PAGE 1 / 30

**FEC** FORM 3X

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

TOKWI SX	For Other Than An Aut	norized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Healthcare Freedom F	Fund		
ADDRESS (number and street)	PO Box 2485		
Check if different			
than previously reported. (ACC)	Springfield		VA 22152 – L L L L L L L L L L L L L L L L L L
2. FEC IDENTIFICATION N	UMBER ▼ CI	TY 🛦	STATE ▲ ZIP CODE ▲
C C00528414		S THIS REPORT (N) O	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	0 20 (M2) May 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:	Ma	r 20 (M3) Jun 20 (M	(Non-Election Year Only)
April 15		20 (M4) Jul 20 (M7	Oct 20 (M10) Jan 31 (YE)
Quarterly Report (0	(C) 12-Day	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (C	Report for the:	Convention (12C)	Special (12S)
Quarterly Report (0		M = M / D = D	/ Y Y Y Y in the
Year-End Report (	/E) Election	on on	State of
July 31 Mid-Year Report (Non-electic Year Only) (MY)	on (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)		on on	in the State of
5. Covering Period 0	7 01 2018	through 09	M / D D / Y E Y E Y E Y E Y E Y E Y E Y E Y E Y
I certify that I have examined the	nis Report and to the best of	f my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure	Grandy, Joe, , , er		
Signature of Treasurer	ndy, Joe, , ,	[Electronically Filed]	Date 10 / 15 / 2018
NOTE: Submission of false, erron	eous, or incomplete information	on may subject the person signin	g this Report to the penalties of 52 U.S.C. § 30109
Office			FEC FORM 3X
Use Only			Rev. 05/2016

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name Healthcare Freedom Fund 07 01 2018 09 30 2018 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 6229.16 January 1, 2018 (b) Cash on Hand at 61937.23 Beginning of Reporting Period..... 99000.00 317076.20 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 323305.36 160937.23 6(a) and 6(c) for Column B)..... 84268.22 246636.35 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 76669.01 76669.01 (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) ..... 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

Page 3 FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Healthcare	Freedom	Fund
Healtheate	1 16600111	ı unu

1. Contributions (	other than loans) From:	COLUMN A Total This Period	COLUMN B
(a) Individuals			Calendar Year-to-Date
` '	/D 0:1		
Than Polit	s/Persons Other		
	tical Committees	4000.00	
(i) Itemize	ed (use Schedule A)	4000.00	12076.20
<i>(11)</i>	Г	0.00	0.00
` '	nized	0.00	0.00
(iii) TOTAL	1	4000.00	12076.20
Lines	11(a)(i) and (ii)▶	4000.00	4 12070.20
(b) Political P	arty Committees	0.00	0.00
	tical Committees	45 45	4 4
	PACs)	95000.00	305000.00
	tributions (add Lines	4 4 4	4 4
` '	(b), and (c)) (Carry		
	_ine 33, page 5)▶	99000.00	317076.20
2. Transfers From	n Affiliated/Other		
Party Committe	ees	0.00	0.00
	Ē		
3. All Loans Rece	eived	0.00	0.00
4. Loan Repayme	ents Received	0.00	0.00
5. Offsets To Ope	erating Expenditures		
(Refunds, Reb	ates, etc.)		
	b Line 37, page 5)	0.00	0.00
6. Refunds of Co			
	ndidates and Other		
	nittees	0.00	0.00
7. Other Federal	The state of the s		0.00
	erest, etc.)  Non-Federal and Levin Funds	0.00	0.00
(a) Non-Federa			
	edule H3)	0.00	0.00
(Hom Gen	codic 110)	4 4 5.00	0.00
(b) Lovin Fund	la (fram Cabadula LIF)	0.00	0.00
(b) Levin Fund	s (from Schedule H5)	4	4 4
(c) Total Trans	fers (add 18(a) and 18(b))	0.00	0.00
(c) Iotal Italis	iers (add 10(a) and 10(b))	0.00	0.00
9. Total Receipts 12. 13. 14. 15	(add Lines 11(d), , 16, 17, and 18(c))▶	99000.00	317076.20
, -,,,		4 4	4 4
20. Total Federal F	Receipts		
	18(c) from Line 19)▶	99000.00	317076.20

#### **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     Activity (from Schedule H4)	15101 11101	Calendal Teal-to-Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating  Expenditures	54268.22	141636.35
(c) Total Operating Expenditures		1 1 1 1 1 1 1 1 1
(add 21(a)(i), (a)(ii), and (b))	54268.22	141636.35
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	30000.00	105000.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Parfy Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	
(use scriedule r)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
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
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(20 (a) Allocated Federal Election Activity (from Schedule H6)	0))	
(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
Table Birthonous and Artistic 2000	4 4	4 4
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	84268.22	246636.35
Total Federal Disbursements	7 7	7 7
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	04060 20	
TOTA EITO OT/	84268.22	246636.35

34. Total Contribution Refunds

38. Net Operating Expenditures

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016) III. Net Contributions/

Page 5 **COLUMN A** COLUMN B **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 99000.00 317076.20 (from Line 11(d), page 3) ..... 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 317076.20 99000.00 (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures 54268.22 141636.35 (add Line 21(a)(i) and Line 21(b)) .......▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 54268.22 141636.35 (subtract Line 37 from Line 36) ......

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

Use separate schedule(s)

FOR LINE NUMBER:					PAGE		6	OF	30		
	(check only one)										
		X	11a		11b		11c		12	2	
			13		14		15		16	6	17

for each category of the 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 Bray, Jeffery, , , Date of Receipt Mailing Address 3555 Wagon Wheel Way 2018 City Zip Code State Transaction ID: SA11AI.6129 UT Park City 84098 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) CEO MedQuest Pharmacv Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gunas, Peter, J., , III Date of Receipt Mailing Address 2105 S. Randolph Street 07 2018 City State Zip Code Transaction ID: SA11AI.6086 VA Arlington 22204 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Investment Company Institute Government Affairs Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Ulman, Josh, A., , Date of Receipt Mailing Address 11911 Fawn Ridge Lane 19 2018 City State Zip Code Transaction ID: SA11AI.6119 VAReston 20194 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Ulman Public Policy & Fed Rel Owner Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

Waller Lansden Dortch & Davis

Receipt For:

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

FOR LINE NUMBER: (check only one)

FOR LINE NUMBER:					PAGE		7	OF	30	
(check only one)										
	X	11a		11b		11c		12	2	
		13		14		15		16	6	17

Partner Attribution

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 Waller Lansden Dortch & Davis LLP Date of Receipt Mailing Address 511 Union Street 2018 Sutie 2700 24 City State Zip Code Transaction ID: SA11AI.6193 Nashville TN 37219 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) 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.** Burnstein, Matthew, R., , Date of Receipt Mailing Address 511 Union Street 09 2018 Ste 2700 City State Zip Code Transaction ID: SA11AI.6193.0 Nashville ΤN 37219 Amount of Each Receipt this Period FEC ID number of contributing 1250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual)

Primary General Other (specify) ▼	Aggregate	1250.00	
Full Name of Individual (Last, First, Middle In Weaver, James, M., ,  Mailing Address 511 Union Street  Ste 2700  City	State	anization Name	Date of Receipt    M = M
Nashville	TN	37219	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1250.00
Name of Employer (for Individual) Waller Lansden Dortch & Davis	Occup Partne	ation (for Individual)	Memo Item  Partner Attribution
Receipt For:  Primary General Other (specify)	- Carrier Administration		
IIDTOTAL of Descints This Desc (authors)			2500.00

Chairman

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

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

Aggregate Veer to Date

4000.00

6/	CHEDITIE V (EEC Earm 3A)			FOR LINE NUMBER DAGE CO.				
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 OF 30 (check only one)				
IT	EMIZED RECEIPTS		for each category of the					
		Detailed Summary Page						
	ly information copied from such Reports and State for commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full)							
$ \rangle$	Healthcare Freedom Fund							
Α.	Full Name of Individual (Last, First, Middle Initial ACADIA HEALTHCARE COMPANY INC		Organization Name	Date of Receipt				
	Mailing Address 6100 TOWER CIRCLE ROAD	09 24 2018						
	SUITE 1000	State	Zip Code	Transaction ID : SA11C.6130				
	FRANKLIN	TN	37067	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C co	0496919	5000.00				
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item				
	Receipt For:	Aggregate	Year-to-Date ▼	_				
	Primary General Other (specify) ▼		5000.00					
			4 4					
В.	Full Name of Individual (Last, First, Middle Initial AHS LEGACY OPERATIONS LLC G			Date of Receipt				
	Mailing Address ONE BURTON HILLS BOULEV SUITE 250	09 24 2018						
	City	State	Zip Code	Transaction ID : SA11C.6132				
	NASHVILLE	TN	37215	Amount of Each Receipt this Period				
	FEC ID number of contributing	C c00390963		5000.00				
	federal political committee.							
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item				
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General							
	Other (specify) ▼		5000.00					
_	Full Name of Individual (Last, First, Middle Initial AMEDISYS, INC. POLITICAL ACT	al) or Full C	Organization Name  MMITTEE	Date of Receipt				
٥.	Mailing Address 3854 AMERICAN WAY		············	M M / D D / Y Y Y Y				
	SUITE A			09 20 2018				
	City	State	Zip Code	Transaction ID : SA11C.6123				
	BATON ROUGE	LA	70816	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C co	0436360	2500.00				
Name of Employer (for Individual)		Occ	supation (for Individual)	Memo Item				
	Receipt For:	Aggregate	Year-to-Date ▼	1				
	Primary General		2502.00					
	Other (specify)		2500.00					
Г								
S	SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	12500.00				

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 OF 30 (check only one)				
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b <b>X</b> 11c 12				
Any information copied from such Reports and S or for commercial purposes, other than using the							
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund							
Full Name of Individual (Last, First, Middle In AMERICAN ACADEMY OF FAMILY PHYS  Mailing Address 1133 CONNECTICUT AVE N  SUITE 1100	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City WASHINGTON	State DC	Zip Code	Transaction ID : SA11C.6188				
FEC ID number of contributing federal political committee.		20036 0411553	Amount of Each Receipt this Period 2500.00				
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00					
Full Name of Individual (Last, First, Middle In  AMERICAN ACADEMY OF NEURO  Mailing Address 401 C ST NE			Date of Receipt				
City	State	Zip Code	09 24 2018  Transaction ID: SA11C.6137				
WASHINGTON	DC	20002	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C co	0435933	2000.00				
Name of Employer (for Individual)	Occ	supation (for Individual)	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00					
Full Name of Individual (Last, First, Middle In AMERICAN BANKERS ASSOCIA	ATION PA		Date of Receipt				
Mailing Address 1120 CONNECTICUT AVENUE SUITE 600	UE NW State	Zip Code	07 26 2018 Transaction ID : SA11C.6088				
WASHINGTON DC  FEC ID number of contributing		20036	Amount of Each Receipt this Period				
		0004275	1000.00				
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00					
SUBTOTAL of Receipts This Page (ontional)			5500.00				

#### S IT

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 OF 30 (check only one)  11a 11b
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund			
Full Name of Individual (Last, First, Middle In:  A. AMERICAN COLLEGE OF SURGEONS  Mailing Address 20 F ST NW, STE 1000			Date of Receipt
ATTN: SARA MORSE	04-4-	7in Oada	09 28 2018
City WASHINGTON	State DC	Zip Code 20001	Transaction ID : SA11C.6187  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C0	0382424	2500.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	
Full Name of Individual (Last, First, Middle In AMERICAN HOTEL AND LODGING ASSOCIATION			Date of Receipt
Mailing Address 1250 I STREET, NW #1100	lo		09 28 2018
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SA11C.6189  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	supation (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼  2500.00	
Full Name of Individual (Last, First, Middle In C. ANTHEM, INC. POLITICAL ACTI			Date of Receipt
Mailing Address 1001 PENNSYLVANIA AVEN SUITE 710		7 Code	09 24 2018
City WASHINGTON	State DC	Zip Code 20004	Transaction ID : SA11C.6131  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		0197228	2500.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify)	Aggregate	Year-to-Date ▼ 2500.00	
SUBTOTAL of Receipts This Page (optional)			7500.00

9/	CHEDULE A (FEC Form 3X)		T	FOR LINE NUMBER: PAGE 11 OF 30				
•			Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 OF 30 (check only one)				
ITEMIZED RECEIPTS			for each category of the	11a 11b <b>X</b> 11c 12				
			Detailed Summary Page	13 14 15 16 17				
Δ,	by information copied from such Reports and Sta	atomonte m	ay not be sold or used by any no					
	for commercial purposes, other than using the							
$  \setminus $	NAME OF COMMITTEE (In Full)							
	Healthcare Freedom Fund							
Α.		III Name of Individual (Last, First, Middle Initial) or Full Organization Name CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE						
	Mailing Address 103 CONTINENTAL PLACE	09 24 2018						
	SUITE 200 City	State	Zip Code	Transaction ID : SA11C.6133				
	BRENTWOOD	TN	37027	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C co	0421420	2500.00				
	Name of Employer (for Individual)	Occ	supation (for Individual)	Memo Item				
	Receipt For:	Aggregate	Year-to-Date ▼	_				
	Primary General Other (specify) ▼		2500.00					
	Culor (openity) V		gs   gs   i 45					
В.	Full Name of Individual (Last, First, Middle Initial CITIGROUP INC. POLITICAL ACTION COMMIT	al) or Full C TEE - FEDE	Organization Name ERAL (CITIGROUP PAC-FEDERAL)	Date of Receipt				
	Mailing Address 1101 PENNSYLVANIA AVENU	09 24 2018						
	City	State	Zip Code	Transaction ID : SA11C.6139				
	WASHINGTON	DC	20004	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C co	0008474	3000.00				
				Mana han				
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item				
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General							
	Other (specify) ▼		3000.00					
<u> </u>	Full Name of Individual (Last, First, Middle Initial DAVITA INC. POLITICAL ACTION			Date of Receipt				
٠.	Mailing Address 32275 32ND AVE, S.		()	M = M / D = D / Y = Y = Y				
	City	State	Zip Code	08 02 2018 Transaction ID : SA11C.6098				
	FEDERAL WAY	WA	98001	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C co	0340943	2000.00				
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General		2000.00					
	Other (specify)		2000.00					
Г								
8	SUBTOTAL of Receipts This Page (optional)		·····	7500.00				

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 OF 30 (check only one)
Any information copied from such Reports and Sta or for commercial purposes, other than using the n		ay not be sold or used by any pe	
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund			
Full Name of Individual (Last, First, Middle Initial DELOITTE POLITICAL ACTION COMMIT Mailing Address P.O. BOX 365  City WASHINGTON  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For: Primary General	State DC Co.	Zip Code 20044  0211318  upation (for Individual)  Year-to-Date ▼	Date of Receipt  M M M / D D M 2018  Transaction ID : SA11C.6113  Amount of Each Receipt this Period  5000.00  Memo Item
Teull Name of Individual (Last, First, Middle Initial GROOM LAW GROUP, CHARTERED For Mailing Address 1701 PENNSYLVANIA AVENUE  City  WASHINGTON  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For:  Primary  General  Other (specify) ▼	POLITICA	Date of Receipt  M M M / D 20 2018  Transaction ID : SA11C.6104  Amount of Each Receipt this Period  2000.00  Memo Item	
Full Name of Individual (Last, First, Middle Initia GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLI Mailing Address 7 HANOVER SQUARE  City NEW YORK  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For: Primary General Other (specify)	State NY C C0	Zip Code 10004  Upation (for Individual)  Year-to-Date ▼  1000.00	Date of Receipt  Mos 27 2018  Transaction ID: SA11C.6107  Amount of Each Receipt this Period  1000.00  Memo Item
SUBTOTAL of Receipts This Page (optional)		·····	8000.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 OF 30 (check only one)  11a
Any information copied from such Reports and Sta or for commercial purposes, other than using the r			erson for the purpose of soliciting contributions
Healthcare Freedom Fund			
Full Name of Individual (Last, First, Middle Initial I.P.H.F.H.A. INC. POLITICAL ACTION COMMailing Address 7829 E. ROCKHILL #201  City WICHITA  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For: Primary General	State KS  C Cool	Zip Code 67206  0251447  upation (for Individual)  Year-to-Date ▼	Date of Receipt    Mark   24
Other (specify) ▼  Full Name of Individual (Last, First, Middle Initial INTERNATIONAL FRANCHISE ASSOCIATION F	State DC Coo		Date of Receipt  M M M / D B / 2018  Transaction ID : SA11C.6109  Amount of Each Receipt this Period  2500.00  Memo Item
Full Name of Individual (Last, First, Middle Initial LIFEPOINT HEALTH, INC. PAC Mailing Address 330 SEVEN SPRINGS WAY  City BRENTWOOD  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For: Primary General Other (specify)	State TN C CO	Zip Code 37027 0347955 upation (for Individual) Year-to-Date ▼	Date of Receipt  09
SUBTOTAL of Receipts This Page (optional)		·····	9500.00

30	CHEDULE A (FEC Form 3X)	I		FOR LINE NUMBER: PAGE 14 OF 30
	,		Use separate schedule(s)	(check only one)
Ш	EMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b <b>X</b> 11c 12
			Detailed Summary Fage	13 14 15 16 17
	y information copied from such Reports and State for commercial purposes, other than using the na			
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	Healthcare Freedom Fund			
١.	Full Name of Individual (Last, First, Middle Initial) MANAGEMENT AND TRAINING CORPORAT	TION POL		Date of Receipt
	Mailing Address 500 NORTH MARKETPLACE DR	RIVE		09 18 2018
	City	State	Zip Code	Transaction ID : SA11C.6118
	CENTERVILLE	UT	84403	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C cod	0208322	2500.00
	Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	199109410		
	Other (specify) ▼		2500.00	
3.	Full Name of Individual (Last, First, Middle Initial) MEDICAL PROFESSIONAL LIABILITY ASSOCIATION			Date of Receipt
	Mailing Address 2275 RESEARCH BLVD SUITE 250			09 17 2018
	City	State	Zip Code	Transaction ID : SA11C.6117
	ROCKVILLE	MD	20850	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C coo	0319319	1000.00
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Receipt For:	\	Year-to-Date ▼	
	Primary General	Aggregate	Teal-lu-Dale ▼	
	Other (specify) ▼		1000.00	
).	Full Name of Individual (Last, First, Middle Initial) NATIONAL ATHLETIC TRAINERS' ASSOCIATION I	or Full O NC POLITI	rganization Name CAL ACTION COMMITTEE (NATA	Date of Receipt
	Mailing Address 2952 STEMMONS FREEWAY			09 28 2018
	City	State	Zip Code	Transaction ID : SA11C.6186
	DALLAS	TX	75247	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C co	0408518	1000.00
	Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		<del> </del>	
	Other (specify)		1000.00	
_	UDTOTAL of Descripts This Descripts In			4500.00
S	UBTOTAL of Receipts This Page (optional)		·····	4000.00

30	CHEDULE A (FEC Form 3X)	[	Use separate schedule(s)		R LINE			₹:	PAGE	15 O	F 30
TI	EMIZED RECEIPTS		for each category of the	(CITE	٦ ,		,		1	П.a	
			Detailed Summary Page	-	11a	$\vdash$	11b	×	11c	12	l
_				Ш.	13		14		15	16	17
	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 NATIONAL COMMUNITY PHARMACISTS				Date of	Re	ceipt				
	Mailing Address 100 DAINGERFIELD ROAD				м = м 09	/	20		/ Y	2018	Y
	City	State	Zip Code		Trans	acti	on ID	: S/	A11C.6	127	
	ALEXANDRIA	VA	22314	_	Amount	of	Each	Red	eipt thi	s Period	
	FEC ID number of contributing federal political committee.	C coo	0030809				-		7	2500.0	00
	Name of Employer (for Individual)	Occi	pation (for Individual)		Me	emo	Item				
	Receipt For:	Aggregate 1	Year-to-Date ▼								
	Primary General	iggi ogalo	Total to Bato	П							
	Other (specify) ▼		5000.00								
3.	Full Name of Individual (Last, First, Middle Initial NATIONAL HEALTH CORPORATION P			[	Date of	Re	ceipt				
	Mailing Address P.O. BOX 1398				M = M 09	1	24	_	/ Y	2018	Y
	City	State	Zip Code	╗,	Transa	actio	on ID	: S/	411C.6	134	
	MURFREESBORO	TN	37130							s Period	
	FEC ID number of contributing	C c00	153445				-			2500.0	00
	federal political committee.	0 000	133443				,		7	2000.0	
	Name of Employer (for Individual)	Оссі	upation (for Individual)		Me	emo	Item				
		Aggregate	Year-to-Date ▼								
	Primary General		2500.00	П							
	Other (specify) ▼		2500.00								
<u> </u>	Full Name of Individual (Last, First, Middle Initial NEW YORK LIFE INSURANCE COMPAI	) or Full Oi	rganization Name TICAL ACTION COMMITTEE	Ξ [	Date of	Re	ceipt				
	Mailing Address 51 MADISON AVENUE ROOM 1109			7	м = м 07	′	30	_	/ Y	2018	Y
	City	State	Zip Code	"	Trans	acti	on ID	: S	A11C.6	094	
	NEW YORK	NY	10010		Amount	of	Each	Rec	ceipt thi	s Period	
	FEC ID number of contributing federal political committee.	C coo	0158881			_	,	_	,	5000.0	00
	Name of Employer (for Individual)	Occu	pation (for Individual)		Me	emo	Item				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		5000.00								
	Other (specify)		3000.00								
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S	UBTOTAL of Receipts This Page (optional)		·····	.	-	-	,	_	7	10000.0	

S	CHEDULE A (FEC Form 3X)		Lieu and and a selectivity (a)			NUMBE	R:	PAGE	16 O	F	30
IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(cl	heck onl	· _ ·		1 [	٦.,		
			Detailed Summary Page	1 -	11a	11b	*	11c	12 16		17
	ny information copied from such Reports and Sta				for the	purpose		oliciting	contribut		
or	for commercial purposes, other than using the	name and	address of any political committee	to s	solicit co	ntributior	s fro	m such	committ	ee.	
	NAME OF COMMITTEE (In Full) Healthcare Freedom Fund										
Α.	Full Name of Individual (Last, First, Middle Initial PRIMERICA INC POLITICAL ACTION CO				Date of	f Receipt	t				
	Mailing Address 1 PRIMERICA PARKWAY				09		26	/ Y	2018	Y	
	City	State	Zip Code		Trans	action I	D : S	A11C.61	42	_	
	DULUTH	GA	30099	-	Amoun	t of Each	n Red	ceipt this	Period		
	FEC ID number of contributing federal political committee.	C c	00521914		Ľ.	· ·		7	3000.0	00	
	Name of Employer (for Individual)	Oc	ccupation (for Individual)		M	emo Iter	n				
	Receipt For:	Aggregat	te Year-to-Date ▼								
	Primary General  Other (specify) ▼		3000.00								
_	Full Name of Individual (Lan Fine Middle Initi	- N	Omersianting Name	+							
В.	Full Name of Individual (Last, First, Middle Initial SEAL PAC SUPPORTING ELECTIN				Date of	f Receipt	t				
	Mailing Address 1155 15TH ST NW				M ■ M 07		26	/ Y	2018	Y	
	City	State	Zip Code		Trans	action II	) : S	A11C.60	90		
	WASHINGTON	DC	20005	$\dashv$	Amoun	t of Each	n Red	ceipt this	Period		
	FEC ID number of contributing federal political committee.	C c	00570226			-		7	1000.0	00	
	Name of Employer (for Individual)	Oc	ccupation (for Individual)		M	emo Iter	n				
	Receipt For:	Aggregat	te Year-to-Date ▼								
	Primary General  Other (specify) ▼		1000.00								
_	Full Name of Individual (Last, First, Middle Initia	al) or Full	Organization Name	+							
C.	TAKEDA PHARMACEUTICALS AMERICA	INC. POI	LITICAL ACTION COMMITTEE	4	Date of	Receipt	İ				
	Mailing Address ONE TAKEDA PARKWAY				08		06	/ Y	2018	Y	
	City DEERFIELD	State IL	Zip Code 60015	-		action I				_	
	FEC ID number of contributing federal political committee.	C c	000441733		Amoun	OI Laci	THE	Jeipt tille	1000.0	00	
	Name of Employer (for Individual)	Oc	ccupation (for Individual)		М	emo Iter	n				
	Receipt For: Primary General Other (specify)	Aggregat	te Year-to-Date ▼ 1000.00	]							
s	SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>		Ţ.		_		5000.0	00	<u> </u>

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 17 OF 30
	,		Use separate schedule(s)	(check only one)
ш	EMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b <b>X</b> 11c 12
_			Botalloa Gallinary Lago	13 14 15 16 17
	ny information copied from such Reports and Stator commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full)			
	Healthcare Freedom Fund			
Α.	Full Name of Individual (Last, First, Middle Initia TEACHERS INSURANCE ANNUITY ASSO	CIATION C		Date of Receipt
	Mailing Address 601 THIRTEENTH STREET, N	W		M = M / D = D / Y = Y = Y
	SUITE 700 NORTH City	State	Zip Code	07 09 2018
	WASHINGTON	DC	20005	Transaction ID : SA11C.6083  Amount of Each Receipt this Period
	EEC ID number of contributing	-		Amount of Lacif neceipt this Feriou
	FEC ID number of contributing federal political committee.	C co	0431361	2500.00
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		2500.00	
_	Full Name of Individual (Last Flort Middle Indi	-1) F:-!! 6	Annual attack Name	
В.	Full Name of Individual (Last, First, Middle Initia TEACHERS INSURANCE ANNUITY ASSOC			Date of Receipt
٥.	Mailing Address 601 THIRTEENTH STREET, N		,	M M / D D / Y Y Y Y
	SUITE 700 NORTH	**		08 15 2018
	City	State	Zip Code	Transaction ID : SA11C.6102
	WASHINGTON	DC	20005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C co	0431361	2500.00
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		5000.00	
			4	
C.	Full Name of Individual (Last, First, Middle Initia THE AMERICAN SOCIETY OF PENSION PROFESSIONALS	ai) or Full C AND ACTUARII	Organization Name ES POLITICAL ACTION COMMITTEE (AS	Date of Receipt
	Mailing Address 4245 N. FAIRFAX DRIVE			09 17 2018
	City	State VA	Zip Code	Transaction ID : SA11C.6115
	ARLINGTON	VA	22202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C co	0333104	1000.00
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Receipt For:			_
	Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		1000.00	
5	SUBTOTAL of Receipts This Page (optional)			6000.00

9/	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER. DAGE 40 OF 20
	,		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 OF 30 (check only one)
IT	EMIZED RECEIPTS		for each category of the	11a 11b <b>X</b> 11c 12
			Detailed Summary Page	13 14 15 16 17
Δ.,	information coming from such Deposits and Ot	-1		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
	ry information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full)			
	Healthcare Freedom Fund			
Α.	Full Name of Individual (Last, First, Middle Initi THE CATERPILLAR INC. EMPLOYEE P			Date of Receipt
,	Mailing Address 100 N.E. ADAMS STREET			M = M / D = D / Y = Y = Y
		10		09 20 2018
	City PEORIA	State IL	Zip Code 61629	Transaction ID : SA11C.6125
	PEORIA	IL	61629	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C Co	0148031	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	
			7 7 4	
В.	Full Name of Individual (Last, First, Middle Initi THE COUNCIL OF INSURANCE AGENTS & BR			Date of Receipt
٠.	Mailing Address 701 PENNSYLVANIA AVENUE	. NW		M M / D D / Y Y Y Y
	SUITE 750			09 07 2018
	City	State	Zip Code	Transaction ID : SA11C.6111
	WASHINGTON	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing	C C00	0039578	5000.00
	federal political committee.	O Qui	0033370	
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
	Receipt For:	Aggragata	Year-to-Date ▼	
	Primary General	Aggregate	rear-to-Date ▼	
	Other (specify) ▼	1	5000.00	
_		" = " =		
C.	Full Name of Individual (Last, First, Middle Initi THE VANGUARD GROUP COMMITTEE F	OR RESP	ONSIBLE GOVERNMENT	Date of Receipt
	Mailing Address 975 F STREET NW			M M / D D / Y Y Y Y Y
	SUITE 500	State	Zip Code	09 10 2018 Transaction ID : SA11C.6112
	WASHINGTON	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing			Amount of Each Fledelpt this Feriod
	federal political committee.	C co	0410266	2000.00
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General			
	Other (specify)		2000.00	
,	LIBTOTAL of Doppints This Dopp (antique)			9500.00
L	SUBTOTAL of Receipts This Page (optional)		·····	

## ITEMIZED RECEIPTS

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

SCHEDULE A (FEC Form 3X) FOR LINE NUMBER: PAGE 19 OF 30 Use separate schedule(s) (check only one) for each category of the **X** 11c 11a 11b 12 Detailed Summary Page 13 14 15 16 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 THOMPSON COBURN POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 1909 K STREET NW SUITE 600 2018 City Zip Code State Transaction ID: SA11C.6085 WASHINGTON DC 20006 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 C00550491 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. UBS AMERICAS INC. POLITICAL ACTION COMMITTEE (UBS PAC) Date of Receipt Mailing Address 600 WASHINGTON BOULEVARD 07 2018 C/O PER DYRVIK City State Zip Code Transaction ID: SA11C.6096 **STAMFORD** CT 06901 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 C00012245 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 5000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. UNUM GROUP POLITICAL ACTION COMMITTEE (UNUMPAC) Date of Receipt Mailing Address 1 FOUNTAIN SQUARE 24 2018 City Zip Code State Transaction ID: SA11C.6140 TN **CHATTANOOGA** 37402 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 C00177436 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) 8500.00 SUBTOTAL of Receipts This Page (optional).....

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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 OF 30 (check only one)
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b <b>X</b> 11c 12 13 14 15 16 17
	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- VOYA FINANCIAL, INC., POLITICAL ACTIO			C) Date of Receipt
	Mailing Address 230 PARK AVENUE  C/O CHIEF LEGAL OFFICER			07 27 2018
	City	State	Zip Code	Transaction ID : SA11C.6092
	NEW YORK	NY	10169	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C co	00184028	1000.00
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
В.	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Organization Name	Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	City	State	Zip Code	
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼	]
— С.	Full Name of Individual (Last, First, Middle Initial	al) or Full C	Organization Name	Date of Receipt
C.	Mailing Address			M M / D D / Y Y Y Y
	City	State	Zip Code	Amount of Each Possint this Pariod
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	
5	SUBTOTAL of Receipts This Page (optional)			1000.00

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

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SCHEDULE B (FEC Form 3X)	Hee cond	arate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each	category of the	(check only	/ one) 22232627
	Detailed	Summary Page	28a	28b 28c 29 30b
Any information copied from such Reports and Sta				
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and addi	ress of any political	committee to	o solicit contributions from such committee.
Healthcare Freedom Fund				
Treatment recoon rund				
Full Name (Last, First, Middle Initial)				Date of Disbursement
A. AMERICAN EXPRESS				Man / Dan / Yayayay
Mailing Address PO BOX 1270				09 18 2018
City	State NJ	Zip Code		FEC Identification Number
NEWARK Purpose of Disbursement	INJ	07101		
Credit Card Payment			002	Transaction ID : SB21B.6154
Candidate Name			Category/	Amount of Each Disbursement this Period
Office Sought: House Disbur	sement For:		Type	331.00
Senate Disput	Primary	General		331.00
President	Other (spec			Memo Item
State: District:				Williamo Relli
Full Name (Last, First, Middle Initial)				
3. Delta Air Lines, Inc.				Date of Disbursement
Mailing Address P.O. Box 20706				09 17 2018
City	State GA	Zip Code		FEC Identification Number
Atlanta Purpose of Disbursement	- OA	30320-6001		C
Airfare			002	Transaction ID : SB21B.6154.0
Candidate Name			Category/	Amount of Each Disbursement this Period
Office Sought: House Disbur	sement For:		Туре	331.00
Senate	Primary	General		4 4
President	Other (spec	cify)		X Memo Item
State: District:				Wellio itelli
Full Name (Last, First, Middle Initial)				Data of Bishows and
BB&T				Date of Disbursement
Mailing Address PO Box 580340				07 11 2018
City	State	Zip Code		EEC Identification Number
Charlotte	NC	28258-0340		FEC Identification Number
Purpose of Disbursement Credit Card Payment	<u> </u>	Г	001	C
Candidate Name		l	001 Category/	Transaction ID: SB21B.6143 Amount of Each Disbursement this Period
Office Sought: House Disbur	sement For:		Туре	1905.23
Senate	Primary	General		7 7 7
President	Other (spec	cify) ▼		Memo Item
State: District:				ш
SUBTOTAL of Disbursements This Page (optional	ıl)			2236.23
			<u> </u>	
TOTAL This Period (last page this line number o	nly)			

SCHEDULE B (FEC Form	3X)			FOR L	INE I	NUMBER:		PA	AGE 22 OF 30
ITEMIZED DISBURSEMEN	TS		category of the	(check	•				
			Summary Page	×	21b	22	23	26	27
[					28a	28b	28c	29	30b
Any information copied from such Repor or for commercial purposes, other than									
NAME OF COMMITTEE (In Full)									
Healthcare Freedom Fund	b								
Full Name (Last, First, Middle Initial)						Data	f Dieleuwe		
A. American Airlines						Date o	f Disburs		Y   Y   Y   Y
Mailing Address 4333 Amon Carter Bo MD 567	oulevard					05		25	2018
City		State	Zip Code			FEC Id	entificatio	n Numbe	r
Fort Worth		TX	76155						
Purpose of Disbursement Airfare				002	71	C			
Candidate Name								_	1B.6143.1
				Category Type	y/	Amoun	t of Each	Disburse	ement this Period
Office Sought: House	Disburse	ment For:		-71		1 .			504.42
Senate		Primary	General				-	-	1 4
President		Other (spe	ecify) 🔻			<b>✗</b> Me	mo Item		
State: District:									
Full Name (Last, First, Middle Initial) <b>B.</b> Carmine's						Date o	f Disburs	oment	
B. Carmine's						M M	_		Y
Mailing Address 425 7th Street, NW						06		01	2018
City		State	Zip Code			FFC Id	entificatio	n Numbe	r
Washington Purpose of Disbursement		DC	20004					-	
Food/Beverage				003	71	С			
Candidate Name				Category	y/			_	1B.6143.2 ement this Period
Office Sought: House	Dishursa	ment For:		Туре					424.88
Senate	Disburse	Primary	General				7		
President		Other (spe				X Me	ma Itam		
State: District:						- IVIE	mo Item		
Full Name (Last, First, Middle Initial)						Doto	f Disburs	omont	
C. Hampton Inn						M M	/ D		Y
Mailing Address 5001 Crossins Circle						06		09	2018
City		State	Zip Code				ontification	n Numbe	
Mount Juliet		TN	37122			FEC 10	enuncauc	II Nullibe	
Purpose of Disbursement Lodging				002		C	neaction	ı ID : SB2	21R 6143
Candidate Name				Category	y/			_	ement this Period
Office Sought: House	Disburse	ment For:		1,700					376.04
Senate		Primary	General				7	-	
President		Other (spe	ecify) 🔻			X Me	mo Item		
State: District:									
SUBTOTAL of Disbursements This Pag	je (optional)				•		1 40		0.00
					_	_	7		
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Use separate schedules   Check only one   Check on   Check only one   Check one   Check only one   Check one   Check only one   Check one	S	CHEDULE B (FEC Form 3X)			LINE	NE NUMBER: PAGE 23 OF 30							
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of seliciting contributions for commercial purposes, other han using the name and address of any political committee to selicit contributions from such committee.  NAME OF COMMITTEE (in Full)  HealthCare Freedom Fund  Full Name (Last, First, Middle Initial)  A. American Airlines  Mailing Address 4333 Amon Carer Boulevard  MD 567  City Fort Worth TX 76155  Purpose of Disbursement Auffare  Candidate Name  Office Sought:  Fell Ware (Last, First, Middle Initial)  B. Carmine's  Mailing Address 425 7th Street, NW  City Washington Disbursement For:  Senate President  Disbursement For:  Cardidate Name  Office Sought:  Fell Initial (Last, First, Middle Initial)  B. Carmine's  Mailing Address 425 7th Street, NW  City Washington Disbursement For:  Senate President Other (specify)  Other (specify)  City Mashington Disbursement For:  Senate President Other (specify)  Category/ Type  Office Sought:  Fell Initial (Last, First, Middle Initial)  C. BB&T  Mailing Address PO Box 580340  City Senate President Collegency Transaction ID: S8218.6143.5  Amount of Each Disbursement Disbursement  Office Sought:  Fell Initial (Last, First, Middle Initial)  C. BB&T  Mailing Address PO Box 580340  City Senate President Collegency Type  Office Sought:  Fell Initial (Last, First, Middle Initial)  C. BB&T  Mailing Address PO Box 580340  City Slate Disbursement Credit Card Payment District:  Subtrotal of Disbursement This Page (optional)  Memo Item  3073.08	IT	EMIZED DISBURSEMENTS			I `	_					1		
Any information copied from such Reports and Statements may not be sold or used by any perion 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.    Maille Andrew Freedom Fund					×								
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 percent)  Healthcare Freedom Fund  Full Name (Last, First, Middle Initial)  A. American Airlines  Mailing Address 4333 Amon Carter Boulevard  MD 567  City  MD 567  City  Office Sought:  Furpose of Disbursement  Afford  Senate  Primary  Other (specify) ▼  State:  District  Full Name (Last, First, Middle Initial)  B. Carmine's  Mailing Address 425 7th Street, NW  City  Washington  Office Sought:  Full Name (Last, First, Middle Initial)  B. Carmine's  Mailing Address 425 7th Street, NW  City  Washington  Office Sought:  Full Name (Last, First, Middle Initial)  City  State:  Disbursement For:  Purpose of Disbursement  FoodSeverages  Candidate Name  City  Office Sought:  Full Name (Last, First, Middle Initial)  City  State:  Disbursement For:  Primary  Office Sought:  Full Name (Last, First, Middle Initial)  City  City  Mailing Address 425 7th Street, NW  City  Washington  Office Sought:  FoodSeverages  Candidate Name  City  Charlotte  Purpose of Disbursement  Formary  Office Sought:  Fec Identification Number  Category  Type  Date of Disbursement  Date of D	<u> </u>		1										
Healthcare Freedom Fund  Full Name (Last, First, Middle Initial)  A American Airlines  Mailing Address 4333 Amon Carter Boulevard													
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Full Name (Last, First, Middle Initial)  A. BB&T				Date of Disbursement		
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Detailed Summary Page   28    28    28    29    30	ITE	EMIZED DISBURSEMENTS			I `	(check only one)					
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 purpose, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  Healthcare Freedom Fund  Full Name (Last, First, Middle Initial)  A Parnassus Books  Mailing Address 3900 Hillisboro Pike  914  City Nashville Purpose of Disbursement Event Supplies  Candidate Name  Office Sought: House Primary Other (specify)  State: District  Full Name (Last, First, Middle Initial)  B. Cardmember Services  Mailing Address PO Box 94014  City Palatine Credit Card Payment  Credit Card Payment  Credit Card Payment  Credit Card Payment  Callegory/ Type  Office Sought: House Primary Other (specify)  State: Disbursement For:  Office Sought: House Primary Other (specify)  State: Disbursement  Credit Card Payment  Credit Card Payment  Callegory/ Type  Transaction ID: \$8218.6150  Amount of Each Disbursement Ibis Period  Crandidate Name  Callegory/ Type  Transaction ID: \$8218.6150  Amount of Each Disbursement  Date of					×						
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  Healthcare Freedom Fund  Full Name (Last, First, Middle Initial)  A. Kaegir Resources  Meiling Address 1015 Stonebridge Park Drive  City Frankin TN 37069  Purpose of Disbursement Fundraising Consulting  Candidate Name  Office Sought: House President   Primary General Primary General Primasy General	ITEMIZED DISBURSEMENTS			(Orlook orli	·			
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Senate Primary General Other (specify)   State: District:  Full Name (Last, First, Middle Initial)  B. Machado & Company  Mailing Address 6111 Newman Road  City Fairfax Purpose of Disbursement Fundraising Consulting  Candidate Name  City President State: Disbursement For: Senate Primary General Other (specify)  Full Name (Last, First, Middle Initial)  Category/ Type  Disbursement For: Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C. Machado & Company  Mailing Address 6111 Newman Road  City State: District:  Full Name (Last, First, Middle Initial)  C. Machado & Company  Mailing Address 6111 Newman Road  City State VA 22030-5918  Purpose of Disbursement For: State VA 22030-5918  City Fairfax VA 22030-5918  City State VA 22030-5918  City State VA 22030-5918  City Fairfax VA 22030-5					Amount	Lacii D	isbui sei iie	int this renou
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Healthcare Freedom Fund									
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Mailing Address 228 S. WASHINGTON STREET SUITE 115				09 28 2018					
City ALEXANDRIA	State VA	Zip Code 22314		FEC Identification Number					
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