

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)
 - Mar 20 (M3)
 - Apr 20 (M4)
 - May 20 (M5)
 - Jun 20 (M6)
 - Jul 20 (M7)
 - Oct 20 (M10)
 - Aug 20 (M8)
 - Sep 20 (M9)
 - Nov 20 (M11) (Non-Election Year Only)
 - Dec 20 (M12) (Non-Election Year Only)
 - 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 [09] / [01] / [2014] through [09] / [30] / [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 10 / 20 / 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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2014"/>	<input type="text" value="57583.50"/>	<input type="text" value="57583.50"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="45987.50"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="25000.00"/>	<input type="text" value="170600.00"/>
(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="70987.50"/>	<input type="text" value="228183.50"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="9525.00"/>	<input type="text" value="166721.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="61462.50"/>	<input type="text" value="61462.50"/>
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: M M / D D / Y Y Y Y 09 / 01 / 2014 To: M M / D D / Y Y Y Y 09 / 30 / 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).....	0.00	4000.00
(ii) Unitemized	0.00	1600.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	5600.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	25000.00	165000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	25000.00	170600.00
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))..... ▶	25000.00	170600.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	25000.00	170600.00

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	9525.00	69521.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	9525.00	69521.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	97200.00
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)) ..	9525.00	166721.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9525.00	166721.00

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)	25000.00	170600.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25000.00	170600.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	9525.00	69521.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	9525.00	69521.00

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

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

FOR LINE NUMBER: PAGE 6 OF 11
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

Full Name (Last, First, Middle Initial)
A. AMERICAN ACADEMY OF NEUROLOGY BRAINPAC

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 ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : SA11C.4584

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. AMERICAN SOCIETY OF PENSION PROFESSIONALS & ACTUARIES NTSA PAC

Mailing Address 4245 N FAIRFAX DRIVE
SUITE 750

City ARLINGTON State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00515049

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
 09 / 08 / 2014
Transaction ID : SA11C.4581

Amount of Each Receipt this Period
2500.00

Full Name (Last, First, Middle Initial)
C. AMERICAN SOCIETY OF PLASTIC SURGEONS PLASTYPAC

Mailing Address 20 F STREET NW
#310A

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00249342

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
 09 / 22 / 2014
Transaction ID : SA11C.4598

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 6000.00

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 11
<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. AMGEN INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 601 13TH STREET, NW
12TH FLOOR

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00251876

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
09 / 15 / 2014
Transaction ID : SA11C.4587

Amount of Each Receipt this Period
1000.00

B. BEST BUY CO., INC EMPLOYEE POLITICAL FORUM

Full Name (Last, First, Middle Initial)
Mailing Address 7601 PENN AVENUE SOUTH

City RICHFIELD State MN Zip Code 55423

FEC ID number of contributing federal political committee. **C** C00405076

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
09 / 16 / 2014
Transaction ID : SA11C.4589

Amount of Each Receipt this Period
1000.00

C. DAVITA HEALTHCARE PARTNERS, INC. POLITICAL ACTION COMMITTEE (DAPAC)

Full Name (Last, First, Middle Initial)
Mailing Address 32275 32ND AVENUE, S.

City FEDERAL WAY State WA Zip Code 98001

FEC ID number of contributing federal political committee. **C** C00340943

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
09 / 29 / 2014
Transaction ID : SA11C.4603

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
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 11
<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

Full Name (Last, First, Middle Initial)
A. EMPLOYEES OF NORTHRUP GRUMMAN CORPORATION PAC

Mailing Address 2980 FAIRVIEW PARK DRIVE

City State Zip Code
FALLS CHURCH VA 22042

FEC ID number of contributing federal political committee. **C** C00088591

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
09 / 30 / 2014
Transaction ID : SA11C.4605

Amount of Each Receipt this Period
2000.00

Full Name (Last, First, Middle Initial)
B. GLAXOSMITHKLINE LLC PAC (GSK PAC)

Mailing Address FIVE MOORE DRIVE
PO BOX 13358

City State Zip Code
RES. TRIANGLE PARK NC 27709

FEC ID number of contributing federal political committee. **C** C00199703

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
09 / 29 / 2014
Transaction ID : SA11C.4601

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Mailing Address 103 POWELL COURT SUITE 200

City State Zip Code
BRENTWOOD TN 37027

FEC ID number of contributing federal political committee. **C** C00347955

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
09 / 22 / 2014
Transaction ID : SA11C.4596

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....▶	5500.00
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 11
<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. MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 1301 CONCORD TERRACE

City State Zip Code
SUNRISE FL 33323

FEC ID number of contributing federal political committee. **C** C00469205

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
09 / 22 / 2014

Transaction ID : SA11C.4591

Amount of Each Receipt this Period
5000.00

B. PFIZER INC. PAC

Full Name (Last, First, Middle Initial)
Mailing Address 235 EAST 42ND STREET

City State Zip Code
NEW YORK NY 10017

FEC ID number of contributing federal political committee. **C** C00016683

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
09 / 26 / 2014

Transaction ID : SA11C.4599

Amount of Each Receipt this Period
1000.00

C. PHARMACEUTICAL RESEARCH & MANUFACTURERS OF AMERICA BETTER GOVERNMENT COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 950 F STREET, NW
SUITE 300

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00021972

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 08 / 2014

Transaction ID : SA11C.4579

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	6500.00
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 10 OF 11
(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. SPECTRA ENERGY CORP POLITICAL ACTION COMMITTEE (SPECTRA-DCP PAC)
 Full Name (Last, First, Middle Initial)
 Mailing Address 5400 WESTHEIMER COURT
 City HOUSTON State TX Zip Code 77056
 FEC ID number of contributing federal political committee. **C** C00429662
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : SA11C.4607
 Amount of Each Receipt this Period
 2500.00

B. THE CATERPILLAR INC. EMPLOYEE POLITICAL ACTION COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 N.E. ADAMS STREET
 City PEORIA State IL Zip Code 61629
 FEC ID number of contributing federal political committee. **C** C00148031
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2014
Transaction ID : SA11C.4595
 Amount of Each Receipt this Period
 1500.00

C.
 Full Name (Last, First, Middle Initial)
 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).....▶	4000.00
TOTAL This Period (last page this line number only).....▶	25000.00

**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. Machado & Co.

Mailing Address 6111 Newman Road

City Fairfax State VA Zip Code 22030-5918

Purpose of Disbursement
Fundraising Consulting

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4609

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

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

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

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

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