

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 [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 01 / 01 / 2016 through [MM] / [DD] / [YYYY] 03 / 31 / 2016

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 04 / 15 / 2016

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									
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**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: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="35289.22"/>	<input type="text" value="35289.22"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="35289.22"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="143500.00"/>	<input type="text" value="143500.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="178789.22"/>	<input type="text" value="178789.22"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="64818.63"/>	<input type="text" value="64818.63"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="113970.59"/>	<input type="text" value="113970.59"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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)

Write or Type Committee Name

Healthcare Freedom Fund

Report Covering the Period: From: / / To: / /

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).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	143500.00	143500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	143500.00	143500.00
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))..... ▶	143500.00	143500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	143500.00	143500.00

DETAILED SUMMARY PAGE
of Disbursements

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	14818.63	14818.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	14818.63	14818.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	50000.00	50000.00
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)) ..	64818.63	64818.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	64818.63	64818.63

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)	143500.00	143500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	143500.00	143500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	14818.63	14818.63
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	14818.63	14818.63

**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 26
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. AEGON USA, LLC/TRANSAMERICA CORPORATION PAC

Full Name (Last, First, Middle Initial)
Mailing Address 600 13TH STREET, NW
SUITE 400B

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00236414

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 25 / 2016
Transaction ID : SA11C.5182

Amount of Each Receipt this Period
1000.00

Memo Item

B. AMERICAN ACADEMY OF DERMATOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE (SKINPAC)

Full Name (Last, First, Middle Initial)
Mailing Address 1445 NEW YORK AVENUE NW
STE 800

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00359539

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
02 / 27 / 2016
Transaction ID : SA11C.5134

Amount of Each Receipt this Period
5000.00

Memo Item

C. AMERICAN ACADEMY OF FAMILY PHYSICIANS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 1133 CONNECTICUT AVE NW
SUITE 1100

City WASHINGTON State DC Zip Code 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
02 / 29 / 2016
Transaction ID : SA11C.5139

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	11000.00
TOTAL This Period (last page this line number only).....	

**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 7 OF 26
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

A. AMERICAN ACADEMY OF NEUROLOGY BRAINPAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 401 C ST NE
 City WASHINGTON State DC Zip Code 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 / 07 / 2016
Transaction ID : SA11C.5147
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL COMMITTEE (OPHTHPAC)
 Full Name (Last, First, Middle Initial)
 Mailing Address 655 BEACH STREET
 City SAN FRANCISCO State CA Zip Code 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 ▼ 5000.00

Date of Receipt 02 / 19 / 2016
Transaction ID : SA11C.5128
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1650 DIAGONAL ROAD
 City ALEXANDRIA State VA Zip Code 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 / 31 / 2016
Transaction ID : SA11C.5189
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	11000.00
TOTAL This Period (last page this line number only).....▶	

**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 8 OF 26
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

A. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)

Mailing Address 725 FIFTEENTH ST., NW SUITE 500

City	State	Zip Code
WASHINGTON	DC	20005

FEC ID number of contributing federal political committee. **C** C00413955

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

Transaction ID : SA11C.5185

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
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 ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2016

Transaction ID : SA11C.5117

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
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

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

Transaction ID : SA11C.5183

Amount of Each Receipt this Period
2500.00

Memo Item

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) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 26
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

A. AMERICAN COLLEGE OF SURGEONS PROFESSIONAL ASSOCIATION PAC
 Full Name (Last, First, Middle Initial)
 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 General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2016
Transaction ID : SA11C.5159
 Amount of Each Receipt this Period
 5000.00
 Memo Item

B. AMERICAN COUNCIL OF LIFE INSURERS POLITICAL ACTION COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 CONSTITUTION AVE., NW
 SUITE 700
 City WASHINGTON State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C** C00147066
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2016
Transaction ID : SA11C.5180
 Amount of Each Receipt this Period
 2000.00
 Memo Item

C. AMERICAN DENTAL ASSOCIATION INDEPENDENT EXPENDITURES COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1111 14TH STREET, NW
 SUITE 1100
 City WASHINGTON State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C** C00488338
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2016
Transaction ID : SA11C.5161
 Amount of Each Receipt this Period
 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	12000.00
TOTAL This Period (last page this line number only).....	

**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 10 OF 26
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

A. AMERICAN GASTROENTEROLOGICAL ASSOCIATION INC. PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 4926 DEL RAY AVENUE
 City State Zip Code
 BETHESDA MD 20814
 FEC ID number of contributing federal political committee. **C** C00423228
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 18 / 2016
Transaction ID : SA11C.5125
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 MASSACHUSETTS AVE, NW
 SUITE 600
 City State Zip Code
 WASHINGTON DC 20001
 FEC ID number of contributing federal political committee. **C** C00000422
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 19 / 2016
Transaction ID : SA11C.5126
 Amount of Each Receipt this Period
 5000.00
 Memo Item

C. AMERICAN OSTEOPATHIC INFORMATION ASSOCIATION - OSTEOPATHIC POLITICAL ACTION COMMITTEE
 Full Name (Last, First, Middle Initial)
 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
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2016
Transaction ID : SA11C.5136
 Amount of Each Receipt this Period
 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	8500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 11 OF 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

A. AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1061 AMERICAN LANE
 City State Zip Code
 SCHAUMBURG IL 60173
 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
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2016
Transaction ID : SA11C.5137
 Amount of Each Receipt this Period
 5000.00
 Memo Item

B. AMERIPRISE FINANCIAL INC. POLITICAL ACTION COMMITTEE (AMERIPRISEPAC)
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 CONSTITUTION AVENUE NW
 SUITE 912 WEST
 City State Zip Code
 WASHINGTON DC 20001
 FEC ID number of contributing federal political committee. **C** C00414474
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2016
Transaction ID : SA11C.5174
 Amount of Each Receipt this Period
 5000.00
 Memo Item

C. ASIAN AMERICAN HOTEL OWNERS ASSOCIATION PAC (AAHOA PAC)
 Full Name (Last, First, Middle Initial)
 Mailing Address 5845 RICHMOND HIGHWAY
 SUITE 820
 City State Zip Code
 ALEXANDRIA VA 22303
 FEC ID number of contributing federal political committee. **C** C00336743
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2016
Transaction ID : SA11C.5168
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 11000.00
TOTAL This Period (last page this line number only)..... ▶

**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 12 OF 26
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

A. ASIAN AMERICAN HOTEL OWNERS ASSOCIATION PAC (AAHOA PAC)
 Full Name (Last, First, Middle Initial)
 Mailing Address 5845 RICHMOND HIGHWAY
 SUITE 820
 City ALEXANDRIA State VA Zip Code 22303
 FEC ID number of contributing federal political committee. **C** C00336743
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2016
Transaction ID : SA11C.5178
 Amount of Each Receipt this Period
 4000.00
 Memo Item

B. ASSOCIATION FOR ADVANCED LIFE UNDERWRITING PAC (AALU PAC)
 Full Name (Last, First, Middle Initial)
 Mailing Address 11921 FREEDOM DRIVE
 SUITE 1100
 City RESTON State VA Zip Code 20190
 FEC ID number of contributing federal political committee. **C** C00447565
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : SA11C.5187
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. AXA EQUITABLE LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE (AXA PAC)
 Full Name (Last, First, Middle Initial)
 Mailing Address 1290 AVENUE OF THE AMERICAS
 City NEW YORK State NY Zip Code 10104
 FEC ID number of contributing federal political committee. **C** C00161901
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2016
Transaction ID : SA11C.5172
 Amount of Each Receipt this Period
 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

**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 13 OF 26
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

A. Full Name (Last, First, Middle Initial)
BROOKE HOLDINGS LLC AND JACKSON NATIONAL LIFE INSURANCE COMPANY SEPARATE SEGREGATED FUND (

Mailing Address 1 CORPORATE WAY

City LANSING State MI Zip Code 48951

FEC ID number of contributing federal political committee. **C** C00254953

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2016
Transaction ID : SA11C.5165

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
BURGER KING FRANCHISEE PAC

Mailing Address 1701 BARRETT LAKES BLVD. NW
SUITE 180

City KENNESAW State GA Zip Code 30144

FEC ID number of contributing federal political committee. **C** C00329425

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2016
Transaction ID : SA11C.5166

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
BWX TECHNOLOGIES, INC POLITICAL ACTION COMMITTEE

Mailing Address 2016 MT. ATHOS ROAD

City LYNCHBURG State VA Zip Code 24504

FEC ID number of contributing federal political committee. **C** C00365502

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2016
Transaction ID : SA11C.5153

Amount of Each Receipt this Period
 5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 7000.00

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

**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 14 OF 26
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

A. Full Name (Last, First, Middle Initial)
EYEPAC POLITICAL ACTION COMMITTEE FOR AMERICAN SOCIETY OF CATARACT AND REFRACTIVE SURGERY

Mailing Address 4000 LEGATO ROAD, SUITE 700

City FAIRFAX	State VA	Zip Code 22033
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00171504

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2016

Transaction ID : SA11C.5151

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
GENERAL MOTORS COMPANY POLITICAL ACTION COMMITTEE (GM PAC)

Mailing Address 25 MASSACHUSETTS AVENUE, NW
SUITE 400

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00076810

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2016

Transaction ID : SA11C.5170

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
INSURED RETIREMENT INSTITUTE POLITICAL ACTION COMMITTEE (IRI PAC)

Mailing Address 1100 VERMONT AVE. NW
10TH FLOOR

City WASHINGTON	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00490474

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2016

Transaction ID : SA11C.5145

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	11000.00
TOTAL This Period (last page this line number only).....▶	

**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 15 OF 26
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

A. INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1401 H STREET NW SUITE 1200
 City WASHINGTON State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C** C00105981
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 18 / 2016
Transaction ID : SA11C.5175
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. MAJORITY COMMITTEE PAC--MC PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 10134
 City BAKERSFIELD State CA Zip Code 93389
 FEC ID number of contributing federal political committee. **C** C00428052
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 14 / 2016
Transaction ID : SA11C.5155
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1295 STATE STREET
 City SPRINGFIELD State MA Zip Code 01111
 FEC ID number of contributing federal political committee. **C** C00118943
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 02 / 12 / 2016
Transaction ID : SA11C.5116
 Amount of Each Receipt this Period 3000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	13000.00
TOTAL This Period (last page this line number only).....▶	

**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 26
(check only one)
 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. METLIFE INC. EMPLOYEES' POLITICAL PARTICIPATION FUND A

Mailing Address 1095 AVENUE OF THE AMERICAS

City State Zip Code
NEW YORK NY 10036

FEC ID number of contributing federal political committee. **C** C00040923

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2016
Transaction ID : SA11C.5143

Amount of Each Receipt this Period
2500.00

Memo Item

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
 M M M / D D D / Y Y Y Y Y Y
 02 / 16 / 2016
Transaction ID : SA11C.5121

Amount of Each Receipt this Period
5000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 51 MADISON AVENUE
ROOM 1109

City State Zip Code
NEW YORK NY 10010

FEC ID number of contributing federal political committee. **C** C00158881

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2016
Transaction ID : SA11C.5177

Amount of Each Receipt this Period
5000.00

Memo Item

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) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 26
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

A. Full Name (Last, First, Middle Initial)
POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS

Mailing Address 317 MASSACHUSETTS AVE., N.E.
1ST FLOOR

City WASHINGTON State DC Zip Code 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
M M M / D D D / Y Y Y Y Y Y
03 / 03 / 2016

Transaction ID : SA11C.5141

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
SANOFI US SERVICES INC. EMPLOYEES' POLITICAL ACTION COMMITTEE

Mailing Address 55 CORPORATE DRIVE

City BRIDGEWATER State NJ Zip Code 08807

FEC ID number of contributing federal political committee. **C** C00144345

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2016

Transaction ID : SA11C.5132

Amount of Each Receipt this Period
5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
SELF-INSURANCE INSTITUTE OF AMERICA, INC. PAC (SELF-INSURANCE PAC)

Mailing Address 20 F STREET NW
SUITE 700

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00457366

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2016

Transaction ID : SA11C.5149

Amount of Each Receipt this Period
2500.00

Memo Item

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) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 26
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

A. SHEET METAL AND AIR CONDITIONING CONTRACTORS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 4201 LAFAYETTE CENTER DRIVE

City ChANTILLY State VA Zip Code 20151

FEC ID number of contributing federal political committee. **C** C00013961

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2016

Transaction ID : SA11C.5157

Amount of Each Receipt this Period
5000.00

Memo Item

B. SOCIETY FOR VASCULAR SURGERY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 633 N. ST. CLAIR ST.
24TH FLOOR

City CHICAGO State IL Zip Code 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
 M M M / D D D / Y Y Y Y Y Y
 02 / 16 / 2016

Transaction ID : SA11C.5123

Amount of Each Receipt this Period
2500.00

Memo Item

C. SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 20 F STREET, NW
SUITE 310 C

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00325936

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 08 / 2016

Transaction ID : SA11C.5114

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	8500.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 19 OF 26
(check only one)
 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. SPINE PAC OF THE NATIONAL ASSOCIATION OF SPINE SPECIALISTS

Mailing Address 7075 VETERANS BLVD.

City State Zip Code
BURR RIDGE IL 60527

FEC ID number of contributing federal political committee. **C** C00349225

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 16 / 2016
Transaction ID : SA11C.5119

Amount of Each Receipt this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. 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
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2016
Transaction ID : SA11C.5130

Amount of Each Receipt this Period
5000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. THE HOME DEPOT INC. POLITICAL ACTION COMMITTEE

Mailing Address 1155 F STREET, NW
SUITE 400

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00284885

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2016
Transaction ID : SA11C.5163

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	8000.00
TOTAL This Period (last page this line number only).....▶	143500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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

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NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. Acadiana

Mailing Address 901 New York Ave NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Food/Beverage

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5205

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. BB&T

Mailing Address PO Box 200

City Wilson State NC Zip Code 27894-0200

Purpose of Disbursement
Credit Card Charges - SEE MEMOS

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5191

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. BB&T

Mailing Address PO Box 200

City Wilson State NC Zip Code 27894-0200

Purpose of Disbursement
Credit Card Charges - SEE MEMOS

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5197

Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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

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NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. BB&T

Mailing Address PO Box 200

City State Zip Code
Wilson NC 27894-0200

Purpose of Disbursement
Credit Card Charges - SEE MEMOS

001
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : SB21B.5202

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Capitol Hill Club

Mailing Address 300 1st Street SE

City State Zip Code
Washington DC 20003

Purpose of Disbursement
Food/Beverage

003
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : SB21B.5207

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Capitol Hill Club

Mailing Address 300 1st Street SE

City State Zip Code
Washington DC 20003

Purpose of Disbursement
Food/Beverage

003
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : SB21B.5209

Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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

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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 State DC Zip Code 20003

Purpose of Disbursement
Food/Beverage

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5212

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Capitol Hill Club

Mailing Address 300 1st Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Food/Beverage

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5216

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Concentric Office, LLC

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement
Compliance Services

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5196

Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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

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NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. Delta Air Lines, Inc.

Mailing Address P.O. Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement
Airfare

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5215

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. FedEx

Mailing Address 7900 Legacy Drive

City Plano State TX Zip Code 75024

Purpose of Disbursement
Postage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5208

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Freedom Services, Inc.

Mailing Address 1406 Shoemaker Road

City Baltimore State MD Zip Code 21209

Purpose of Disbursement
Transportation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5213

Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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

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NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. Kaegi Resources

Mailing Address 1015 Stonebridge Park Drive

City Franklin State TN Zip Code 37069

Purpose of Disbursement
Fundraising Consulting

001
 003
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 14 / 2016

Transaction ID : SB21B.5190

Amount of Each Disbursement this Period

6000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Machado & Co.

Mailing Address 6111 Newman Road

City Fairfax State VA Zip Code 22030-5918

Purpose of Disbursement
Food/Beverage - SEE MEMO

003
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2016

Transaction ID : SB21B.5199

Amount of Each Disbursement this Period

1460.23

Memo Item

Full Name (Last, First, Middle Initial)

C. Reflections Photography, Inc.

Mailing Address 3333 Quorum Drive
Suite 200

City Fort Worth State TX Zip Code 76137

Purpose of Disbursement
Photos

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2016

Transaction ID : SB21B.5210

Amount of Each Disbursement this Period

21.48

Memo Item

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

7460.23

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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

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NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. Songs from the Heart

Mailing Address 5451 Waddell Hollow Road

City Franklin State TN Zip Code 37064

Purpose of Disbursement
Event Expense

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5201

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Philip Sullivan

Mailing Address 701 West North Loop Blvd
Apt. #104

City Austin State TX Zip Code 78751

Purpose of Disbursement
Logo Design

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5194

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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

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NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. NRCC

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
2016 General Fund

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB23.5203

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. NRCC

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
2016 Building Fund

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB23.5204

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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

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