

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Healthcare Freedom Fund

ADDRESS (number and street)

PO Box 2485

Check if different  
than previously  
reported. (ACC)

Springfield

VA

22152

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00528414

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☒ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Grandy, Joe, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Grandy, Joe, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Healthcare Freedom Fund

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
07		01		2018

To:

M M	/	D D	/	Y Y Y Y Y
09		30		2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2018</div></div>		<div><div></div><div>6229.16</div></div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div><div></div><div>61937.23</div></div>	
(c) Total Receipts (from Line 19) .....	<div><div></div><div>99000.00</div></div>	<div><div></div><div>317076.20</div></div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div><div></div><div>160937.23</div></div>	<div><div></div><div>323305.36</div></div>
7. Total Disbursements (from Line 31).....	<div><div></div><div>84268.22</div></div>	<div><div></div><div>246636.35</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div><div></div><div>76669.01</div></div>	<div><div></div><div>76669.01</div></div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div><div></div><div>0.00</div></div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div><div></div><div>0.00</div></div>	



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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Healthcare Freedom Fund

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
07 01 2018

To:

M M / D D / Y Y Y Y Y  
09 30 2018
**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).....

4000.00

12076.20

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

4000.00

12076.20

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

95000.00

305000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

99000.00

317076.20

## 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)) .....

99000.00

317076.20

## 20. Total Federal Receipts

(subtract Line 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
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 .....	54268.22	141636.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	54268.22	141636.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30000.00	105000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	84268.22	246636.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	84268.22	246636.35

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

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

# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Healthcare Freedom Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bray, Jeffery, , ,**

Mailing Address 3555 Wagon Wheel Way

City  
Park City

State  
UT

Zip Code  
84098

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MedQuest Pharmacy

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2018

**Transaction ID : SA11AI.6129**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gunas, Peter, J., , III**

Mailing Address 2105 S. Randolph Street

City  
Arlington

State  
VA

Zip Code  
22204

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Investment Company Institute

Occupation (for Individual)  
Government Affairs Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 26 / 2018

**Transaction ID : SA11AI.6086**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ulman, Josh, A., ,**

Mailing Address 11911 Fawn Ridge Lane

City  
Reston

State  
VA

Zip Code  
20194

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ulman Public Policy & Fed Rel

Occupation (for Individual)  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 19 / 2018

**Transaction ID : SA11AI.6119**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1500.00

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

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**Healthcare Freedom Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Waller Lansden Dortch & Davis LLP**

Mailing Address 511 Union Street  
Sutie 2700

City  
Nashville

State  
TN

Zip Code  
37219

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY  
09 / 24 / 2018

Transaction ID : SA11AI.6193

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Burnstein, Matthew, R., ,**

Mailing Address 511 Union Street  
Ste 2700

City  
Nashville

State  
TN

Zip Code  
37219

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Waller Lansden Dortch & Davis

Occupation (for Individual)  
Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

MM / DD / YYYY  
09 / 24 / 2018

Transaction ID : SA11AI.6193.0

Amount of Each Receipt this Period

1250.00

☒ Memo Item  
Partner Attribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. Weaver, James, M., ,**

Mailing Address 511 Union Street  
Ste 2700

City  
Nashville

State  
TN

Zip Code  
37219

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Waller Lansden Dortch & Davis

Occupation (for Individual)  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

MM / DD / YYYY  
09 / 24 / 2018

Transaction ID : SA11AI.6193.1

Amount of Each Receipt this Period

1250.00

☒ Memo Item  
Partner Attribution

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

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

2500.00

4000.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 30

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Healthcare Freedom Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. ACADIA HEALTHCARE COMPANY INC FEDPAC**

Mailing Address 6100 TOWER CIRCLE ROAD  
SUITE 1000

City  
FRANKLIN

State  
TN

Zip Code  
37067

FEC ID number of contributing  
federal political committee.

**C** C00496919

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**09** / **24** / **2018**

**Transaction ID : SA11C.6130**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. AHS LEGACY OPERATIONS LLC GOOD GOVERNMENT FUND**

Mailing Address ONE BURTON HILLS BOULEVARD  
SUITE 250

City  
NASHVILLE

State  
TN

Zip Code  
37215

FEC ID number of contributing  
federal political committee.

**C** C00390963

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**09** / **24** / **2018**

**Transaction ID : SA11C.6132**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. AMEDISYS, INC. POLITICAL ACTION COMMITTEE**

Mailing Address 3854 AMERICAN WAY  
SUITE A

City  
BATON ROUGE

State  
LA

Zip Code  
70816

FEC ID number of contributing  
federal political committee.

**C** C00436360

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**09** / **20** / **2018**

**Transaction ID : SA11C.6123**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

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

12500.00



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

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FOR LINE NUMBER: PAGE 9 OF 30  
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Healthcare Freedom Fund**

**A. AMERICAN ACADEMY OF FAMILY PHYSICIANS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1133 CONNECTICUT AVE NW  
SUITE 1100

City  
WASHINGTON

State  
DC

Zip Code  
20036

FEC ID number of contributing  
federal political committee.

C

C00411553

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2018

**Transaction ID : SA11C.6188**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**B. AMERICAN ACADEMY OF NEUROLOGY BRAINPAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 401 C ST NE

City  
WASHINGTON

State  
DC

Zip Code  
20002

FEC ID number of contributing  
federal political committee.

C

C00435933

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 24 / 2018

**Transaction ID : SA11C.6137**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**C. AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1120 CONNECTICUT AVENUE NW  
SUITE 600

City  
WASHINGTON

State  
DC

Zip Code  
20036

FEC ID number of contributing  
federal political committee.

C

C00004275

Name of Employer (for Individual)

Occupation (for Individual)

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  
07 / 26 / 2018

**Transaction ID : SA11C.6088**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**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)  
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NAME OF COMMITTEE (In Full)

**Healthcare Freedom Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. AMERICAN COLLEGE OF SURGEONS PROFESSIONAL ASSOCIATION PAC**

Mailing Address 20 F ST NW, STE 1000

ATTN: SARA MORSE

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

C

C00382424

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2018

Transaction ID : SA11C.6187

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. AMERICAN HOTEL AND LODGING ASSOCIATION POLITICAL ACTION COMMITTEE ('HOTELPAC')**

Mailing Address 1250 I STREET, NW #1100

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

C00001198

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2018

Transaction ID : SA11C.6189

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. ANTHEM, INC. POLITICAL ACTION COMMITTEE (ANTHEM PAC)**

Mailing Address 1001 PENNSYLVANIA AVENUE, NW

SUITE 710

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

C00197228

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 24 / 2018

Transaction ID : SA11C.6131

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

7500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Healthcare Freedom Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE**

Mailing Address 103 CONTINENTAL PLACE  
SUITE 200

City  
BRENTWOOD

State  
TN

Zip Code  
37027

FEC ID number of contributing  
federal political committee.

**C** C00421420

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**09** / **24** / **2018**

**Transaction ID : SA11C.6133**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. CITIGROUP INC. POLITICAL ACTION COMMITTEE - FEDERAL (CITIGROUP PAC-FEDERAL)**

Mailing Address 1101 PENNSYLVANIA AVENUE NW #1000

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

**C** C00008474

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

**09** / **24** / **2018**

**Transaction ID : SA11C.6139**

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. DAVITA INC. POLITICAL ACTION COMMITTEE (DAPAC)**

Mailing Address 32275 32ND AVE, S.

City

FEDERAL WAY

State

WA

Zip Code

98001

FEC ID number of contributing  
federal political committee.

**C** C00340943

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

**08** / **02** / **2018**

**Transaction ID : SA11C.6098**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

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

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

7500.00

# **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 30  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. DELOITTE POLITICAL ACTION COMMITTEE**

Mailing Address P.O. BOX 365

City  
WASHINGTON

State  
DC

Zip Code  
20044

FEC ID number of contributing  
federal political committee.

**C**

C00211318

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 14 / 2018

**Transaction ID : SA11C.6113**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. GROOM LAW GROUP, CHARTERED POLITICAL ACTION COMMITTEE**

Mailing Address 1701 PENNSYLVANIA AVENUE, NW

City  
WASHINGTON

State  
DC

Zip Code  
20006

FEC ID number of contributing  
federal political committee.

**C**

C00394775

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 20 / 2018

**Transaction ID : SA11C.6104**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE FEDER**

Mailing Address 7 HANOVER SQUARE

City  
NEW YORK

State  
NY

Zip Code  
10004

FEC ID number of contributing  
federal political committee.

**C**

C00173393

Name of Employer (for Individual)

Occupation (for Individual)

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  
08 / 27 / 2018

**Transaction ID : SA11C.6107**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

8000.00

**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 13 OF 30  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. I.P.H.F.H.A. INC. POLITICAL ACTION COMMITTEE INC.**

Mailing Address 7829 E. ROCKHILL #201

City  
WICHITA

State  
KS

Zip Code  
67206

FEC ID number of contributing  
federal political committee.

**C**

C00251447

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 24 / 2018

**Transaction ID : SA11C.6105**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC**

Mailing Address 1900 K STREET NW  
SUITE 700

City  
WASHINGTON

State  
DC

Zip Code  
20006

FEC ID number of contributing  
federal political committee.

**C**

C00084491

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 06 / 2018

**Transaction ID : SA11C.6109**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. LIFEPOINT HEALTH, INC. PAC**

Mailing Address 330 SEVEN SPRINGS WAY

City  
BRENTWOOD

State  
TN

Zip Code  
37027

FEC ID number of contributing  
federal political committee.

**C**

C00347955

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 20 / 2018

**Transaction ID : SA11C.6121**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

9500.00

**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 14 OF 30

(check only one)

<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. MANAGEMENT AND TRAINING CORPORATION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 NORTH MARKETPLACE DRIVE

City  
CENTERVILLEState  
UTZip Code  
84403FEC ID number of contributing  
federal political committee.

C C00208322

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2018

Transaction ID : SA11C.6118

Amount of Each Receipt this Period

2500.00

☐ Memo Item

## **B. MEDICAL PROFESSIONAL LIABILITY ASSOCIATION POLITICAL ACTION COMMITTEE (MPL PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2275 RESEARCH BLVD  
SUITE 250City  
ROCKVILLEState  
MDZip Code  
20850FEC ID number of contributing  
federal political committee.

C C00319319

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2018

Transaction ID : SA11C.6117

Amount of Each Receipt this Period

1000.00

☐ Memo Item

## **C. NATIONAL ATHLETIC TRAINERS' ASSOCIATION INC POLITICAL ACTION COMMITTEE (NATA)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2952 STEMMONS FREEWAY

City  
DALLASState  
TXZip Code  
75247FEC ID number of contributing  
federal political committee.

C C00408518

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : SA11C.6186

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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 15 OF 30  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC**

Mailing Address 100 DAINGERFIELD ROAD

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

C00030809

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 20 / 2018

Transaction ID : SA11C.6127

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE**

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 (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 24 / 2018

Transaction ID : SA11C.6134

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 51 MADISON AVENUE  
ROOM 1109

City

NEW YORK

State

NY

Zip Code

10010

FEC ID number of contributing  
federal political committee.

C

C00158881

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2018

Transaction ID : SA11C.6094

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

10000.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 OF 30

(check only one)

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

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PRIMERICA INC POLITICAL ACTION COMMITTEE (PRIMERICA PAC)**

Mailing Address 1 PRIMERICA PARKWAY

City  
DULUTHState  
GAZip Code  
30099FEC ID number of contributing  
federal political committee.

C C00521914

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	26	2018

Transaction ID : SA11C.6142

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SEAL PAC SUPPORTING ELECTING AMERICAN LEADERS PAC**

Mailing Address 1155 15TH ST NW

City  
WASHINGTONState  
DCZip Code  
20005FEC ID number of contributing  
federal political committee.

C C00570226

Name of Employer (for Individual)

Occupation (for Individual)

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
07	26	2018

Transaction ID : SA11C.6090

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. TAKEDA PHARMACEUTICALS AMERICA INC. POLITICAL ACTION COMMITTEE**

Mailing Address ONE TAKEDA PARKWAY

City  
DEERFIELDState  
ILZip Code  
60015FEC ID number of contributing  
federal political committee.

C C00441733

Name of Employer (for Individual)

Occupation (for Individual)

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
08	06	2018

Transaction ID : SA11C.6100

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

5000.00

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 17 OF 30  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. TEACHERS INSURANCE ANNUITY ASSOCIATION OF AMERICA PAC (TIAA PAC)**

Mailing Address 601 THIRTEENTH STREET, NW  
SUITE 700 NORTH

City  
WASHINGTON

State  
DC

Zip Code  
20005

FEC ID number of contributing  
federal political committee.

**C**

C00431361

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**07 / 09 / 2018**

**Transaction ID : SA11C.6083**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. TEACHERS INSURANCE ANNUITY ASSOCIATION OF AMERICA PAC (TIAA PAC)**

Mailing Address 601 THIRTEENTH STREET, NW  
SUITE 700 NORTH

City  
WASHINGTON

State  
DC

Zip Code  
20005

FEC ID number of contributing  
federal political committee.

**C**

C00431361

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**08 / 15 / 2018**

**Transaction ID : SA11C.6102**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. THE AMERICAN SOCIETY OF PENSION PROFESSIONALS AND ACTUARIES POLITICAL ACTION COMMITTEE (AS**

Mailing Address 4245 N. FAIRFAX DRIVE

City  
ARLINGTON

State  
VA

Zip Code  
22202

FEC ID number of contributing  
federal political committee.

**C**

C00333104

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**09 / 17 / 2018**

**Transaction ID : SA11C.6115**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**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 18 OF 30

(check only one)

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

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. THE CATERPILLAR INC. EMPLOYEE POLITICAL ACTION COMMITTEE**

Mailing Address 100 N.E. ADAMS STREET

City  
PEORIAState  
ILZip Code  
61629FEC ID number of contributing  
federal political committee.

C C00148031

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M	D D	Y Y Y Y
09	20	2018

Transaction ID : SA11C.6125

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. THE COUNCIL OF INSURANCE AGENTS & BROKERS POLITICAL ACTION COMMITTEE**Mailing Address 701 PENNSYLVANIA AVENUE, NW  
SUITE 750City  
WASHINGTONState  
DCZip Code  
20004FEC ID number of contributing  
federal political committee.

C C00039578

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M	D D	Y Y Y Y
09	07	2018

Transaction ID : SA11C.6111

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. THE VANGUARD GROUP COMMITTEE FOR RESPONSIBLE GOVERNMENT**Mailing Address 975 F STREET NW  
SUITE 500City  
WASHINGTONState  
DCZip Code  
20004FEC ID number of contributing  
federal political committee.

C C00410266

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M	D D	Y Y Y Y
09	10	2018

Transaction ID : SA11C.6112

Amount of Each Receipt this Period

2000.00

☐ Memo Item

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

9500.00

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

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

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

FOR LINE NUMBER: PAGE 19 OF 30

(check only one)

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

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. THOMPSON COBURN POLITICAL ACTION COMMITTEE**

Mailing Address 1909 K STREET NW  
SUITE 600

City  
WASHINGTON

State  
DC

Zip Code  
20006

FEC ID number of contributing  
federal political committee.

**C** C00550491

Name of Employer (for Individual)

Occupation (for Individual)

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**  
**07 / 25 / 2018**

**Transaction ID : SA11C.6085**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. UBS AMERICAS INC. POLITICAL ACTION COMMITTEE (UBS PAC)**

Mailing Address 600 WASHINGTON BOULEVARD  
C/O PER DYRVIK

City  
STAMFORD

State  
CT

Zip Code  
06901

FEC ID number of contributing  
federal political committee.

**C** C00012245

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**M M / D D / Y Y Y Y Y Y**  
**07 / 30 / 2018**

**Transaction ID : SA11C.6096**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. UNUM GROUP POLITICAL ACTION COMMITTEE (UNUMPAC)**

Mailing Address 1 FOUNTAIN SQUARE

City  
CHATTANOOGA

State  
TN

Zip Code  
37402

FEC ID number of contributing  
federal political committee.

**C** C00177436

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**M M / D D / Y Y Y Y Y Y**  
**09 / 24 / 2018**

**Transaction ID : SA11C.6140**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

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

8500.00

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

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

FOR LINE NUMBER: PAGE 20 OF 30  
(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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**VOYA FINANCIAL, INC., POLITICAL ACTION COMMITTEE (VOYA FINANCIAL PAC)**

Mailing Address 230 PARK AVENUE

C/O CHIEF LEGAL OFFICER

City

NEW YORK

State

NY

Zip Code

10169

FEC ID number of contributing  
federal political committee.

C

C00184028

Name of Employer (for Individual)

Occupation (for Individual)

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  
07 / 27 / 2018

Transaction ID : SA11C.6092

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

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

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

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

☐ Memo Item

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

1000.00

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

95000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. AMERICAN EXPRESS**

Mailing Address PO BOX 1270

City  
NEWARKState  
NJZip Code  
07101Purpose of Disbursement  
Credit Card Payment

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.6154

Amount of Each Disbursement this Period

331.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Delta Air Lines, Inc.**

Mailing Address P.O. Box 20706

City  
AtlantaState  
GAZip Code  
30320-6001Purpose of Disbursement  
Airfare

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	7			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.6154.C

Amount of Each Disbursement this Period

331.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. BB&T**

Mailing Address PO Box 580340

City  
CharlotteState  
NCZip Code  
28258-0340Purpose of Disbursement  
Credit Card Payment

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	1			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.6143

Amount of Each Disbursement this Period

1905.23

☐ Memo Item

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

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

2236.23

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. American Airlines**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2018

Mailing Address 4333 Amon Carter Boulevard  
MD 567City  
Fort WorthState  
TXZip Code  
76155Purpose of Disbursement  
Airfare

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.6143.

Amount of Each Disbursement this Period

504.42

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Carmine's**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2018

Mailing Address 425 7th Street, NW

City  
WashingtonState  
DCZip Code  
20004Purpose of Disbursement  
Food/Beverage

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.6143.2

Amount of Each Disbursement this Period

424.88

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Hampton Inn**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2018

Mailing Address 5001 Crossins Circle

City  
Mount JulietState  
TNZip Code  
37122Purpose of Disbursement  
Lodging

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.6143.

Amount of Each Disbursement this Period

376.04

☒ Memo Item

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

0.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. American Airlines**Mailing Address 4333 Amon Carter Boulevard  
MD 567City  
Fort WorthState  
TXZip Code  
76155Purpose of Disbursement  
Airfare

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	2			2	0	1	8		

FEC Identification Number

C

**Transaction ID : SB21B.6143.!**

Amount of Each Disbursement this Period

345.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Carmine's**

Mailing Address 425 7th Street, NW

City  
WashingtonState  
DCZip Code  
20004Purpose of Disbursement  
Food/Beverages

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	1			2	0	1	8		

FEC Identification Number

C

**Transaction ID : SB21B.6143.6**

Amount of Each Disbursement this Period

243.44

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. BB&T**

Mailing Address PO Box 580340

City  
CharlotteState  
NCZip Code  
28258-0340Purpose of Disbursement  
Credit Card Payment

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	3			2	0	1	8		

FEC Identification Number

C

**Transaction ID : SB21B.6151**

Amount of Each Disbursement this Period

3073.08

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3073.08

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. CapitolHost**

Mailing Address PO Box 77896

City  
WashingtonState  
DCZip Code  
20013Purpose of Disbursement  
Food/Beverage

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.6151.

Amount of Each Disbursement this Period

669.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Capitol Hill Club**

Mailing Address 300 1st Street SE

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Food/Beverage

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.6151.2

Amount of Each Disbursement this Period

1272.95

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Stanton & Greene**

Mailing Address 319 Pennsylvania Ave, SE

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Food/Beverage

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	8					2	0	1

FEC Identification Number

C

Transaction ID : SB21B.6151.

Amount of Each Disbursement this Period

1126.63

☒ Memo Item

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

0.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Healthcare Freedom Fund**

Full Name (Last, First, Middle Initial)

**A. BB&T**

Mailing Address PO Box 580340

City  
CharlotteState  
NCZip Code  
28258-0340Purpose of Disbursement  
Credit Card Payment

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				1	1		2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.6152

Amount of Each Disbursement this Period

2094.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Delta Air Lines, Inc.**

Mailing Address P.O. Box 20706

City  
AtlantaState  
GAZip Code  
30320-6001Purpose of Disbursement  
Airfare

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				0	7		2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.6152.C

Amount of Each Disbursement this Period

936.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Capitol Hill Club**

Mailing Address 300 1st Street SE

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Food/Beverage

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				1	5		2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.6152.

Amount of Each Disbursement this Period

1126.26

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2094.16

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Healthcare Freedom Fund**

Full Name (Last, First, Middle Initial)

**A. BB&T**

Mailing Address PO Box 580340

City  
CharlotteState  
NCZip Code  
28258-0340Purpose of Disbursement  
Credit Card Payment

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	7			2	0	1	8		

FEC Identification Number

C

**Transaction ID : SB21B.6153**

Amount of Each Disbursement this Period

4657.89

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Delta Air Lines, Inc.**

Mailing Address P.O. Box 20706

City  
AtlantaState  
GAZip Code  
30320-6001Purpose of Disbursement  
Airfare

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	1			2	0	1	8		

FEC Identification Number

C

**Transaction ID : SB21B.6153.C**

Amount of Each Disbursement this Period

285.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Sonoma**

Mailing Address 223 Pennsylvania Avenue SE

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Food/Beverage

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	2			2	0	1	8		

FEC Identification Number

C

**Transaction ID : SB21B.6153.**

Amount of Each Disbursement this Period

1100.02

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4657.89

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. Parnassus Books**Mailing Address 3900 Hillsboro Pike  
#14City  
NashvilleState  
TNZip Code  
37215Purpose of Disbursement  
Event Supplies

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.6153.

Amount of Each Disbursement this Period

3250.19

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Cardmember Services**

Mailing Address PO Box 94014

City  
PalatineState  
ILZip Code  
60094-4104Purpose of Disbursement  
Credit Card Payment

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	1			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.6150

Amount of Each Disbursement this Period

75.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Cardmember Services**

Mailing Address PO Box 94014

City  
PalatineState  
ILZip Code  
60094-4104Purpose of Disbursement  
Credit Card Payment

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	5			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.6156

Amount of Each Disbursement this Period

720.76

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

796.61

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. American Airlines**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	0			2	0	1	8		

Mailing Address 4333 Amon Carter Boulevard  
MD 567City  
Fort WorthState  
TXZip Code  
76155Purpose of Disbursement  
Airfare

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.6156.1

Amount of Each Disbursement this Period

690.41

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Concentric Office**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	0			2	0	1	8		

Mailing Address PO Box 2485

City  
SpringfieldState  
VAZip Code  
22152Purpose of Disbursement  
Compliance Consulting

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.6147

Amount of Each Disbursement this Period

909.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kaegi Resources**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	2			2	0	1	8		

Mailing Address 1015 Stonebridge Park Drive

City  
FranklinState  
TNZip Code  
37069Purpose of Disbursement  
Fundraising Consulting

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.6144

Amount of Each Disbursement this Period

12000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1	2	9	0	9	.	2	5
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Healthcare Freedom Fund**

Full Name (Last, First, Middle Initial)

**A. Kaegi Resources**

Mailing Address 1015 Stonebridge Park Drive

City  
FranklinState  
TNZip Code  
37069Purpose of Disbursement  
Fundraising Consulting

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				3	0		2	0	1	8		

FEC Identification Number

C

**Transaction ID : SB21B.6148**

Amount of Each Disbursement this Period

12000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Machado & Company**

Mailing Address 6111 Newman Road

City  
FairfaxState  
VAZip Code  
22030-5918Purpose of Disbursement  
Fundraising Consulting

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	2		2	0	1	8		

FEC Identification Number

C

**Transaction ID : SB21B.6145**

Amount of Each Disbursement this Period

8472.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Machado & Company**

Mailing Address 6111 Newman Road

City  
FairfaxState  
VAZip Code  
22030-5918Purpose of Disbursement  
Fundraising Consulting

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				3	0		2	0	1	8		

FEC Identification Number

C

**Transaction ID : SB21B.6149**

Amount of Each Disbursement this Period

8000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

28472.25

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

54239.47

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. WIN IN 2018**Mailing Address 228 S. WASHINGTON STREET  
SUITE 115City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
Committee Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼011  
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2018

FEC Identification Number

C C00665232

**Transaction ID : SB23.6184**

Amount of Each Disbursement this Period

30000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

30000.00

30000.00