middle In EYEPAC POLITICAL ACTION COMMITTEE FOR AMERIC.	l litial) or Full C AN SOCIETY OF (rganization Name CATARACT AND REFRACTIVE SURGERY	Date of Receipt					
Mailing Address 4000 LEGATO ROAD, SUITE	E 700		04 26 2023					
City FAIRFAX	State VA	Zip Code 22033	Transaction ID : SA11C.6793 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C co	0171504	5000.00					
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
Receipt For: Primary General Other (specify)	Year-to-Date ▼ 5000.00]						
SUBTOTAL of Receipts This Page (optional)	I		15000.00					

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

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An	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS y information copied from such Reports and State for commercial purposes, other than using the NAME OF COMMITTEE (In Full) HEALTHCARE FREEDOM FUN Full Name of Individual (Last, First, Middle Initia	name and a	ay raddr	ress of any political committee	
Α.	HEARTDOCPAC Mailing Address PO BOX 250 City NEWBURGH FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify) ▼	State IN C Coo	052 upa Yea	Zip Code 47629 3381 tion (for Individual) ar-to-Date ▼	Date of Receipt 03 16 2023 Transaction ID: SA11C.6780 Amount of Each Receipt this Period 5000.00 Memo Item
	Full Name of Individual (Last, First, Middle Initinational EMERGENCY MEDICINE POLITICAL ACTION COMMailing Address 4950 W ROYAL LANE City IRVING FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify) ▼	State TX C COC	D140	Inization Name N COLLEGE OF EMERGENCY PHY Zip Code 75038 0061 ation (for Individual) ar-to-Date ▼ 5000.00	Date of Receipt 03 16 2023 Transaction ID : SA11C.6779 Amount of Each Receipt this Period 5000.00 Memo Item
C.	Full Name of Individual (Last, First, Middle Initi-POINT ACTION PAC, INC. Mailing Address PO BOX 420304 City ATLANTA FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)	State GA Coo	073 upa	Zip Code 30342 8260 stion (for Individual) ar-to-Date 5000.00	Date of Receipt M M M / D D / 2023 Transaction ID : SA11C.6775 Amount of Each Receipt this Period 5000.00 Memo Item

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

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

15000.00

30	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 12 OF 18			
Т	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a			
	ny information copied from such Reports and Sta for commercial purposes, other than using the r						
\rangle	NAME OF COMMITTEE (In Full) HEALTHCARE FREEDOM FUNI	D					
١.	Full Name of Individual (Last, First, Middle Initia SOCIETY FOR CARDIOVASCULAR ANGIOGRAP			Date of Receipt			
	Mailing Address 1100 17TH STREET, NW SUITE 330			05 17 2023			
	City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SA11C.6794 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C cod	0519371	5000.00			
	Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼				
	Other (specify) ▼		5000.00				
3.	Full Name of Individual (Last, First, Middle Initial Society for Vascular Surgery Political			Date of Receipt			
•	Mailing Address 633 N. ST. CLAIR ST. 24TH FLOOR	7.0	<u> </u>	03 16 2023			
	City CHICAGO	State IL	Zip Code 60611	Transaction ID : SA11C.6777 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C coo	0381459	5000.00			
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼				
	Other (specify) ▼		5000.00				
).	Full Name of Individual (Last, First, Middle Initia US ONCOLOGY INC. NETWORK PC			Date of Receipt			
	Mailing Address 10101 WOODLOCH FOREST [03 22 2023			
	City THE WOODLANDS	State TX	Zip Code 77380	Transaction ID : SA11C.6786 Amount of Each Receipt this Period			
FEC ID number of contributing			0339655	5000.00			
	Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 5000.00				
				I.			

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

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

15000.00

90000.00

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SC	SHEDULE B (FEC Form 3X)	lles	woto oslasticis/ >			NUMBER:				PAGE	13 (OF 18	
ITE	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check	-			o [ne			
			Summary Page		21b 28a	22 28b		L		L			
Δn	y information copied from such Reports and Staten	nents may r	not he sold or us									tions	
	for commercial purposes, other than using the name												
	NAME OF COMMITTEE (In Full)												
$ \rangle$	HEALTHCARE FREEDOM FUND												
\angle	Full Name (Last, First, Middle Initial)												
	Capitol Hill Club		Date of Disbursement										
	Capitol I III Oldo					M = M	/	D [) /	Υ	YY	Y	
	Mailing Address 300 1st Street SE					01	J L	23		Ь.	2023		
	City	State	Zip Code		\dashv								
	Washington	DC	20003			FEC Id	entifica	ation	Nun	nber			
	Purpose of Disbursement Food/Beverage				\neg	С							
	Candidate Name								_				
	Odinidate Name			Category Type	//	Amount	of Ea	ach [Disbu	irseme	ent this	Period	
	Office Sought: House Disburser	nent For:		.,,,,	\dashv			-			1518.4	10	
	Senate	Primary	General				7			,	4-		
	President State: District:	Other (spec	cify) 🔻			Me	mo Ite	em					
_	Full Name (Last, First, Middle Initial)				+								
В.	Capitol Hill Club					Date of	Disbu	ursen	nent				
	•					M = M	/	D [)	Υ	Y	Υ	
	Mailing Address 300 1st Street SE					06 16 2023							
	1	State DC	Zip Code 20003			FEC Identification Number							
	Washington Purpose of Disbursement	טט		C									
	Food/Beverage	Category/ Type ment For: Primary General					neact	ion II	D · e	R21P	6811		
	Candidate Name				//				_			Period	
	Office Sought: House Disbursen				\dashv					-	1352 (00	
	Senate Disburser						-	-		7	1002.0	.~	
	President	Other (specify)				Ma	mo Ita	am.					
	State: District:					LI IVIE	1110 116	7111					
_	Full Name (Last, First, Middle Initial)					Doto of	Dick:	ıroon	nor+		27 30b contributions committee. 227 30b contributions committee. 228 2023 3.6801 lent this Period 1518.40 3.6811 lent this Period 1352.00		
C.	Concentric Office, LLC					Date of	ומצוע		_	V -	B.6801 nent this Period 1518.40 B.6811 nent this Period 1352.00 B.6802 nent this Period 1051.80		
	Mailing Address PO Box 2485				\neg	02]	01		Ľ.			
	City	State	Zip Code			FF0 ! :		_#! -	NI.	- l			
	Springfield	VA	22152			FEC Id	entifica	ation	Nun	iber			
	Purpose of Disbursement Compliance Services			· · ·	$\neg \overline{}$	C							
	Candidate Name											Dorical	
				Category Type	//	Amount of Each Disbursement this P							
	Office Sought: House Disburser										1051.8	30	
	Senate	Primary	General										
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Springfield	VA	22152			FEC Id	entificatio	on Number	r		
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City Washington	State DC	Zip Code 20004		FEC Identification Number								
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	,	State	Zip Code 20003			FEC Identification Number								
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