PAGE 1 / 20

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

			Office Use Only
NAME OF COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Healthcare Freedom Fu	nd		
ADDRESS (number and street)	PO Box 2485		
Check if different			
than previously reported. (ACC)	Springfield		VA 22152
2. FEC IDENTIFICATION NUM	IBER ▼ CIT	Y 🛦	STATE ▲ ZIP CODE ▲
C C00528414		STHIS NEW (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report	20 (M2) May 20 (M	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On: Mar	20 (M3) Jun 20 (M	(Non-Election
	Apr :	20 (M4) Jul 20 (M7	Year Only)  Oct 20 (M10)  Jan 31 (YE)
April 15 Quarterly Report (Q1)	(c) 12-Day	Primary (12P)	General (12G) Runoff (12R)
July 15 Quarterly Report (Q2)	PRF-Election	Filliary (12F)	General (12G)
October 15	Report for the:	Convention (12C)	Special (12S)
Quarterly Report (Q3)  January 31  Year-End Report (YE)	FI	n on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Report for the:	M = M / D = D	/ Y Y Y Y Y in the
	Election	n on 11 06	2018 State of
5. Covering Period 10	01 2018	through 11	M / D D / Y Y Y Y Y Y Z Y Z Y Z Z Z Z Z Z Z Z Z
I certify that I have examined this	Report and to the best of	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasurer	Grandy, Joe, , ,	,	
Signature of Treasurer Grandy,	Joe, , ,	[Electronically Filed]	Date 12 / 06 / 2018
NOTE: Submission of false, erroneon	us, or incomplete information	n may subject the person signing	g this Report to the penalties of 52 U.S.C. § 30109
Office Use Only			FEC FORM 3X 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 10 01 2018 11 26 2018 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 6229.16 January 1, 2018 (b) Cash on Hand at 76669.01 Beginning of Reporting Period..... 56500.00 373576.20 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 379805.36 133169.01 6(a) and 6(c) for Column B)..... 95564.45 342200.80 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 37604.56 37604.56 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

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

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

**DETAILED SUMMARY PAGE** of Receipts FEC Form 3X (Rev. 05/2016) Page 3 Write or Type Committee Name Healthcare Freedom Fund 10 01 2018 11 26 2018 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 0.00 12076.20 (i) Itemized (use Schedule A)..... (ii) Unitemized ..... 0.00 0.00 (iii) TOTAL (add 12076.20 0.00 Lines 11(a)(i) and (ii).................▶ 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 56500.00 361500.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 373576.20 56500.00 Totals to Line 33, page 5) .....▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 14. Loan Repayments Received..... 0.00 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 0.00 Political Committees.....

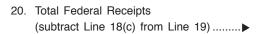
17.	Other Federal Receipts	
	(Dividends, Interest, etc.)	
18.	Transfers from Non-Federal and Levin Funds	
	(a) Non-Endoral Account	

mansiers mont non-t ederal	anu	CCAIII	i unus
(a) Non-Federal Account			
(from Schedule H3)			

(b)	Levin	Funds	(from	Schedule	H5)	
-----	-------	-------	-------	----------	-----	--

(c)	Total	Transfers	(add	18(a)	and	18(b))

19.	Total Receipts (add Lines 11(d),
	12, 13, 14, 15, 16, 17, and 18(c))▶



56500.00	373576.20
56500.00	373576.20

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

### **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)	0.00	0.00
(i) Federal Share	4	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	GEEGA AE	207200.80
Expenditures(c) Total Operating Expenditures	65564.45	207200.00
(add 21(a)(i), (a)(ii), and (b))▶	65564.45	207200.80
Transfers to Affiliated/Other Party		
Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	30000.00	135000.00
Independent Expenditures	4 4	4 1 4
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
,		0.00
Loan Repayments Made	0.00	0.00
Loans Made		0.00
Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
L	4 4 4	
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
(434 2.1100 25(4), (5), 4.14 (6),	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(20	))	
(a) Allocated Federal Election Activity	,,	
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Lovin" Chara		
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
T. I. B. I		
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	95564.45	342200.80
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	95564.45	342200.80

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	56500.00	373576.20
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	56500.00	373576.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	65564.45	207200.80
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	65564.45	207200.80

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

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

20 FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) for each category of the **X** 11c 11a 11b 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 ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 9700 WEST BRYN MAWR AVE. 11 08 2018 City Zip Code State Transaction ID: SA11C.6229 IL ROSEMONT 60018 Amount of Each Receipt this Period FEC ID number of contributing 3000.00 C00005660 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 3000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 1111 14TH STREET, NW 10 05 2018 **SUITE 1100** City State Zip Code Transaction ID: SA11C.6203 WASHINGTON DC 20005 Amount of Each Receipt this Period FEC ID number of contributing C00000729 5000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 5000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC ("ASTRO-PAC") Date of Receipt Mailing Address 251 18TH STREET SOUTH 10 09 2018 8TH FLOOR City Zip Code State Transaction ID: SA11C.6206 **ARLINGTON** VA 22202 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 C00384602 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 9000.00 SUBTOTAL of Receipts This Page (optional).....

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91	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER, PAGE 7 OF 20
ITEMIZED RECEIPTS			Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 OF 20 (check only one)
			for each category of the Detailed Summary Page	11a 11b <b>X</b> 11c 12
			Detailed Suffillary Fage	13 14 15 16 17
	ly information copied from such Reports and State for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full)			
	Healthcare Freedom Fund			
Α.	Full Name of Individual (Last, First, Middle Initi- AMERICAN SOCIETY OF ANESTHESIOLOGISTS	al) or Full C S POLITICAL	Organization Name ACTION COMMITTEE (ASA PAC)	Date of Receipt
	Mailing Address 1061 AMERICAN LANE			10 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID : SA11C.6204
	SCHAUMBURG	IL	60173	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C CO	0255752	5000.00
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	Aggregate	Total to Bate 7	
	Other (specify) ▼		5000.00	
Full Name of Individual (Last, First, Middle Initial) or Full B. AMGEN INC. POLITICAL ACTION COMMIT				Date of Receipt
	Mailing Address 601 13TH STREET, NW 12TH FLOOR			10 03 2018
	City		Zip Code	Transaction ID : SA11C.6202
	WASHINGTON	DC	20005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C co	0251876	3500.00
	Name of Employer (for Individual)	Occ	supation (for Individual)	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	riggrogato	Total to Bate 1	
	Other (specify) ▼		3500.00	
c.	Full Name of Individual (Last, First, Middle Initi AT&T INC. FEDERAL POLITICAL ACTION	al) or Full C	Organization Name TEE (AT&T FEDERAL PAC)	Date of Receipt
	Mailing Address 208 S. AKARD STREET			10 26 2018
	SUITE 1812 City	State	Zip Code	Transaction ID : SA11C.6223
	DALLAS	TX	75202	Amount of Each Receipt this Period
	FEC ID number of contributing			
federal political committee.		C co	0109017	2000.00
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	. iggi ogalo		
	Other (specify)	Ь	2000.00	
S	SUBTOTAL of Receipts This Page (optional)			10500.00

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

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

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

20 FOR LINE NUMBER: PAGE 8 OF Use separate schedule(s) (check only one) for each category of the **X** 11c 11b 11a 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Healthcare Freedom Fund Full Name of Individual (Last, First, Middle Initial) or Full Organization Name CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE Date of Receipt Mailing Address 103 CONTINENTAL PLACE SUITE 200 10 09 2018 City Zip Code State Transaction ID: SA11C.6207 TN **BRENTWOOD** 37027 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 C00421420 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 CAREER EDUCATION COLLEGES AND UNIVERSITIES POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 1530 WILSON BLVD. 10 2018 **SUITE 1050** City State Zip Code Transaction ID: SA11C.6227 VA **ARLINGTON** 22209 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 C00213066 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. CONTURA ENERGY, INC. POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 340 MARTIN LUTHER KING JR. BLVD 10 19 2018 PO BOX 848 City Zip Code State Transaction ID: SA11C.6211 **BRISTOL** TN 37620 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 C00650598 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) 6000.00 SUBTOTAL of Receipts This Page (optional).....

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 9 OF 20	
TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)	
TEMIZED RECEIL 13		Detailed Summary Page	11a 11b <b>X</b> 11c 12	
Any information copied from such Reports and Stat or for commercial purposes, other than using the n				
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Full Name of Individual (Last, First, Middle Initial CUMBERLAND PHARMACEUTICALS INC Mailing Address 2525 WEST END AVENUE SUITE 950 City NASHVILLE FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For: Primary General	State TN C CO		Date of Receipt  10 09 2018  Transaction ID: SA11C.6208  Amount of Each Receipt this Period  2500.00  Memo Item	
Other (specify) ▼  Full Name of Individual (Last, First, Middle Initial	l) or Full C	2500.00 grganization Name		
Mailing Address 500 8TH STREET, NW	B. DLA PIPER LLP (US) POLITICAL ACTION COMMITTEE (DLA PIPER PAC)			
City	State	Zip Code	Transaction ID : SA11C.6213	
FEC ID number of contributing federal political committee.	C001E1340		Amount of Each Receipt this Period	
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00		
Full Name of Individual (Last, First, Middle Initial EASTMANPAC-POLITICAL ACTION COMMITT			Date of Receipt	
Mailing Address PO BOX 431	Mailing Address PO BOX 431			
City KINGSPORT	State TN	Zip Code 37662	Transaction ID : SA11C.6217  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C co	0113159	5000.00	
Name of Employer (for Individual)		upation (for Individual)	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 5000.00		
SUBTOTAL of Receipts This Page (optional)			9000.00	

SCHEDULE A (FEC Form 3X)	ĺ		FOR LINE NUMBER: PAGE 10 OF 20
· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s)	(check only one)
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b <b>X</b> 11c 12
			13 14 15 16 17
Any information copied from such Reports and Staten or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
Healthcare Freedom Fund			
Full Name of Individual (Last, First, Middle Initial) of	or Full O	rganization Name	
A. FEDERATION OF AMERICAN HOSPITALS			Date of Receipt
Mailing Address 750 9TH STREET NW			M - M / D - D / Y - Y - Y - Y
SUITE 600 City	State	Zip Code	10 27 2018 Transaction ID : SA11C.6224
,	DC	20001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 00	0002261	2500.00
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
	ggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		2500.00	
Other (specify) •		2500.00	
Full Name of Individual (Last, First, Middle Initial) of	or Full O	rganization Name	_
B. HCA INC. GOOD GOVERNMENT FUN	ID		Date of Receipt
Mailing Address PO BOX 550			10 22 2018
ONE PARK PLAZA City	State	Zip Code	Transaction ID : SA11C.6215
NASHVILLE	TN	37203	Amount of Each Receipt this Period
FEC ID number of contributing	C 00	0007004	2500.00
federal political committee.	<u> </u>	0067231	2300.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Receipt For:	garegate	Year-to-Date ▼	
Primary General	33 3 - 11		1
Other (specify) ▼		3500.00	
Full Name of Individual (Last, First, Middle Initial) ( NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION			Data of Descript
Mailing Address 3 BETHESDA METRO CENTER		<u> </u>	Date of Receipt
SUITE 1100			10 27 2018
,	State MD	Zip Code	Transaction ID : SA11C.6226
	MD	20814	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 00	0113811	5000.00
Name of Employer (for Individual)		upation (for Individual)	Memo Item
Receipt For:	ngregate	Year-to-Date ▼	
Primary General	J.J J		
Other (specify)		5000.00	
SUBTOTAL of Receipts This Page (optional)		······	10000.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 11 OF 20 (check only one)							
		Detailed Summary Page	11a							
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										
Full Name of Individual (Last, First, Middle Initial)  RITE AID CORPORATION PAC  Mailing Address 30 HUNTER LANE	or Full O	rganization Name	Date of Receipt							
City	State	Zip Code	10 22 2018 Transaction ID : SA11C.6219							
CAMP HILL	PA	17011	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C cod	0104083	2500.00							
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item							
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00								
Full Name of Individual (Last, First, Middle Initial)  TENN POLITICAL ACTION COMMITT			Date of Receipt							
Mailing Address 228 S WASHINGTON STREET S	10 09 2018									
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SA11C.6210							
EEC ID number of contributing		0388421	Amount of Each Receipt this Period 5000.00							
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00								
Full Name of Individual (Last, First, Middle Initial) THE VANGUARD GROUP COMMITTEE FO			Date of Receipt							
Mailing Address 975 F STREET NW SUITE 500	Ctoto	7in Code	11 05 2018							
City WASHINGTON	State DC	Zip Code 20004	Transaction ID : SA11C.6228  Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C co	0410266	2500.00							
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item							
Receipt For: Primary General Other (specify)	\ggregate	Year-to-Date ▼ 4500.00								
SUBTOTAL of Receipts This Page (optional)		······	10000.00							

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 OF 20 (check only one)  11a 11b   X   11c   12   15   16   17
Any information copied from such Reports and Si or for commercial purposes, other than using the			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund			
Full Name of Individual (Last, First, Middle Init TRANSAMERICA CORPORATION PAC  Mailing Address 600 13TH STREET, NW SUITE 400B  City WASHINGTON  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For: Primary General	State DC Co	Zip Code 20005  0236414  upation (for Individual)  Year-to-Date ▼	Date of Receipt  10 22 2018  Transaction ID : SA11C.6221  Amount of Each Receipt this Period  2000.00  Memo Item
Full Name of Individual (Last, First, Middle Init  Mailing Address  City	ial) or Full C	4-1-4-1-4-1	Date of Receipt  M M / D D / Y Y Y Y Y Y  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) ▼		upation (for Individual)  Year-to-Date ▼	Amount of Each Receipt this Period  Memo Item
Full Name of Individual (Last, First, Middle Init  Mailing Address  City  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For:  Primary General Other (specify)	State	Zip Code  Upation (for Individual)  Year-to-Date ▼	Date of Receipt  M M / D D / Y Y Y Y Y  Amount of Each Receipt this Period  Memo Item
SUBTOTAL of Receipts This Page (optional)			2000.00

56500.00

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50	CHEDULE B (FEC Form 3X)	lle	auda ada ada da CA	FOR L	INE N	IUMBER:				PAGE	13 (	)F 20			
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check	٠.			o -							
			Summary Page		21b 28a	22 28b	2	3   8c		26 29	27 30b				
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	ny information copied from such Reports and Stater for commercial purposes, other than using the nan														
	NAME OF COMMITTEE (In Full)														
	Healthcare Freedom Fund														
_	Full Name (Last, First, Middle Initial)					D	D: 1								
Α.	American Airlines Credit Card					Date of						_			
	Mailing Address PO Box 9001006				10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y										
	City	State	Zip Code			FEC Identification Number									
	Louisville	KY	40290-1006				JIIIII CC	11011	Ivani	ibei	-				
	Purpose of Disbursement Credit Card Payment			002	7	C			_						
	Candidate Name			Category	,				_	: SB21B.6231 bursement this Period					
				'	Amount	or Ea	ich L	มชมน -	rseme	ent triis i	enod				
	Office Sought: House Disburser	ment For:		Type	$\dashv$			_		-	352.3	0			
	Senate	Primary	General				7			7					
	President	Other (spe	cify) ▼			Me	mo Ite	m							
_	State: District:				+										
В.	Full Name (Last, First, Middle Initial)					Date of	Diehi	ırcan	nont						
٥.	BB&T					Date of Disbursement									
	Mailing Address PO Box 580340							10 11 2018							
	City	State	Zip Code			FEC Ide	entifica	ation	Nur	nher					
	Charlotte	NC	28258-0340				JIIIII CC	11011	Ivani		-				
	Purpose of Disbursement Credit Card Payment	001				C									
	Candidate Name								_	B21B.					
			Category/ Type					ich L	JISDU	rseme	nt this F	eriod			
	Office Sought: House Disburser	ment For:	l l	71							1235.6	5			
	Senate	Primary	General							,	- 4				
	President	Other (spe	cify)			Me	mo Ite	m							
_	State: District:														
C.	Full Name (Last, First, Middle Initial)					Date of	Dich	ırcon	nont						
U.	Hill Country BBQ Market									V	Y	V			
	Mailing Address 410 7th Street, NW					09	ľL	27	_		2018	Y			
	City	State	Zip Code			FEC Ide	entifica	ation	Num	her					
	Washington	DC	20004						Tturr	100.	-				
	Purpose of Disbursement Food/Beverage			003	7	C									
	Candidate Name			Category	_					SB21B					
	Canada Name	/	Amount	of Ea	ich L	JISDU	rseme	nt this F	eriod						
	Office Sought: House Disburser	ment For:		Type	$\neg$			_			1154.2	0			
	Senate	Primary		4 4											
	President	Other (spe	cify) ▼			<b>X</b> Me	mo Ite	m							
	State: District:														
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SCHEDULE B (FEC Form 3X)			FOR LINE	LINE NUMBER: PAGE 14 OF 2							
ITEMIZED DISBURSEMENTS		parate schedule(s) h category of the	(CITCON OIT	heck only one)			00 07				
		d Summary Page	<b>X</b> 21b 28a		23 28c	26 29	27 30b				
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NAME OF COMMITTEE (In Full)											
Healthcare Freedom Fund											
Full Name (Last, First, Middle Initial)				D-4 4 D							
A. Capitol Hill Club				Date of D	/ D D	_	Y Y Y				
Mailing Address 300 1st Street SE				09 17 2018							
City Washington	State DC	Zip Code 20003		FEC Identification Number							
Purpose of Disbursement		20003		C			-				
Food/Beverage			003			00040	2000 1				
Candidate Name			Category/			<b>) : SB21B.</b> isburseme	nt this Period				
			Type				04.45				
Office Sought: House Disburi	Sement For: Primary	General			7	-	81.45				
President	Other (sp			Mam.							
State: District:				<b>✗</b> Memo	ntern						
Full Name (Last, First, Middle Initial)											
B. BB&T				Date of D	isbursem	ent					
Mailing Address PO Box 580340				10	/ D D 24		2018				
Mailing Address FO Box 560340				10	24		2010				
City	FEC Iden	tification	Number								
Charlotte Purpose of Disbursement	C			-							
Credit Card Payment			001	Transaction ID : SB21B.6238							
Candidate Name			Category/				nt this Period				
Office Sought: House Disbur	nament Fari		Туре	7327.3							
Office Sought: House Disburs	Sement For: Primary	General		1321.31							
President	Other (sp			п.,							
State: District:				Memo	) Item						
Full Name (Last, First, Middle Initial)											
C. Char Restaurant				Date of D							
Mailing Address 3988 Hillsboro Pike				10	20		2018				
City	State	Zip Code		FFC Idea		N I					
Nashville	TN	37215		FEC Iden	incation	Number	_				
Purpose of Disbursement Food/Beverage			003			00010					
Candidate Name			Category/	Transaction ID: SB21B.6238.  Amount of Each Disbursement this Period							
Office Sought: House Disbur	sement For:		Туре				3186.74				
Senate	Primary	General		3100.74							
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٦.	Etch Restaurant						Date	M M	D			YY	V	
	Mailing Address 303 Demonbreun Street						10		2		L	2018		
	,	State	Zip Code				FEC	Ident	ification	n Nur	nber			
	Nashville Purpose of Disbursement	TN	37201					-	-	-	-	-		
	Food/Beverage			(	003		С							
	Candidate Name			-	-	24						3.6238.2 ent this		Ч
				Cat	ype	y/	Alliot		Lacii	DISDI	urscri	CITE UIIS	1 0110	u
	Office Sought: House Disburser								<del></del>		_	3810	35	
	Senate President	Primary	General											
	State: District:	Other (spec	ally) $\blacktriangledown$				X	1emc	Item					
	Full Name (Last, First, Middle Initial)													
3.	Hermitage Golf Course						Date	of D	isburse	ment				
	Mailing Address 3939 Old Hickory Boulevard						м =	M	2	0	/ Y	2018	Y	
			I						-			2010		
	City Old Hickory	State TN	Zip Code 37138				FEC	ldent	ificatior	n Nur	nber			
	Purpose of Disbursement		01.00	-	-	_	С		-					
	Event Entertainment			(	003			rans	action	ID : \$	SB21E	3.6238.3		
	Candidate Name			Cate		ry/	Amou	int of	Each	Disb	ursem	ent this	Perio	d
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	Senate	Primary	General						7	_	7			
	President	Other (spec	eify)				X	1emc	Item					
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	Mailing Address PO Box 580340						11	_	1	6	Ь	2018	_	
	City	State	Zip Code				FFC	Ident	ification	n Nur	mber			
	Charlotte Purpose of Disbursement	NC	28258-0340						moduoi					
	Credit Card Payment			C	001		C	ranc	action	ID · ·	SR21F	3 6242		
	Candidate Name			Cat		y/					-	ent this	Perio	d
	Office Sought: House Disburser	ment For		ſ	ype							4705	.00	7
	Senate	Primary	General					_	7	_	7			-
	President	Other (spec	eify) 🔻				N	1ema	Item					
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SCHEDULE B (FEC Form 3X)			FOR LINE	LINE NUMBER: PAGE 16 OF 2							
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		Summary Page	<b>X</b> 21b 28a	22 28b	23 28c	26	27 30b				
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NAME OF COMMITTEE (In Full)											
Healthcare Freedom Fund											
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A. Hermitage Hotel				Date of D							
Mailing Address 231 6th Ave N				10 22 2018							
City	State	Zip Code		FEC Iden	tification	Number					
Nashville	TN	37219					_				
Purpose of Disbursement Lodging			002	C							
Candidate Name						ID : SB21B.62					
			Category/ Type	Amount	t Each I	Disbursement	this Period				
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Mailing Address PO Box 580340	10	23		018							
City		FEC Iden	tification	Number							
Charlotte Purpose of Disbursement	С										
Bank Fee			001	Transaction ID : SB21B.6242.1							
Candidate Name			Category/			I <b>D : SB21B.62</b> Disbursement					
			Туре	35.00							
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Senate President	Primary Other (spe	General		_							
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Full Name (Last, First, Middle Initial)											
C. Bolen, Scott, , ,				Date of D	isburser	nent					
Mailing Address 985 Lauderdale Ave				10	25		018				
City	State	Zin Code									
City Vinton	VA	Zip Code 24179		FEC Iden	tification	Number					
Purpose of Disbursement Production Services			''	С							
Candidate Name	003										
Candidate Name			Category/ Type	Amount o	f Each I	Disbursement	this Period				
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	ny information copied from such Reports and State for commercial purposes, other than using the name											
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	Healthcare Freedom Fund											
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Α.	Cardmember Services					Date of	f Disburs		/ T Y T Y T Y			
	Mailing Address PO Box 94014					10 19 2018						
	City	State IL	Zip Code			FEC Id	entificatio	n Numbei	r			
	Purpose of Disbursement	IL .	60094-4104									
	Credit Card Payment			002		C						
	Candidate Name			Categor			ID: SB2 Disburse	1B.6236 ment this Period				
				Type	,	-	0. 200.	2.020.00				
		ment For:							794.40			
	Senate President	Primary Other (spe	General			-						
	State: District:	Other (spe	City) \			Me	mo Item					
_	Full Name (Last, First, Middle Initial)											
В.	American Airlines			Date o	f Disburs	ement						
	Mailing Address 4333 Amon Carter Boulevard MD 567				10 14 2018							
	City Fort Worth	State TX	Zip Code 76155			FEC Id	entificatio	n Numbei	r			
	Purpose of Disbursement		70133	_	C							
	Airfare			002			nsaction	ID : SB2	IB 6236 (			
	Candidate Name			Categor	y/			_	ment this Period			
	Office Sought: House Disburse	ment For:		Туре					794.40			
	Senate Disburse	Primary	General									
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	Mailing Address PO Box 94014					10	/ D	23	2018			
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	Palatine	IL	60094-4104				onuncalic	ii ivuiiibel				
	Purpose of Disbursement Credit Card Payment			002	٦	C	neaction	ID : SB2	1B 6237			
	Candidate Name			Category	y/				ment this Period			
	Office Sought: House Disburse	ment For:		туре					103.42			
	Senate	Primary		4 4								
	President	Other (spe	cify) ▼			Me	mo Item					
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IT	EMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only								
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$\setminus$	NAME OF COMMITTEE (In Full)											
	Healthcare Freedom Fund											
_	Full Name (Last, First, Middle Initial)				B (B) .							
Α.	Concentric Office				Date of Disbursement							
	Mailing Address PO Box 2485				11 16 2018							
	,	State	Zip Code		FEC Identification Number							
	Springfield Purpose of Disbursement	VA	22152									
	Compliance Services			001	C							
	Candidate Name			Category/		iction ID : SB21B.6241 Each Disbursement this Pe	eriod					
				Type	Amount of	Lacii Disbarsciniciit tiiis i t	Cilou					
		ment For:				907.10	)					
	Senate President	Primary	General									
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_	Full Name (Last, First, Middle Initial)											
В.	Kaegi Resources				Date of Dis	sbursement						
					M = M /	D D / Y Y Y Y	Y					
	Mailing Address 1015 Stonebridge Park Drive				10 12 2018							
	City :	State TN	Zip Code 37069		FEC Identif	fication Number						
	Purpose of Disbursement		37069		C							
	Fundraising Consulting			003		ction ID : SB21B.6234						
	Candidate Name			Category/ Type	Amount of	eriod						
	Office Sought: House Disburser	ment For:		.,,,,	12000.00							
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	President	Other (spec	cify)		Memo	Item						
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C.	Full Name (Last, First, Middle Initial)  Machado & Company				Date of Dis	sbursement						
	Wachado & Company				M = M /	D D / Y Y Y Y	Υ					
	Mailing Address 6111 Newman Road				10	12 2018						
		State	Zip Code		FEC Identif	ication Number						
	Fairfax Purpose of Disbursement	VA	22030-5918									
	Fundraising Consulting	003		# ID 27215 ::::								
	Candidate Name			Category/	Transaction ID: SB21B.6233 Amount of Each Disbursement this F							
	Office Sought: House Disburser	ment For:		Туре		18575.00	)					
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SCHEDULE B (FEC Form 3X)	Llos ser	oroto ook = did=(-)		NE NUME	BER:			PAGE	19 O	F 20		
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	·	only one)		□ 00			7 07			
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NAME OF COMMITTEE (In Full)												
Healthcare Freedom Fund												
Full Name (Last, First, Middle Initial)												
A. Machado & Company			Da	Date of Disbursement								
Mailing Address 6111 Newman Road				11 19 2018								
City Fairfax	State VA	Zip Code 22030-5918		FE	C Iden	tification	Numl	ber				
Purpose of Disbursement Fundraising Consulting			003									
Candidate Name			Am		saction f Each	_		<b>6243</b> nt this P	eriod			
Office Sought: House Disburse	ment For:		Type	-				1	7764.2	1		
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NAME OF COMMITTEE (In Full)											
Healthcare Freedom Fund											
Full Name (Last, First, Middle Initial)				Date of Diskumannant							
A. WIN IN 2018				Date of Disbursement							
Mailing Address 228 S. WASHINGTON STREET SUITE 115				10 19 2018							
,	State	Zip Code		FEC Identification Number							
ALEXANDRIA Purpose of Disbursement	VA	22314		C C00665232							
Committee Contribution											
Candidate Name			Category/	Transaction ID: SB23.6235  Amount of Each Disbursement this Period							
Office Sought: House Disbursem	t F		Туре	30000.00							
	nent For: Primary		30000.00								
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