

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Healthcare Freedom Fund

ADDRESS (number and street) ▼

PO Box 2485

☐ Check if different than previously reported. (ACC)

Springfield

VA

22152

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00528414

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
03 01 2014

through

M M M / D D D / Y Y Y Y Y Y
03 31 2014

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 Joe Grandy

Signature of Treasurer

Joe Grandy

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
04 17 2014

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

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Healthcare Freedom Fund

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
03		01		2014

To:

M M	/	D D	/	Y Y Y Y Y
03		31		2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2014</td></tr></table>	Y	Y	Y	Y	Y	2014						<table><tr><td colspan="5">57583.50</td></tr></table>	57583.50				
Y	Y	Y	Y	Y													
2014																	
57583.50																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">42625.38</td></tr></table>	42625.38															
42625.38																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">65100.00</td></tr></table>	65100.00					<table><tr><td colspan="5">65600.00</td></tr></table>	65600.00									
65100.00																	
65600.00																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">107725.38</td></tr></table>	107725.38					<table><tr><td colspan="5">123183.50</td></tr></table>	123183.50									
107725.38																	
123183.50																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">66688.32</td></tr></table>	66688.32					<table><tr><td colspan="5">82146.44</td></tr></table>	82146.44									
66688.32																	
82146.44																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">41037.06</td></tr></table>	41037.06					<table><tr><td colspan="5">41037.06</td></tr></table>	41037.06									
41037.06																	
41037.06																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
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. 06/2004)

Page 3

Write or Type Committee Name

Healthcare Freedom Fund

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 03 / 01 / 2014

To:

 M M / D D / Y Y Y Y Y
 03 / 31 / 2014
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).....

2500.00

2500.00

(ii) Unitemized

1600.00

1600.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

4100.00

4100.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

61000.00

61500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

65100.00

65600.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

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

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

65100.00

65600.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

65100.00

65600.00

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
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1888.32	17346.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1888.32	17346.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	64800.00	64800.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other 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 (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	66688.32	82146.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	66688.32	82146.44

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)	65100.00	65600.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	65100.00	65600.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	1888.32	17346.44
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	1888.32	17346.44

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. Deepak Kapoor

Mailing Address 532 Broadhollow Road
Suite 142

City State Zip Code
Melville NY 11747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Integrated Med. Prof., LLC

Occupation

Physician/Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2014

Transaction ID : SA11AI.4394

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Sarah J. Shore

Mailing Address 4 Nelson Court

City State Zip Code
Myrtle Beach SC 29572-4408

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harbour Properties Realty

Occupation

Realtor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2014

Transaction ID : SA11AI.4420

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

2500.00

2500.00

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. ALPHA NATURAL RESOURCES, INC. POLITICAL ACTION COMMITTEE

Mailing Address 1301 PENNSYLVANIA AVE., NW
 SUITE 404

City State Zip Code
 WASHINGTON DC 20004

FEC ID number of contributing
federal political committee.

C C00348524

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

03 / **31** / **2014**

Transaction ID : SA11C.4442

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. AMERICAN ACADEMY OF FAMILY PHYSICIANS POLITICAL ACTION COMMITTEE

Mailing Address 1133 CONNECTICUT AVE NW
 SUITE 1100

City State Zip Code
 WASHINGTON DC 20036

FEC ID number of contributing
federal political committee.

C C00411553

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / **31** / **2014**

Transaction ID : SA11C.4444

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. AMERICAN ACADEMY OF NEUROLOGY BRAINPAC

Mailing Address 401 C ST NE

City State Zip Code
 WASHINGTON DC 20002

FEC ID number of contributing
federal political committee.

C C00435933

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / **21** / **2014**

Transaction ID : SA11C.4422

Amount of Each Receipt this Period

1000.00

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

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

8500.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL COMMITTEE (OPHTHPAC)

Mailing Address 655 BEACH STREET

City State Zip Code
 SAN FRANCISCO CA 94109

FEC ID number of contributing
federal political committee.

C C00196246

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

03 / 26 / 2014

Transaction ID : SA11C.4430

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Mailing Address 1650 DIAGONAL ROAD

City State Zip Code
 ALEXANDRIA VA 22314

FEC ID number of contributing
federal political committee.

C C00306449

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / 18 / 2014

Transaction ID : SA11C.4402

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. AMERICAN COLLEGE OF CARDIOLOGY POLITICAL ACTION COMMITTEE

Mailing Address 2400 N ST NW

City State Zip Code
 WASHINGTON DC 20037

FEC ID number of contributing
federal political committee.

C C00375360

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / 28 / 2014

Transaction ID : SA11C.4434

Amount of Each Receipt this Period

5000.00

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

12500.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. AMERICAN COLLEGE OF SURGEONS PROFESSIONAL ASSOCIATION PAC

Mailing Address 20 F ST NW, STE 1000

ATTN: SARA MORSE

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

C00382424

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 12 / 2014

Transaction ID : SA11C.4396

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1111 14TH STREET, NW

SUITE 1100

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

C00000729

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11C.4438

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. AMERICAN GASTROENTEROLOGICAL ASSOCIATION INC. PAC

Mailing Address 4926 DELRAY AVENUE

City

BETHESDA

State

MD

Zip Code

20814

FEC ID number of contributing
federal political committee.

C

C00423228

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 21 / 2014

Transaction ID : SA11C.4428

Amount of Each Receipt this Period

1000.00

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

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

11000.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. AMERICAN MEDICAL ASSOCIATION

Mailing Address 25 MASSACHUSETTS AVENUE, NW
SUITE 600

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing
federal political committee.

C C70001847

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

03 / **21** / **2014**

Transaction ID : SA11C.4424

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. AMERICAN OSTEOPATHIC INFORMATION ASSOCIATION - OSTEOPATHIC POLITICAL ACTION COMMITTEE

Mailing Address 1090 VERMONT AVE., NW
SUITE 500

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing
federal political committee.

C C00113803

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

03 / **26** / **2014**

Transaction ID : SA11C.4432

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Mailing Address 520 N. NORTHWEST HIGHWAY

City State Zip Code
PARK RIDGE IL 60068

FEC ID number of contributing
federal political committee.

C C00255752

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / **18** / **2014**

Transaction ID : SA11C.4398

Amount of Each Receipt this Period

5000.00

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

10000.00

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

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. FOOD MARKETING INSTITUTE POLITICAL ACTION COMMITTEE FOODPAC

Mailing Address 2345 CRYSTAL DRIVE
SUITE 800

City State Zip Code
ARLINGTON VA 22202

FEC ID number of contributing
federal political committee.

C C00014555

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / **31** / **2014**

Transaction ID : SA11C.4440

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE

Mailing Address 1125 EXECUTIVE CIRCLE

City State Zip Code
IRVING TX 75038

FEC ID number of contributing
federal political committee.

C C00140061

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / **11** / **2014**

Transaction ID : SA11C.4392

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS

Mailing Address 317 MASSACHUSETTS AVENUE, NE
1ST FLOOR

City State Zip Code
WASHINGTON DC 20002

FEC ID number of contributing
federal political committee.

C C00343137

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / **01** / **2014**

Transaction ID : SA11C.4390

Amount of Each Receipt this Period

5000.00

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

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

10500.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. SOCIETY FOR VASCULAR SURGERY POLITICAL ACTION COMMITTEE

Mailing Address 633 N. ST. CLAIR ST.
24TH FLOOR

City State Zip Code
CHICAGO IL 60611

FEC ID number of contributing
federal political committee.

C C00381459

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

03 / **21** / **2014**

Transaction ID : SA11C.4426

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. TEXTRON INC. POLITICAL ACTION COMMITTEE

Mailing Address 40 WESTMINSTER STREET

City State Zip Code
PROVIDENCE RI 02903

FEC ID number of contributing
federal political committee.

C C00123612

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / **28** / **2014**

Transaction ID : SA11C.4436

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. THE AMERICAN CONGRESS OF OB-GYNs PAC (OB-GYN PAC)

Mailing Address 409 12TH STREET, SW

City State Zip Code
WASHINGTON DC 20024

FEC ID number of contributing
federal political committee.

C C00364158

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / **18** / **2014**

Transaction ID : SA11C.4400

Amount of Each Receipt this Period

5000.00

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

8500.00

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

61000.00

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

Healthcare Freedom Fund

Category/
Type

1579.68

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

1579.68

1579.68

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 14

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

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)

A. HOUSE MAJORITY TRUST

Mailing Address 228 S WASHINGTON STREET SUITE 115

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
Committee Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2014

Transaction ID : SB23.4388

Amount of Each Disbursement this Period

32400.00

Full Name (Last, First, Middle Initial)

B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement
Committee Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2014

Transaction ID : SB23.4387

Amount of Each Disbursement this Period

32400.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

64800.00

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

64800.00
