

**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="60278.03"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="30500.00"/>	<input type="text" value="213600.00"/>
(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="90778.03"/>	<input type="text" value="271183.50"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="13396.59"/>	<input type="text" value="193802.06"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="77381.44"/>	<input type="text" value="77381.44"/>
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

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).....	2500.00	6500.00
(ii) Unitemized	0.00	1600.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2500.00	8100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	28000.00	205500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	30500.00	213600.00
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))..... ▶	30500.00	213600.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	30500.00	213600.00

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	13396.59	96602.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	13396.59	96602.06
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)) ..	13396.59	193802.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13396.59	193802.06

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)	30500.00	213600.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30500.00	213600.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	13396.59	96602.06
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	13396.59	96602.06

**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 18
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. Kevin Binger
Full Name (Last, First, Middle Initial)

Mailing Address 12910 Creamery Hill Drive

City Germantown State MD Zip Code 20874

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

Name of Employer Cassidy & Associates Occupation Senior VP

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
 10 / 24 / 2014

Transaction ID : SA11AI.4657

Amount of Each Receipt this Period
500.00

B. Timothy S. Smyth
Full Name (Last, First, Middle Initial)

Mailing Address 101 Med Tech Parkway Suite 200

City Johnson City State TN Zip Code 37604-4001

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

Name of Employer Pain Medicine Associates Occupation Physician

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
 11 / 04 / 2014

Transaction ID : SA11AI.4659

Amount of Each Receipt this Period
2000.00

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 18
<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. CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 CORPORATE CENTRE DRIVE STE 200
 City FRANKLIN State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C** C00421420
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 11 / 03 / 2014
Transaction ID : SA11C.4646
 Amount of Each Receipt this Period 1500.00

B. COMMUNITY HEALTH SYSTEM PROFESSIONAL SERVICES CORPORATION POL ACTION CMTE (A/K/A CHS PAC)
 Full Name (Last, First, Middle Initial)
 Mailing Address 4000 MERIDIAN BLVD.
 City FRANKLIN State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C** C00485896
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 24 / 2014
Transaction ID : SA11C.4639
 Amount of Each Receipt this Period 2500.00

C. FEDERATION OF AMERICAN HOSPITALS PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 750 9TH STREET NW SUITE 600
 City WASHINGTON State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C** C00002261
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 11 / 04 / 2014
Transaction ID : SA11C.4652
 Amount of Each Receipt this Period 2500.00

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: (check only one)	PAGE 9 OF 18
<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. HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 550
ONE PARK PLAZA

City NASHVILLE State TN Zip Code 37203

FEC ID number of contributing federal political committee. **C** C00067231

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
11 / 04 / 2014
Transaction ID : SA11C.4651

Amount of Each Receipt this Period
2500.00

B. HEALTH DIAGNOSTIC LABORATORY INC. PAC

Full Name (Last, First, Middle Initial)
Mailing Address 737 N. 5TH STREET
SUITE 200

City RICHMOND State VA Zip Code 23219

FEC ID number of contributing federal political committee. **C** C00526491

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
10 / 21 / 2014
Transaction ID : SA11C.4636

Amount of Each Receipt this Period
1500.00

C. I-VOTE HEALTH OF IASIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 117 SEABOARD LANE STE E

City FRANKLIN State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C** C00540435

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
10 / 24 / 2014
Transaction ID : SA11C.4638

Amount of Each Receipt this Period
1500.00

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 10 OF 18
<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. MERCK & CO., INC., EMPLOYEES POLITICAL ACTION COMMITTEE (MERCK PAC)

Full Name (Last, First, Middle Initial)
Mailing Address 601 PENNSYLVANIA AVE., NW
NORTH BUILDING, SUITE 1200

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00097485

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
10 / 20 / 2014

Transaction ID : SA11C.4634

Amount of Each Receipt this Period
1000.00

B. NATIONAL ATHLETIC TRAINERS' ASSOCIATION INC POLITICAL ACTION COMMITTEE (NATA)

Full Name (Last, First, Middle Initial)
Mailing Address 2952 STEMMONS FREEWAY

City DALLAS State TX Zip Code 75247

FEC ID number of contributing federal political committee. **C** C00408518

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
10 / 30 / 2014

Transaction ID : SA11C.4644

Amount of Each Receipt this Period
1000.00

C. NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 1398

City MURFREESBORO State TN Zip Code 37130

FEC ID number of contributing federal political committee. **C** C00153445

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
10 / 27 / 2014

Transaction ID : SA11C.4642

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....▶	4500.00
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 18
(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. TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 1445 ROSS AVENUE
SUITE 1400

City DALLAS State TX Zip Code 75202

FEC ID number of contributing federal political committee. **C** C00119354

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
 11 / 04 / 2014
Transaction ID : SA11C.4653

Amount of Each Receipt this Period
2500.00

Full Name (Last, First, Middle Initial)
B. THE VANGUARD GROUP COMMITTEE FOR RESPONSIBLE GOVERNMENT

Mailing Address 975 F STREET NW
SUITE 500

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00410266

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
 11 / 24 / 2014
Transaction ID : SA11C.4655

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. UBS AMERICAS INC. POLITICAL ACTION COMMITTEE (UBS PAC)

Mailing Address 400 ATLANTIC STREET
C/O PER DYRVIK

City STAMFORD State CT Zip Code 06901

FEC ID number of contributing federal political committee. **C** C00012245

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
 11 / 03 / 2014
Transaction ID : SA11C.4647

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: PAGE 12 OF 18
(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. UNIVERSAL HEALTH SERVICES INC EMPLOYEES' GOOD GOVERNMENT FUND
 Full Name (Last, First, Middle Initial)
 Mailing Address 367 SOUTH GULPH ROAD
 City KING OF PRUSSIA State PA Zip Code 19406
 FEC ID number of contributing federal political committee. **C** C00185520
 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
 11 / 04 / 2014
Transaction ID : SA11C.4649
 Amount of Each Receipt this Period
 1000.00

B.
 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

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).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	28000.00

**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. Bank of America

Mailing Address PO Box 15019

City State Zip Code
Wilmington DE 19886-5019

Purpose of Disbursement
Ruth's Chris Steak House

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

003
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SB21B.4661

Amount of Each Disbursement this Period

2293.54

Full Name (Last, First, Middle Initial)

B. BB&T

Mailing Address 1909 K Street, NW

City State Zip Code
Washington DC 20006

Purpose of Disbursement
Credit Card Charges

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2014

Transaction ID : SB21B.4667

Amount of Each Disbursement this Period

3589.81

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

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

003
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2014

Transaction ID : SB21B.4682

Amount of Each Disbursement this Period

386.18

[MEMO ITEM]

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

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

5883.35

**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. Concentric Office, LLC

Mailing Address 8136 Old Keene Mill Road
Suite A300

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.4666

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Delta Air Lines, Inc.

Mailing Address P.O. Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement
Airfare

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4670

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Delta Air Lines, Inc.

Mailing Address P.O. Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement
Airfare

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4673

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. Dollar Rent A Car

Mailing Address 334 Lucas Drive

City Detroit State MI Zip Code 48242

Purpose of Disbursement
Transportation

002

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	1	4

Transaction ID : SB21B.4674

Amount of Each Disbursement this Period

1	0	4	2	6
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Hertz Rent-A-Car

Mailing Address 30 Lodge Street

City Albany State NY Zip Code 12207

Purpose of Disbursement
Transportation

002

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	4

Transaction ID : SB21B.4676

Amount of Each Disbursement this Period

1	9	.	4	9
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Hilton Garden Inn

Mailing Address 800 Albany Shaker Road

City Albany State NY Zip Code 12211

Purpose of Disbursement
Lodging

002

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	4

Transaction ID : SB21B.4683

Amount of Each Disbursement this Period

2	5	3	.	0	8
---	---	---	---	---	---

[MEMO ITEM]

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

0	0	0
---	---	---

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

0	0	0
---	---	---

**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. Loew's Vanderbilt

Mailing Address 2100 West End Avenue

City Nashville State TN Zip Code 37203

Purpose of Disbursement
Transportation

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B.4685**

Amount of Each Disbursement this Period

[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
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.4665**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Ruth's Chris Steak House

Mailing Address 2400 West End Avenue

City Nashville State TN Zip Code 37203

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.4662**

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. Sunoco

Mailing Address 656 Albany-Shaker Road

City Albany State NY Zip Code 12211

Purpose of Disbursement
Transportation

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	4

Transaction ID : **SB21B.4680**

Amount of Each Disbursement this Period

2	6	.	9	7
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[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. The Westin Detroit Metropolitan Airport

Mailing Address 2501 WorldGateway Place

City Detroit State MI Zip Code 48242

Purpose of Disbursement
Lodging

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	4

Transaction ID : **SB21B.4678**

Amount of Each Disbursement this Period

3	5	7	.	9	2
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[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. US Airways

Mailing Address 4000 E. Sky Harbor Blvd.

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement
Airfare

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	9		2	0	1	4

Transaction ID : **SB21B.4668**

Amount of Each Disbursement this Period

3	7	8	.	7	0
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[MEMO ITEM]

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

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

0	0	0
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0	0	0
---	---	---

**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. US Airways

Mailing Address 4000 E. Sky Harbor Blvd.

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement
Airfare

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4672

Amount of Each Disbursement this Period

[MEMO ITEM]

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)..... ▶