PAGE 1 / 34

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	For Other Than An Aut	thorized Committee	Office Use Only
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 ▼ CI	TY▲	STATE ▲ ZIP CODE ▲
C C00528414		IS THIS REPORT NEW (N) O	R AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb	b 20 (M2) May 20 (I	(Non-Election Year Only)
(a) Quarterly Reports:	Ma	r 20 (M3) Jun 20 (M	(Non-Election Year Only)
April 15 Quarterly Report		r 20 (M4) Jul 20 (M	7) Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report	(c) 12-Day	Primary (12P)	General (12G) Runoff (12R)
October 15	Report for the:	Convention (12C)	Special (12S)
Quarterly Report January 31	Floati	on on	in the State of
Year-End Report July 31 Mid-Year Report (Non-elec Year Only) (MY)	r (d) 30-Day	General (30G)	Runoff (30R) Special (30S)
Termination Repo	Report for the:		
(TER)	Election	on on	in the State of
5. Covering Period	07	through 12	M / D D / Y Y Y Y Y Y Y Y X Y X Y X Y X Y X Y X
I certify that I have examined	this Report and to the best of	f my knowledge and belief it is	s true, correct and complete.
Type or Print Name of Treasu	Grandy, Joe, , , urer		
Signature of Treasurer	randy, Joe, , ,	[Electronically Filed]	Date 01 / 31 / 2020
NOTE: Submission of false, err	oneous, or incomplete information	on may subject the person signing	ng this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016
Only]]		11.00. 00/2010

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name Healthcare Freedom Fund 07 01 2019 12 31 2019 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 31188.89 January 1, 2019 (b) Cash on Hand at 37155.53 Beginning of Reporting Period..... 102000.00 284500.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 315688.89 139155.53 6(a) and 6(c) for Column B)..... 84543.09 261076.45 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 54612.44 54612.44 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

For further information contact:

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

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Healthcare Freedom Fund

Cother than loans) From: s/Persons Other tical Committees ed (use Schedule A) L (add 11(a)(i) and (ii) Party Committees itical Committees PACs) tributions (add Lines (b), and (c)) (Carry Line 33, page 5) Affiliated/Other ees eived	2500.00 2500.00 2500.00 2500.00 2500.00 102000.00 102000.00 0.00 0.00	COLUMN B Calendar Year-to-Date 5000.00 0.00 5000.00 279500.00 284500.00 0.00
s/Persons Other tical Committees ed (use Schedule A) L (add 11(a)(i) and (ii) Party Committees itical Committees PACs) tributions (add Lines (b), and (c)) (Carry Line 33, page 5) Affiliated/Other ees	2500.00 0.00 2500.00 0.00 99500.00 102000.00	5000.00 0.00 5000.00 0.00 279500.00 284500.00
tical Committees ed (use Schedule A) mized	0.00 2500.00 0.00 99500.00 102000.00	0.00 5000.00 0.00 279500.00 284500.00
ed (use Schedule A) mized	0.00 2500.00 0.00 99500.00 102000.00	0.00 5000.00 0.00 279500.00 284500.00
nized	0.00 2500.00 0.00 99500.00 102000.00	0.00 5000.00 0.00 279500.00 284500.00
L (add 11(a)(i) and (ii)	2500.00 0.00 99500.00 102000.00 0.00	5000.00 0.00 279500.00 284500.00
L (add 11(a)(i) and (ii)	2500.00 0.00 99500.00 102000.00 0.00	5000.00 0.00 279500.00 284500.00
Party Committees	0.00 99500.00 102000.00 0.00	0.00 279500.00 284500.00 0.00
Party Committees	0.00 99500.00 102000.00 0.00	279500.00 284500.00 0.00
ritical Committees PACs) tributions (add Lines (b), and (c)) (Carry Line 33, page 5) n Affiliated/Other	99500.00	279500.00 284500.00 0.00
ritical Committees PACs) tributions (add Lines (b), and (c)) (Carry Line 33, page 5) n Affiliated/Other	102000.00	284500.00
tributions (add Lines (b), and (c)) (Carry Line 33, page 5) n Affiliated/Other ees	102000.00	284500.00
(b), and (c)) (Carry Line 33, page 5) n Affiliated/Other ees	0.00	0.00
Line 33, page 5) n Affiliated/Other ees	0.00	0.00
n Affiliated/Other rees	0.00	0.00
ees	7 7	4 4
F	7 7	4 4
eived	0.00	
erved		0.00
	4 4	45 45
anta Danahard	0.00	0.00
ents Received	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	45 45	49 49 45
	0.00	0.00
	4 4	7 7
terest, etc.)	0.00	0.00
Non-Federal and Levin Funds	4 4	4 4
al Account		
nedule H3)	0.00	0.00
ds (from Schedule H5)	0.00	0.00
sfers (add 18(a) and 18(b))	0.00	0.00
	perating Expenditures pates, etc.) to Line 37, page 5) portributions Made andidates and Other mittees Receipts terest, etc.) In Non-Federal and Levin Funds ral Account medule H3) ds (from Schedule H5)	perating Expenditures pates, etc.) to Line 37, page 5)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
Operating Expenditures: (a) Allocated Federal/Non-Federal	Total This Fellou	Calcilual Teal-IU-Date			
Activity (from Schedule H4) (i) Federal Share	0.00	0.00			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating Expenditures	64543.09	111076.45			
(c) Total Operating Expenditures					
(add 21(a)(i), (a)(ii), and (b))	64543.09	111076.45			
Transfers to Affiliated/Other Party Committees	0.00	0.00			
Contributions to Federal Candidates/Committees	4 4				
Federal Candidates/Committees and Other Political Committees	20000.00	150000.00			
Independent Expenditures (use Schedule E)	0.00	0.00			
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	4 4				
(use Schedule F)	0.00	0.00			
Loan Repayments Made	0.00	0.00			
Loan Hopaymonia Made	4 4	0.00			
Loans MadeRefunds of Contributions To:	0.00	0.00			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00			
man Folitical Committees	0.00	0.00			
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees		7 7 7			
(such as PACs)(d) Total Contribution Refunds	0.00	0.00			
(add Lines 28(a), (b), and (c))	0.00	0.00			
	4 4	4 4			
Other Disbursements (Including		0.00			
Non-Federal Donations)	0.00	0.00			
Federal Election Activity (52 U.S.C. § 3010	01(20))				
(a) Allocated Federal Election Activity (from Schedule H6)					
(i) Federal Share	0.00	0.00			
(/	3.50	5.50			
(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	0.00	0.00			
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00			
Total Disbursements (add Lines 21(c), 22,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	84543.09	261076.45			
Total Fadaval Diabuva	4 0.0.000	4 4			
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)					
from Line 31)	84543.09	064070.45			
,	04343.03	261076.45			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
3. Total Contributions (other than loans) (from Line 11(d), page 3)	102000.00	284500.00				
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00				
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	102000.00	284500.00				
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	64543.09	111076.45				
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00				
8. Net Operating Expenditures (subtract Line 37 from Line 36)	64543.09	111076.45				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

Use separate schedule(s) for each category of the

l	FOR LINE NUMBER:					PAGE	6	OF	34	
l	(check only one)									
		×	11a		11b		11c	12	2	
			13		14		15	16	6	17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Healthcare Freedom Fund Full Name of Individual (Last, First, Middle Initial) or Full Organization Name The Coggin Group Date of Receipt Mailing Address 1942 Dllton Mankin Rd 2019 12 City Zip Code State Transaction ID: SA11AI.6486 TN Murfreesboro 37127-6902 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) See Partnership Attribution Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Coggin, Gerald, , , Date of Receipt Mailing Address 1942 Dilton Mankin Rd 09 2019 City State Zip Code Transaction ID: SA11AI.6486.0 ΤN Murfreesboro 37127-6902 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) The Coggin Group Partner Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 2500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2500.00 SUBTOTAL of Receipts This Page (optional)..... 2500.00

SCHEDULE A (FEC Form 3X)		Lloo concrete ask state(s)	FOR LINE NUMBER: PAGE 7 OF 34								
TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)								
		Detailed Summary Page	11a 11b X 11c 12 13 14 15 16 17								
Any information copied from such Reports and S or for commercial purposes, other than using the			erson for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund											
Full Name of Individual (Last, First, Middle Init		rganization Name	Date of Receipt								
Mailing Address 6100 TOWER CIRCLE ROAD SUITE 1000	l		08 19 2019								
City	State	Zip Code	Transaction ID : SA11C.6415								
FRANKLIN	TN	37067	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C co	0496919	2500.00								
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item								
Receipt For: Primary General	Aggregate	Year-to-Date ▼	_								
Other (specify) ▼		2500.00									
Full Name of Individual (Last, First, Middle Init 3. ACADIA HEALTHCARE COMPANY			Date of Receipt								
Mailing Address 6100 TOWER CIRCLE ROAD SUITE 1000			09 12 2019								
City	State	Zip Code	Transaction ID : SA11C.6430 Amount of Each Receipt this Period								
FRANKLIN	TN	37067									
FEC ID number of contributing federal political committee.	C coo	0496919	2500.00 Memo Item								
Name of Employer (for Individual)	Occ	upation (for Individual)									
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		5000.00									
Full Name of Individual (Last, First, Middle Init) AMERICAN ACADEMY OF NEUF			Date of Receipt								
Mailing Address 401 C ST NE			12 16 2019								
City WASHINGTON	State DC	Zip Code 20002	Transaction ID : SA11C.6458 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C co	0435933	1000.00								
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00									
SUBTOTAL of Receipts This Page (optional)			6000.00								

90	CHEDULE A (FEC Form 3X)						FOR LINE NUMBER: PAGE 8 OF 34									
	,		Use separate schedule(s)				(check only one)									
ITI	EMIZED RECEIPTS		for each category of the Detailed Summary Page					, [X 11c	□ 1	2					
			Detailed Summary	ŀ	11a 13	14	ŀ	15	\vdash	6	<u> </u>	17				
	y information copied from such Reports and Sta for commercial purposes, other than using the r															
	NAME OF COMMITTEE (In Full)															
\rangle	Healthcare Freedom Fund															
Α.	Full Name of Individual (Last, First, Middle Initia AMERICAN ASSOCIATION OF CLINICAL			AC)	Date of Receipt											
	Mailing Address P.O. BOX 15441				08 21 2019											
	City	State	Zip Code		L	Trans	saction I	D:	SA11C.	6421						
	WASHINGTON	DC	20003			Amoun	t of Eac	h R	leceipt t	his Pe	riod					
	FEC ID number of contributing federal political committee.	C co	0273003						1 7	25	00.0					
	Name of Employer (for Individual)	Occ	upation (for Individual)			M	emo Ite	m								
	Receipt For:	Aggregate	Year-to-Date ▼		+											
	Primary General	Aggregate	Tear-to-Date v													
	Other (specify) ▼		25	00.00												
	Full Name of Individual (Last, First, Middle Initia				+											
B.	AMERICAN ASSOCIATION OF CLINIC	AL UROL	LOGISTS PAC (UR	OPAC)	4	Date of	f Receip	t								
	Mailing Address P.O. BOX 15441	1		10 30 / 2019												
	City	State	Transaction ID : SA11C.6445													
	WASHINGTON	DC	Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	C C00273003 Occupation (for Individual)					2500.00									
	Name of Employer (for Individual)						Memo Item									
	Receipt For:	Aggregate	Year-to-Date ▼	1												
	Primary General	riggiogato	Tour to Buto													
	Other (specify) ▼		50													
	Full Name of Individual (Last, First, Middle Initia AMERICAN ASSOCIATION OF ORTHODONT	ll) or Full C	Organization Name TICAL ACTION COMM	IITTEE		Date o	f Receip	nt .								
•	Mailing Address 401 N. LINDBERGH BLVD					Date of Receipt 07 09 2019										
	City	State	Zip Code		1	Trans	saction	ID :	SA11C.	6404	_					
	ST. LOUIS	MO	63141			Amoun	t of Eac	h R	leceipt t	his Pe	riod					
	FEC ID number of contributing federal political committee.	C co	0293910		Amount of Each Receipt this Period 1000.00											
	Name of Employer (for Individual)	Occ	upation (for Individual)		Memo Item											
	Receipt For:	Aggregate	Year-to-Date ▼		+											
	Primary General		10	00.00												
	Other (specify)		7	00.00												
s	UBTOTAL of Receipts This Page (optional)			>					. ,	60	00.0	0	Ī			

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 OF 34 (check only one) 11a 11b
Any information copied from such Reports and St or for commercial purposes, other than using the			person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund			
Full Name of Individual (Last, First, Middle Initi AMERICAN HOSPITAL ASSOCIATION I Mailing Address 800 TENTH STREET, NW		Organization Name	Date of Receipt
TWO CITYCENTER, SUITE 40		1	10 15 2019
City WASHINGTON	State DC	Zip Code 20001	Transaction ID : SA11C.6441
FEC ID number of contributing federal political committee.		0106146	Amount of Each Receipt this Period
Name of Employer (for Individual)	Осс	upation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]
Full Name of Individual (Last, First, Middle Initi AMERICAN HOSPITAL ASSOCIATI		Organization Name	Date of Receipt
Mailing Address 800 TENTH STREET, NW TWO CITYCENTER, SUITE 40			12 16 2019
City WASHINGTON	State DC	Zip Code 20001	Transaction ID : SA11C.6459 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00	0106146	1000.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00]
Full Name of Individual (Last, First, Middle Initi AMERICAN HOTEL AND LODGING ASSOCIATION PO	al) or Full C DLITICAL ACT	Organization Name ION COMMITTEE ('HOTELPAC')	Date of Receipt
Mailing Address 1250 EYE STREET, NW #110			11 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SA11C.6451 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C co	0001198	2500.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Receipt For: Primary General	Aggregate	Year-to-Date ▼	
Other (specify)		2500.00	
SUBTOTAL of Receipts This Page (optional)			4500.00

0	CHEDINE A (FEC Form 2V)			FOR LINE NUMBER. DAGE 40 OF 24								
31	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 OF 34 (check only one)								
IT	EMIZED RECEIPTS		for each category of the	11a 11b X 11c 12								
			Detailed Summary Page	13 14 15 16 17								
	ny information copied from such Reports and Sta for commercial purposes, other than using the r			rson for the purpose of soliciting contributions								
	NAME OF COMMITTEE (In Full)											
	Healthcare Freedom Fund											
Α.	Full Name of Individual (Last, First, Middle Initia AMERICAN OSTEOPATHIC INFORMATION ASSOCIATION	al) or Full C I-OSTEOPAT	Organization Name THIC POLITICAL ACTION COMMITTEE	Date of Receipt								
	Mailing Address 1090 VERMONT AVE., NW			M = M / D = D / Y = Y = Y								
	SUITE 500 City	State	Zip Code	12 02 2019								
	WASHINGTON	DC	20005	Transaction ID : SA11C.6456 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	FEC ID number of contributing										
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item								
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		3000.00									
	Other (speediy) •		7 7 7									
— В.	Full Name of Individual (Last, First, Middle Initial AMERICAN SOCIETY OF PLASTIC			Date of Receipt								
	Mailing Address 444 E ALGONQUIN ROAD	M M / D D / Y Y Y Y										
				11 25 2019								
	City	State	Zip Code	Transaction ID : SA11C.6452								
	ARLINGTON HEIGHTS	IL	60005	Amount of Each Receipt this Period								
	FEC ID number of contributing	C co	0249342	2000.00								
	federal political committee.	0 40	32.33.12	200.00								
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item								
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General	00 0										
	Other (specify) ▼		2000.00									
<u>С</u> .	Full Name of Individual (Last, First, Middle Initia AMERISOURCEBERGEN CORPORATION PC	al) or Full C DLITICAL A	Organization Name ACTION COMMITTEE (ABC PAC)	Date of Receipt								
	Mailing Address 1300 MORRIS DRIVE SUITE 100	11 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y										
	City CHESTERBROOK	State PA	Zip Code 19087	Transaction ID : SA11C.6453 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C co	0400929	1000.00								
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item								
	Receipt For:	Aggregate	Year-to-Date ▼	_								
	Primary General	. iggi ogale	1000.00									
	Other (specify)											
5	SUBTOTAL of Receipts This Page (optional)		>	4000.00								

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 OF 34							
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) 11a							
	ny information copied from such Reports and State for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) Healthcare Freedom Fund										
Α.	Full Name of Individual (Last, First, Middle Initi AMGEN INC. POLITICAL ACTION COM		Organization Name	Date of Receipt							
	Mailing Address 601 13TH STREET, NW SUITE 1100 NORTH			09 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SA11C.6433 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C co	0251876	2500.00							
	Name of Employer (for Individual)	Occ	supation (for Individual)	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00								
В.	Full Name of Individual (Last, First, Middle Initi ARDENT LEGACY HOLDINGS LLC	Date of Receipt									
	Mailing Address ONE BURTON HILLS BOULEY SUITE 250			08 19 2019							
	City NASHVILLE	State TN	Zip Code 37215	Transaction ID : SA11C.6414 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C co	0390963	2500.00							
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item							
	Receipt For: Primary General Other (specify) ▼										
С .	Full Name of Individual (Last, First, Middle Initi	al) or Full C	Organization Name TION PAC (AAHOA PAC)	Date of Receipt							
	Mailing Address 5845 RICHMOND HIGHWAY SUITE 820	0	7. 0.4	12 09 2019							
	City ALEXANDRIA	State VA	Zip Code 22303	Transaction ID : SA11C.6457 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C co	0336743	2500.00							
	Name of Employer (for Individual)	Memo Item									
	Receipt For: Primary General Other (specify)										
S	SUBTOTAL of Receipts This Page (optional)		>	7500.00							
Т	OTAL This Period (last page this line number o	only)									

30	CHEDULE A (FEC Form 3X)	1			FOF	R LINE	NUI	MBER	R:	PAGE	12 OF	34		
TI	EMIZED RECEIPTS		Use separate schedule(s) for each category of the			ck only	on	e)		_				
			Detailed Summary Pa		11a		11b	×	11c	12				
					13	\perp	14		15	16	17			
	y information copied from such Reports and State for commercial purposes, other than using the na													
\	NAME OF COMMITTEE (In Full)													
\rangle	Healthcare Freedom Fund													
١.	Full Name of Individual (Last, First, Middle Initial ASSOCIATED BUILDERS AND CONTRACTORS, INC. F			PAC)		Date of	Red	ceipt						
	Mailing Address 440 FIRST STREET NW SUITE 200			11 25 2019										
	City	State	Zip Code		Transaction ID : SA11C.6454									
	WASHINGTON	DC	20001		_	Amount	of I	Each I	Rece	eipt this	Period			
	FEC ID number of contributing federal political committee.	C cod	010421					,	Ξ	7	2500.0	0		
	Name of Employer (for Individual)	Оссі	pation (for Individual)			Me	emo	Item						
		Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		2500	0.00										
	Other (speerly) V													
3.	Full Name of Individual (Last, First, Middle Initial) CERNER CORPORATION PAC) or Full O	rganization Name		,	Date of	Red	ceipt						
	Mailing Address 2800 ROCKCREEK PARKWAY			M = M / D = D / Y = Y = Y										
	City	State Zip Code				11 25 2019								
	KANSAS CITY	MO	Transaction ID : SA11C.6455 Amount of Each Receipt this Period											
	FEC ID number of contributing													
	federal political committee.	C coo	2500.00											
	Name of Employer (for Individual)	Оссі		Memo Item										
		Aggregate												
	Primary General Other (specify) ▼		2500.00											
	Curior (openity) V		2000	0.00										
<u> </u>	Full Name of Individual (Last, First, Middle Initial CHS/COMMUNITY HEALTH SYSTEMS, INC. P	or Full O	rganization Name ACTION CMTE (CHS P	PAC)		Date of	Red	ceipt						
	Mailing Address 4000 MERIDIAN BLVD				1	M = M	/	19			2019	Y		
	City	State	Zip Code			Trans	acti	on ID	: SA	11C.64	17			
	FRANKLIN	TN	37067			Amount	of I	Each I	Rece	eipt this	Period			
	FEC ID number of contributing federal political committee.	C cod)485896			2500.00								
	Name of Employer (for Individual)	Оссі	ipation (for Individual)			Me	emo	Item						
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify)		2500	0.00										
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S	UBTOTAL of Receipts This Page (optional)			·····•		_	_	, .	-	,	7500.0	0		

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 OF 34 (check only one)								
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	11a								
	y information copied from such Reports and S for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) Healthcare Freedom Fund											
Α.	Full Name of Individual (Last, First, Middle Init CONTURA ENERGY, INC. POLITICAL A			Date of Receipt								
	Mailing Address 340 MARTIN LUTHER KING JR PO BOX 848			07 29 2019								
	City BRISTOL	State TN	Zip Code 37620	Transaction ID : SA11C.6408 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.		0650598	2500.00								
	Name of Employer (for Individual)	Occ	supation (for Individual)	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00									
— В.	Full Name of Individual (Last, First, Middle Init CONTURA ENERGY, INC. POLITIC	Date of Receipt										
	Mailing Address 340 MARTIN LUTHER KING J PO BOX 848			10 30 2019								
	City BRISTOL	State TN	Zip Code 37620	Transaction ID : SA11C.6446 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C co	0650598	2500.00								
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item								
	Receipt For: Primary General Other (specify) ▼											
С .	Full Name of Individual (Last, First, Middle Init CUMBERLAND PHARMACEUTICALS	ial) or Full C	Organization Name LTH AND WELLNESS PAC	Date of Receipt								
	Mailing Address 2525 WEST END AVENUE SUITE 950	7. 0.4	09 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
	NASHVILLE	State TN	Zip Code 37204	Transaction ID : SA11C.6436 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C co	00681718	1000.00								
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item								
	Receipt For: Primary General Other (specify)											
S	UBTOTAL of Receipts This Page (optional)		······	6000.00								
Т	OTAL This Period (last page this line number of	only)	•									

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 14 OF 34
TEMIZED RECEIPTS		Use separate schedule(s)	(check only one)
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b X 11c 12
			13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)			
Healthcare Freedom Fund			
Full Name of Individual (Last, First, Middle Initi LOCAL ACTION COMMI		organization Name	Date of Receipt
Mailing Address P.O. BOX 365			09 12 2019
City	State	Zip Code	Transaction ID : SA11C.6426
WASHINGTON	DC	20044	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C co	0211318	5000.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General	33 73		
Other (specify) ▼		5000.00	
Full Name of Individual (Last, First, Middle Initiage EASTMANPAC-POLITICAL ACTION COMMITT			Date of Receipt
Mailing Address PO BOX 431			08 19 2019
City	State	Zip Code	Transaction ID : SA11C.6419
KINGSPORT	TN	37662	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C co	0113159	5000.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Receipt For:	A = = = = = = = = = = = = = = = = = = =	Vacuta Data W	_
Primary General	Aggregate	Year-to-Date ▼	
Other (specify) ▼		5000.00	
Full Name of Individual (Last, First, Middle Initi			Date of Receipt
Mailing Address ONE TECHNOLOGY PLACE			07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID : SA11C.6409
ROCKLAND	MA	02370	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C co	0258236	1000.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	7
Primary General		1000.00	
Other (specify)		1000.00	
1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SUBTOTAL of Receipts This Page (optional)		·····	11000.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 15 OF 34 (check only one)
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Healthcare Freedom Fund			erson for the purpose of soliciting contributions
Full Name of Individual (Last, First, Middle In ENVISION HEALTHCARE CORPORAT Mailing Address 1A BURTON HILLS BLVD. City NASHVILLE FEC ID number of contributing federal political committee. Name of Employer (for Individual)	State TN C C00		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
Full Name of Individual (Last, First, Middle In FC COMPASSUS LLC PAC Mailing Address 10 CADILLAC DRIVE STE 40	00		Date of Receipt 07 22 2019
City BRENTWOOD	State	Zip Code 37027	Transaction ID : SA11C.6407 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C cod	0581728	2500.00 Memo Item
Name of Employer (for Individual) Receipt For: Primary General Other (specify) ▼		year-to-Date ▼ 5000.00	
Full Name of Individual (Last, First, Middle In FEDERATION OF AMERICAN H			Date of Receipt
Mailing Address 750 9TH STREET NW SUITE 600 City	State	Zip Code	12 26 2019 Transaction ID : SA11C.6461
WASHINGTON	DC	20001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C cod	0002261	2500.00
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2500.00	
SUBTOTAL of Receipts This Page (optional)		•	6000.00
TOTAL This Period (last page this line number	only)	_	

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 16 OF 34
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TEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b X 11c 12
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Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)			
Healthcare Freedom Fund			
Full Name of Individual (Last, First, Middle Ir GOVERN PAC	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address 610 S. BOULEVARD			08 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City TAMPA	State FL	Zip Code 33606	Transaction ID : SA11C.6422
-	112	33000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C cod	0386847	1000.00
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
Curior (opcomy) ¥		4 4	
Full Name of Individual (Last, First, Middle Ir	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address PO BOX 550			M = M / D = D / Y = Y = Y
ONE PARK PLAZA City	State	Zip Code	09 12 2019
NASHVILLE	TN	37203	Transaction ID : SA11C.6432 Amount of Each Receipt this Period
FEC ID number of contributing	C cod	2007004	2500.00
federal political committee.	C Coc	0067231	
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		2500.00	
		4 4	
Full Name of Individual (Last, First, Middle Ir INDEPENDENT ELECTRICAL CONT	nitial) or Full O RACTORS I	rganization Name NC PAC (IEC PRIDE PAC)	Date of Receipt
Mailing Address 2900 SOUTH QUINCY STRE	EET		10 21 2019
City ARLINGTON	State VA	Zip Code 22206	Transaction ID : SA11C.6442
FEC ID number of contributing		22200	Amount of Each Receipt this Period
federal political committee.	C co	0332031	1000.00
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify)		1000.00	
Carlot (opcony)		7 7	
			4500.00
SUBTOTAL of Receipts This Page (optional)		······	-

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	EMIZED RECEIPTS		Use separate schedule(s)	(che	ck only	on on	ıe)				
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	y information copied from such Reports and Stat for commercial purposes, other than using the na										
\	NAME OF COMMITTEE (In Full)										
\rangle	Healthcare Freedom Fund										
١.	Full Name of Individual (Last, First, Middle Initial LIFEPOINT HEALTH PAC - THE PAC OF LIFEPOINT CORPORT) or Full O ORATE SERV	Organization Name VICES, GENERAL PARTNERSHIP (LCSGP		ate of	Re	ceipt				
	Mailing Address 330 SEVEN SPRINGS WAY			∣ [08	/	19	- 1	/ Y	2019	Y
	City BRENTWOOD	State TN	Zip Code 37027	A					A11C.6	420 s Period	
	FEC ID number of contributing federal political committee.	C coo	00347955						7	2500.0	00
	Name of Employer (for Individual)	Occi	cupation (for Individual)		Me	emo	Item				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		2500.00								
3.	Full Name of Individual (Last, First, Middle Initial LUNDBECK LLC EMPLOYEE POLITI				Date of	Re	ceipt				
	Mailing Address SIX PARKWAY NORTH SUITE 400			1	M = M 07	/	10	- 1	/ Y	2019	Y
	City	State	Zip Code	7 '	Transa	actio	on ID	: S/	A11C.64	105	
	DEERFIELD	IL	60015							s Period	
	FEC ID number of contributing federal political committee.	C coo	0491118				-		-	1500.0	00
	Name of Employer (for Individual)	Оссі	cupation (for Individual)		Me	emo	Item				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		, 1500.00								
<u> </u>	Full Name of Individual (Last, First, Middle Initial MERCK & CO., INC., EMPLOYEES POLITICAL) or Full O . ACTION (Organization Name COMMITTEE (MERCK PAC)		Date of	Re	ceipt				
	Mailing Address 601 PENNSYLVANIA AVE., NW NORTH BUILDING, SUITE 1200)			M M M	′	2		/ Y	2019	Y
	City WASHINGTON	State DC	Zip Code 20004	A					A11C.6 ceipt this	424 s Period	
	FEC ID number of contributing federal political committee.	C cod	00097485			_	,	_	9	500.0	00
	Name of Employer (for Individual)	Оссі	cupation (for Individual)		Me	emo	Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3000.00								
s	UBTOTAL of Receipts This Page (optional)		>				,		,	4500.0	00

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	information copied from such Reports and Stator commercial purposes, other than using the na											
\	IAME OF COMMITTEE (In Full)											
<i>)</i>	Healthcare Freedom Fund											
	full Name of Individual (Last, First, Middle Initial NATIONAL ASSOCIATION OF CHAIN DRUG STOR					Date of	Re	ceipt				
٨	Mailing Address 1776 WILSON BOULEVARD SUITE 200					10	/	3		/ Y	2019	Y
	City	State		Zip Code		Trans	acti	on ID	: S	A11C.6	447	
_	ARLINGTON	VA		22209	_ .	Amount	of	Each	Red	ceipt thi	s Period	
	EC ID number of contributing ederal political committee.	C coo	0022	2368			-	-		7	1000.0	00
N	lame of Employer (for Individual)	Оссі	upat	ion (for Individual)		Me	emo	Item				
F		Aggregate	Yea	r-to-Date ▼								
	Primary General Other (specify) ▼		7	1000.00								
				·								
	full Name of Individual (Last, First, Middle Initial NATIONAL COMMUNITY PHARMAC					Date of	Re	ceipt				
٨	Mailing Address 100 DAINGERFIELD ROAD					м = м 09	1	0:		/ Y	2019	Y
C	City	State		Zip Code		Trans	acti	on ID	: S	A11C.64	125	
_	ALEXANDRIA	VA		22314	_ .	Amount	of	Each	Red	ceipt thi	s Period	
	FEC ID number of contributing ederal political committee.	C coo	0030	809				,		7	1000.0	00
Ī	Name of Employer (for Individual)	Оссі	upat	ion (for Individual)		Me	emo	Item				
F	Receipt For:	Aggregate	Yea	r-to-Date ▼								
	Primary General	00 0	-		Ш							
	Other (specify) ▼		,	1000.00	Ш							
	ull Name of Individual (Last, First, Middle Initial NATIONAL COMMUNITY PHARMA					Date of	Re	ceipt				
N	Mailing Address 100 DAINGERFIELD ROAD					M = M	/	D 1		/ Y	2019	Y
	City	State		Zip Code		Trans	acti	ion ID	: S	A11C.6	448	
_	ALEXANDRIA	VA		22314	4	Amount	of	Each	Red	ceipt thi	s Period	
	EC ID number of contributing ederal political committee.	C coo	0030	0809		<u> </u>	_	,	_	,	1000.0	00
N	lame of Employer (for Individual)	Occu	upat	ion (for Individual)		Me	emo	Item				
F	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 2000.00								
SU	BTOTAL of Receipts This Page (optional)			·····			_			,	3000.0	00
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IT	EMIZED RECEIPTS			or each category of the]]11a		7 _{11b}	X 11	c	12			
			ا ا	etailed Summary Page			13		14	15		16		17	7
	ny information copied from such Reports and Sta for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full)														
	Healthcare Freedom Fund														
Α.	Full Name of Individual (Last, First, Middle Initi- NATIONAL ELECTRICAL CONTRACTORS ASSOCIA						Date (of Re	eceipt						
	Mailing Address 3 BETHESDA METRO CENTE	R					M	VI /	D		Υ	Y Y		Y	
	SUITE 1100 City	State		Zip Code	\dashv		10 T		0.		10.0	2019	_	_	
	BETHESDA	MD		20814	-					: SA1		is Perio	od		_
	FEC ID number of contributing federal political committee.	C co	01138				Amou	11 01	EdCII	neceil		500		0	ĺ
		1000	un oti	on (for Individual)				lom	o Item		,				
	Name of Employer (for Individual)	000	upali	on (for Individual)			Ш "	/IEIII	o item						
	Receipt For:	Aggregate	Year	-to-Date ▼											
	Primary General			5000.00											
	Other (specify) ▼		7	3000.00											
В.	Full Name of Individual (Last, First, Middle Initianational EMERGENCY MEDICINE POLITICAL ACTION COM						Date (of Re	eceipt						_
	Mailing Address 4950 W ROYAL LANE						M 07		2		Y	2019		Y	
	City	State		Zip Code			Tran	sact	ion ID	: SA11	IC.6	410			
	IRVING	TX		75038								is Perio	od		
	FEC ID number of contributing	C co	01400	061			Г.		-			250	00.0	0	
	federal political committee.	0 00	01400	501			<u> </u>	÷	7	- 4	7		-		
	Name of Employer (for Individual)	Occ	cupati	on (for Individual)			N	/lemo	o Item						
	Receipt For:	Aggregate	Year	-to-Date ▼											
	Primary General			5000.00											
	Other (specify) ▼		7	5000.00											
С .	Full Name of Individual (Last, First, Middle Initial NATIONAL HEALTH CORPORATION				<u> </u>		Date (of Re	eceint						_
	Mailing Address P.O. BOX 1398						M = 08		1		Y	2019		Y	
	City	State		Zip Code			Tran	sact	tion ID	: SA1	1C.6	413			
	MURFREESBORO	TN	\perp	37130	\dashv		Amoui	nt of	Each	Receip	ot thi	is Perio	od		
	FEC ID number of contributing federal political committee.	C co	0153	445			Ē.	_	,		9	250	0.0	0	
	Name of Employer (for Individual)	Occ	cupation	on (for Individual)			N	/lem	o Item						
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	Primary General		_	2500.00											
	Other (specify)		7	2000.00											
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SC	CHEDULE A (FEC Form 3X)	ĺ		FOR LINE NUMBER: PAGE 20 OF 34
	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)
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	y information copied from such Reports and State for commercial purposes, other than using the n			
\	NAME OF COMMITTEE (In Full)			
\backslash	Healthcare Freedom Fund			
١.	Full Name of Individual (Last, First, Middle Initia NOVO NORDISK INC. PAC (NOVO NOR			Date of Receipt
	Mailing Address 920 MASSACHUSETTS AVE, N SUITE 500	IW		07 31 2019
	City	State	Zip Code	Transaction ID : SA11C.6412
	WASHINGTON	DC	20001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C cod	0424838	1500.00
	Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1500.00	
	Other (specify)		1300.00	
3.	Full Name of Individual (Last, First, Middle Initia PFIZER INC. PAC	l) or Full O	rganization Name	Date of Receipt
	Mailing Address 235 EAST 42ND STREET			07 29 2019
	City	State	Zip Code	Transaction ID : SA11C.6411
	NEW YORK	NY	10017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C coo	0016683	2500.00
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	33 13		
	Other (specify) ▼		2500.00	
_ >.	Full Name of Individual (Last, First, Middle Initia PHARMACEUTICAL RESEARCH & MANUFACTURERS	l) or Full O	rganization Name A BETTER GOVERNMENT COMMITTE	E Date of Receipt
	Mailing Address 950 F STREET, NW SUITE 300			09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City WASHINGTON	State DC	Zip Code 20004	Transaction ID : SA11C.6427 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C cod	0021972	1000.00
	Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General		1000.00	
	Other (specify)		1000.00	
s	UBTOTAL of Receipts This Page (optional)			5000.00
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IT	EMIZED RECEIPTS		for each category	of the	Γ	111a	· _	11b	X 11c	12	
			Detailed Summary	Page	-	13		14	15	16	17
	ny information copied from such Reports and State for commercial purposes, other than using the					for th		pose o	of solicitin	g contrib	utions
	NAME OF COMMITTEE (In Full)										
	Healthcare Freedom Fund										
Α.	Full Name of Individual (Last, First, Middle Initial RITE AID CORPORATION PAC	al) or Full C	Organization Name			Date	of Re	eceipt			
	Mailing Address 30 HUNTER LANE					M 10		29		2019	Y
	City	State	Zip Code			Tra	nsact	ion ID	: SA11C.	.6443	
	CAMP HILL	PA	17011		_	Amou	ınt of	Each	Receipt t	his Perio	d
	FEC ID number of contributing federal political committee.	C co	0104083					7	-	1000	0.00
	Name of Employer (for Individual)	Occ	upation (for Individual)	<u> </u>			Memo	o Item			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		10	00.00							
В.	Full Name of Individual (Last, First, Middle Initial SANOFI US SERVICES INC. EMPLOYEE			MITTEE		Date	of Re	eceipt			
	Mailing Address 55 CORPORATE DRIVE					08	M /	20		2019	Y
	City	State	Zip Code			Trai	nsact	ion ID	: SA11C.	6423	
	BRIDGEWATER	NJ	08807						Receipt t		d
	FEC ID number of contributing federal political committee.	C co	0144345				Ξ			2500	0.00
	Name of Employer (for Individual)	Occ	cupation (for Individual))			Memo	o Item			
	Receipt For:				4						
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		A 25	500.00							
<u> </u>	Full Name of Individual (Last, First, Middle Initia TAKEDA PHARMACEUTICALS AMERICA	al) or Full C	Organization Name	MMITTEE		Date	of Re	eceipt			
	Mailing Address ONE TAKEDA PARKWAY					M = 09	M /	2		2019	Y
	City DEERFIELD	State IL	Zip Code 60015						: SA11C		d
	FEC ID number of contributing federal political committee.	C co	0441733					,		1000	0.00
	Name of Employer (for Individual)	Occ	upation (for Individual)	1			Mem	o Item			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		10	00.00							
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				Detailed Summary Page		13		14	-	5	16		17
	ny information copied from such Reports and Sta for commercial purposes, other than using the												,
	NAME OF COMMITTEE (In Full)			71									
$ \rangle$	Healthcare Freedom Fund												
Α.	Full Name of Individual (Last, First, Middle Initia THE AMERICAN SOCIETY OF PENSION PROFESSIONALS AND					Date of	of Re	eceipt					
	Mailing Address 4245 N. FAIRFAX DRIVE					12	И /	19		Y	2019	Y	
	City	State		Zip Code		Tran	sact	ion ID	: SA1	1C.64	60		
	ARLINGTON	VA		22202	_	Amou	nt of	Each	Rece	ipt this	Period		
	FEC ID number of contributing federal political committee.	C c	0033	3104			Ξ	7	Ξ	7	1000.0	00	
	Name of Employer (for Individual)	Ос	cupa	tion (for Individual)		N	/lemo	o Item					
	Receipt For: Primary General	Aggregate	e Yea	ar-to-Date ▼									
	Other (specify) ▼			1000.00									
	Full Name of Individual (Last, First, Middle Initi- THE EYE OF THE TIGER POLITICA				\top	Doto	of D	nooint					
Ь.	Mailing Address PO BOX 9891	L AOTIC	JIV (DOMINITIEL		Date		D	D /	Y	Y	Y	
						10		04			2019		
	City	State		Zip Code	-	Tran	sact	ion ID	: SA1	1C.64	39	_	
	ARLINGTON	VA		22219	_	Amou	nt of	Each	Rece	ipt this	Period		
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	Primary General	33 - 3			ıl								
	Other (specify) ▼		7	2500.00	ч								
С .	Full Name of Individual (Last, First, Middle Inition THE HOME DEPOT INC. POLITIC	al) or Full	Orga	nization Name		Date (of Re	eceipt					
	Mailing Address 1155 F STREET, NW					M = 1	VI /	D		Υ	Y	Υ	
	SUITE 400 City	State		Zip Code		11 Tron		18 San ID		140.64	2019	_	
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	FEC ID number of contributing federal political committee.	Cc	0028	4885			_	,		,	5000.0	00	
	Name of Employer (for Individual)	Ос	cupa	tion (for Individual)		N	/lem	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	e Yea	ar-to-Date ▼ 5000.00]								
s	SUBTOTAL of Receipts This Page (optional)			·····	<u> </u>	Ę	-	,	=	,	8500.0	00	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 OF 34 (check only one) 11a 11b
Any information copied from such Reports and S or for commercial purposes, other than using the			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund			
Full Name of Individual (Last, First, Middle Ini TRUIST FINANCIAL CORPORATION FEDERAL STATE & Mailing Address 1001 SEMMES AVENUE 5TH	& LÓCAL POLITIO	rganization Name CAL ACTION COMMITTEE (FORMERLY S	Date of Receipt
City RICHMOND	State VA	Zip Code 23224	7 16 2019 Transaction ID : SA11C.6406
FEC ID number of contributing federal political committee.	C co	0009639	Amount of Each Receipt this Period
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name of Individual (Last, First, Middle Ini Mailing Address	tial) or Full C	rganization Name	Date of Receipt
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
Full Name of Individual (Last, First, Middle Ini	tial) or Full C	rganization Name	Date of Receipt
Mailing Address			M = M / D = D / Y = Y = Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)			1000.00

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	FOR LINE (check only	
	Detailed	Summary Page	28a	28b 28c 29 30b
Any information copied from such Reports and St or for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund				
Full Name (Last, First, Middle Initial) A. BB&T				Date of Disbursement
Mailing Address PO Box 580340				07 11 2019
City Charlotte	State NC	Zip Code 28258-0340		FEC Identification Number
Purpose of Disbursement Credit Card Payment Candidate Name				C Transaction ID : SB21B.6465
	rsement For:		Category/ Type	Amount of Each Disbursement this Period 1336.55
Senate President	Primary Other (spe	General cify) ▼		Memo Item
State: District:				—
Full Name (Last, First, Middle Initial) B. Capitol Hill Club				Date of Disbursement
Mailing Address 300 1st Street SE				06 14 2019
City Washington	State DC	Zip Code 20003		FEC Identification Number
Purpose of Disbursement Food/Beverage				C Transaction ID : SB21B.6465.1
Candidate Name			Category/ Type	Amount of Each Disbursement this Period
Senate President	Primary Other (spe	General cify)		1333.80 X Memo Item
State: District: Full Name (Last, First, Middle Initial)				<u> </u>
C. BB&T				Date of Disbursement
Mailing Address PO Box 580340				08 12 2019
City Charlotte Pursosa of Dichurcoment	State NC	Zip Code 28258-0340		FEC Identification Number
Purpose of Disbursement Credit Card Payment Candidate Name			Category/ Type	Transaction ID : SB21B.6474 Amount of Each Disbursement this Period
Senate	Primary Other (spe	General	2F =	2272.32
State: District:	U Other (spe			Memo Item
State: President District: SUBTOTAL of Disbursements This Page (option TOTAL This Period (last page this line number of	Other (spe			Memo Item 3608.87

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TEMIZED DISBURSEMENTS		arate schedule(s) category of the	FOR LINE (check only	one)
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NAME OF COMMITTEE (In Full) Healthcare Freedom Fund				
Full Name (Last, First, Middle Initial) Capitol Hill Club				Date of Disbursement
Mailing Address 300 1st Street SE				07 15 2019
City Washington	State DC	Zip Code 20003		FEC Identification Number
Purpose of Disbursement Food/Beverage Candidate Name		[Transaction ID : SB21B.6474.0
	sement For:		Category/ Type	Amount of Each Disbursement this Period 1210.50
Senate President	Primary Other (spe	General cify) ▼		✗ Memo Item
State: District:				
Full Name (Last, First, Middle Initial) - Sonoma				Date of Disbursement
Mailing Address 223 Pennsylvania Avenue SE				07 16 2019
City	State	Zip Code 20003		FEC Identification Number
Washington Purpose of Disbursement Food/Beverage] DC	20003		C Transaction ID : SB21B.6474.1
Candidate Name		,	Category/ Type	Amount of Each Disbursement this Period
Senate President	ement For: Primary Other (spec	General cify)		1061.82 X Memo Item
State: District: Full Name (Last, First, Middle Initial) - BB&T				Date of Disbursement
Mailing Address PO Box 580340				09 13 / 2019
City Charlotte	State NC	Zip Code 28258-0340		FEC Identification Number
Purpose of Disbursement Credit Card Payment Candidate Name		[Category/ Type	Transaction ID: SB21B.6476 Amount of Each Disbursement this Period
Office Sought: House Disburs Senate President	ement For: Primary Other (spe	General cify) ▼	,,	1341.30 Memo Item
State: District:				

SCHEDULE B (FEC Form 3X)			FOR LIN	INE NUMBER: PAGE 26 OF								
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NAME OF COMMITTEE (In Full)												
Healthcare Freedom Fund												
Full Name (Last, First, Middle Initial)												
A. Capitol Hill Club				M = M	Date of Disbursement							
Mailing Address 300 1st Street SE				08		5 2019						
City Washington	State DC	Zip Code 20003		FEC Id	dentification	n Number						
Purpose of Disbursement		20003		C								
Food/Beverage						ID ODOLD OLEO I						
Candidate Name			Category/			ID: SB21B.6476.(Disbursement this Period						
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B. BB&T				Date o	of Disburse							
Mailing Address PO Box 580340	10											
City	City State Zip Code											
Charlotte Purpose of Disbursement	NC	28258-0340			dentificatio							
Credit Card Payment				C								
Candidate Name			Category/ Type	_	Transaction ID : SB21B.6480 Amount of Each Disbursement this Perio							
Office Sought: House Disburse	ement For:		туре	$+\Gamma$	3299.42							
Senate	Primary	General			7	4- 4-						
President	Other (spe	ecify)		Me Me	emo Item							
State: District:												
Full Name (Last, First, Middle Initial) C. 21c Museum Hotel				Date o	of Disburse							
Mailing Address 221 2nd Avenue N				09		9 2019						
City	State	Zip Code			lontification	n Number						
Nashville	TN	37201		FEC IO	dentificatio	II INUITID E I						
Purpose of Disbursement Lodging	Purpose of Disbursement											
Candidate Name	Candidate Name Category/ Type											
Office Sought: House Disburse	ement For:	l .				1874.48						
Senate	Primary	General										
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ITEMIZED DISBURSEMENTS	Use separate schedule(s) (check only one) (check only one)												
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NAME OF COMMITTEE (In Full)													
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A. 21c Museum Hotel					Date of Disbursement								
Mailing Address 221 2nd Avenue N				09 09 2019									
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Purpose of Disbursement Food/Beverage				C									
Candidate Name			0.4.	-		: SB21B.6480.1							
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Nashville Purpose of Disbursement	TN	37201											
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Candidate Name			Category/ Type		: SB21B.6480.2 sbursement this Period								
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Senate	Primary	General			7-	,							
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Full Name (Last, First, Middle Initial) C. Capitol Hill Club				Date of	Disburseme	ent							
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Mailing Address 300 1st Street SE				09	16	2019							
City	State	Zip Code		EEO 14-	ntification A	lumbor							
Washington	DC	20003		FEC Ide	ntification N	iumber							
Purpose of Disbursement Food/Beverage													
Candidate Name	Candidate Name												
Canadate Name	Candidate Name Category/ Type												
Office Sought: House Disburser	nent For:		1,700	1 [73.00							
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President	Other (spe	cify) ▼		X Men	no Item								
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ITEMIZED DISBURSEMENTS		parate schedule(s) a category of the	(check onl	· ·	¬ ₀₀ ⊏							
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NAME OF COMMITTEE (In Full)												
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A. BB&T				Date of Disbursement 11 14 2019								
Mailing Address PO Box 580340												
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Charlotte	NC	28258-0340		FEC Ident	incation is	lumber						
Purpose of Disbursement Credit Card Payment	·			C								
Candidate Name						: SB21B.6483						
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Office Sought: House Disbur	sement For:		1,00			1183.85						
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3 3 44 444 666 161 611 611 61												
City	State DC	Zip Code		FEC Ident	tification N	lumber						
Washington Purpose of Disbursement	20003											
Food/Beverage		Category/ Type			C							
Candidate Name						: SB21B.6483.0 sbursement this Period						
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Mailing Address PO Box 580340				12	13	2019						
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Charlotte	NC	28258-0340			oation N							
Purpose of Disbursement Credit Card Payment				C								
Candidate Name			لبيا			: SB21B.6484						
Salidado Harro			Category/ Type	Amount o	r ⊨ach Dis	sbursement this Period						
Office Sought: House Disbur	sement For:		71-	11 [[1028.90						
Senate	Primary	General			7	7						
President	Other (sp	ecify) \blacktriangledown		Memo	Item							
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\setminus	NAME OF COMMITTEE (In Full)												
	Healthcare Freedom Fund												
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Α.	Capitol Hill Club				Date of	Date of Disbursement							
	Mailing Address 300 1st Street SE				11 15 / 2019								
	City Washington	State DC	Zip Code 20003		FEC I	dentifica	tion	Nur	mber				
	Purpose of Disbursement		20000		C								
	Food/Beverage			1 1		ansacti	on I	ID · (SD21D	6494 (
	Candidate Name			Category/					-	ent this Pe	∍riod		
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В.	Cardmember Services			Date	Date of Disbursement								
	Mailing Address PO Box 94014				08 12 2019								
	City	State	Zip Code				—						
	Palatine	IL	60094-4104	FEC Identification Number									
	Purpose of Disbursement Credit Card Payment		C	C									
	Candidate Name	Category/ Type			Transaction ID : SB21B.6472								
					Amount of Each Disbursement this Period								
	Office Sought: House Disburser				594.13								
	Senate	Primary	General			,			,				
	President State: District:	Other (spec	city)		M	emo Ite	m						
_	Full Name (Last, First, Middle Initial)				1								
C.	American Airlines				Date of	of Disbu	rsen	nent	:				
	Mailing Address 4333 Amon Carter Boulevard				07	/	26	_	/ Y	2019	7		
	MD 567				07		20	-		2019	_		
	City	State	Zip Code		FFC I	dentifica	tion	Nur	mber				
	Fort Worth	TX	76155				-	- 10.					
	Purpose of Disbursement Airfare			· · · ·	C								
	Candidate Name			Catagony	1	ansacti			-	3.6472. ent this Pe	ariod		
				Category/ Type	Amour	il OI La	OII L	וטפוכ	ui Seille	אוו נוווס רפ	illou		
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\vdash	NAME OF COMMITTEE (In Full)														
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A.	Cardmember Services							Date of Disbursement							
	Mailing Address PO Box 94014				09 23 2019										
	Palatine	State IL	Zip Code 60094-4104			FEC Identification Number									
	Purpose of Disbursement Credit Card Payment				7	C	nsaction	ID · S	R21R	6478					
	Candidate Name			/					ent this P	eriod					
	Office Sought: House Disburser Senate	nent For: Primary	General	Type			7		_	645.12	2				
	President State: District:	Other (spec				Mer	no Item								
_	Full Name (Last, First, Middle Initial)														
В.	American Airlines					Date of	Disburse		V	Y Y I	V				
	Mailing Address 4333 Amon Carter Boulevard MD 567					09 20 2019									
	City State Zip Code Fort Worth TX 76155						FEC Identification Number								
	Purpose of Disbursement Airfare					Transaction ID : SB21B.6478.0									
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	Full Name (Last, First, Middle Initial) Concentric Office, LLC				\top	Date of	Disburse	ement							
٠.	Concentitic Office, LLC					M M	/ D		Υ	Y	Υ				
	Mailing Address PO Box 2485					07	2	_		2019					
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	Springfield Purpose of Disburgament	VA	22152							-					
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	Candidate Name Category/ Type						Transaction ID: SB21B.6468 Amount of Each Disbursement this Perio								
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ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	FOR LINE (check only 21b 28a							
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NAME OF COMMITTEE (In Full) Healthcare Freedom Fund		-								
Full Name (Last, First, Middle Initial) A. Concentric Office, LLC				Date of Disbursement 10						
Mailing Address PO Box 2485										
City Springfield	State VA	Zip Code 22152		FEC Identification Number						
Purpose of Disbursement Compliance Consulting Candidate Name			Category/	Transaction ID : SB21B.6481 Amount of Each Disbursement this Period						
Office Sought: Senate President State: Disbur	sement For: Primary Other (spe	General ecify) ▼	Type	542.98 Memo Item						
Full Name (Last, First, Middle Initial) B. Kaegi Resources Mailing Address 1015 Stonebridge Park Drive				Date of Disbursement O7 10 2019						
City Franklin Purpose of Disbursement Fundraising Consulting	State TN	Zip Code 37069		FEC Identification Number						
Candidate Name Office Sought: House Disbur Senate President State: District:	sement For: Primary Other (spe	General ecify)	Category/ Type	Transaction ID: SB21B.6464 Amount of Each Disbursement this Period 12000.00 Memo Item						
Full Name (Last, First, Middle Initial) C. Machado & Company Mailing Address 6111 Newman Road				Date of Disbursement D D D / Y D D Y D Y D D Y D D Y D D D D						
City Fairfax Purpose of Disbursement Fundraising Consulting Candidate Name	State VA	Zip Code 22030-5918	Category/ Type	FEC Identification Number C Transaction ID: SB21B.6463 Amount of Each Disbursement this Period						
Office Sought: House Senate President State: Disbur	sement For: Primary Other (spe	General ecify) ▼	Nr	4000.00 Memo Item						
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SCHEDULE B (FEC Form 3X)	l la s	water action to the Co	FOR L	LINE NUMBER: PAGE 32 C)F 34			
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NAME OF COMMITTEE (In Full)												
Healthcare Freedom Fund												
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A. Machado & Company					Date of Disbursement							
Mailing Address 6111 Newman Road					08 08 2019							
,	tate VA	Zip Code 22030-5918			FEC Identification Number							
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Candidate Name			Category	//		nsaction of Each	_		. 6469 Int this P	eriod		
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Fairfax Purpose of Disbursement	VA	22030-5918										
Fundraising Consulting				7	C							
Candidate Name Category/						Transaction ID: SB21B.6477 Amount of Each Disbursement this Peri						
Office Sought: House Disbursem	nent For:		Type 73:						7335.8	4		
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	Other (spec	cify) 🔻			Mer	no Item						
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IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	I '	eck only one)				¬ ^-	, –	7.07	_
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\setminus	NAME OF COMMITTEE (In Full)											
$ \rangle$	Healthcare Freedom Fund											
<u></u>	Full Name (Last, First, Middle Initial)											
Α.	Machado & Company					Date of	Disbur	seme	ent			
				M M / D D / Y Y Y Y								
	Mailing Address 6111 Newman Road				11 12 2019							
	City	State	Zip Code			FEC Identification Number						
	Fairfax	VA	22030-5918				illiloat	1011 1	vuille	Jei	-	
	Purpose of Disbursement Fundraising Consulting				٦l	C						
	Candidate Name			Catagory					_	B21B.6482 rsement this Period		
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	Office Sought: House Disburser										14000.00)
	Senate President	Primary Other (spec	General									
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	Full Name (Last, First, Middle Initial)											
В.	,					Date of	Disbur	seme	ent			
				M = M / D = D / Y = Y = Y								
	Mailing Address 144 2nd Street 1st Floor	1st Floor						07 09 2019				
	City San Francisco	State CA	Zip Code 94105			FEC Identification Number						
	Purpose of Disbursement											
	CC Merchant Fee					C Transaction ID : SB21B.6462						
	Candidate Name	Category/ Type			/	Amount of Each Disbursement this Period						eriod
	Office Sought: House Disburser				_	57.50						
	Senate	Primary	General			57.50						
	President	Other (spec	cify)			Mer	no Iten	า				
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_	Full Name (Last, First, Middle Initial)					Date of	Diebur	came	ont			
٥.	United Parcel Service					M = M		■ D		Y	Y	Υ
	Mailing Address 316 Pennsylvania Avenue, SE					07	I L	25			2019	
	Suite 300	State	Zip Code				mattet :		\ ·			
	Washington	DC	20003			FEC Ide	enuricat	ion i	vumb	er	-	
	Purpose of Disbursement Facility Rental				7]	C						
	Candidate Name			Ontri			nsactio				6467 nt this P	oriod
	Category/ Type						oi Eac	וטווי	อมนาร	seme	in ulls P	enou
	Office Sought: House Disburser					200.00					0	
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SCHEDULE B (FEC Form 3X)			FOR LINE N	NUMBER: PAGE 34 OF 34					
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		ummary Page	21b 28a	22 X 23 26 27 28b 28c 29 30b					
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NAME OF COMMITTEE (In Full)									
Healthcare Freedom Fund									
Full Name (Last, First, Middle Initial)				D (D) .					
A. WIN IN 2020				Date of Disbursement					
Mailing Address 320 FIRST STREET SOUTHEAST				09 27 2019					
City	State	Zip Code		EEC Identification Number					
WASHINGTON	DC	20003		FEC Identification Number					
Purpose of Disbursement Committee Contribution				C C00717363					
Candidate Name			Category/	Transaction ID: SB23.6479 Amount of Each Disbursement this Period					
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