

# 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.   
**Freedom Fund**

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)   
   -

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

## 4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |   |                                       |  |
|--------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5)            | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6)            | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input checked="" type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day **PRE-Election** Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on  /  /  in the State of

- (d) 30-Day **POST-Election** Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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

Type or Print Name of Treasurer Lance Kolbet

Signature of Treasurer Lance Kolbet [Electronically Filed] Date  /  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Freedom Fund**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		948027.17
(b) Cash on Hand at Beginning of Reporting Period.....	940398.2	
(c) Total Receipts (from Line 19) .....	33697.64	122657.73
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	974095.84	1070684.9
7. Total Disbursements (from Line 31).....	12257.59	108846.65
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	961838.25	961838.25
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.0	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.0	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Freedom Fund**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.0	0.0
(ii) Unitemized .....	0.0	0.0
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.0	0.0
(b) Political Party Committees .....	0.0	0.0
(c) Other Political Committees (such as PACs).....	33500.0	121500.0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	33500.0	121500.0
12. Transfers From Affiliated/Other Party Committees.....	0.0	0.0
13. All Loans Received .....	0.0	0.0
14. Loan Repayments Received.....	0.0	0.0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.0	0.0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.0	0.0
17. Other Federal Receipts (Dividends, Interest, etc.).....	197.64	1157.73
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))..... ▶	33697.64	122657.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	33697.64	122657.73

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2057.59	41146.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2157.59	41246.65
22. Transfers to Affiliated/Other Party Committees.....	0.0	0.0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.0	67500.0
24. Independent Expenditures (use Schedule E) .....	0.0	0.0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.0	0.0
26. Loan Repayments Made.....	0.0	0.0
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.0	0.0
(b) Political Party Committees .....	0.0	0.0
(c) Other Political Committees (such as PACs).....	0.0	0.0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.0	0.0
29. Other Disbursements .....	100.0	100.0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	12257.59	108846.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12257.59	108846.65

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	33500.0	121500.0
34. Total Contribution Refunds (from Line 28(d)) .....	0.0	0.0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	33500.0	121500.0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	2057.59	41146.65
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.0	0.0
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ▶	2057.59	41146.65

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 14
<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

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)  
**Freedom Fund**

**A. American Medical Assoc. PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 25 Massachusetts Avenue, NW  
Suite 600

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.0

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2016  
**Transaction ID : 1465060487720**

Amount of Each Receipt this Period  
5000.0

Memo Item  
 Check

**B. Burlington Northern Santa Fe Corp. RAILPAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 700 13th St., NW  
Suite 220

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.0

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2016  
**Transaction ID : 1465060832046**

Amount of Each Receipt this Period  
5000.0

Memo Item  
 Check

**C. Capital One Financial Corp. Assoc. Political Fund**

Full Name (Last, First, Middle Initial)  
Mailing Address 1680 Capital One Drive  
Attn: 19050-1204

City McLean State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C** C00326595

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.0

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2016  
**Transaction ID : 1465060605591**

Amount of Each Receipt this Period  
2000.0

Memo Item  
 Check

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 14
<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)  
**Freedom Fund**

**A. HSBC North American PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2700 Sanders Road  
 City Prospect Heights State IL Zip Code 60070  
 FEC ID number of contributing federal political committee. **C** C00033423  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.0

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2016  
**Transaction ID : 1465060876417**  
 Amount of Each Receipt this Period  
 1000.0  
 Memo Item  
 Check

**B. Hewlett-Packard Company PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3000 Hanover Street  
 City Palo Alto State CA Zip Code 94304  
 FEC ID number of contributing federal political committee. **C** C00196725  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.0

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2016  
**Transaction ID : 1466077696149**  
 Amount of Each Receipt this Period  
 5000.0  
 Memo Item  
 Check

**C. Independent Community Bankers PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1615 L Street NW, STE. 900  
 City Washington State DC Zip Code 20036  
 FEC ID number of contributing federal political committee. **C** C00032698  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.0

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2016  
**Transaction ID : 1465061018084**  
 Amount of Each Receipt this Period  
 1500.0  
 Memo Item  
 Check

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 14
<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)  
**Freedom Fund**

Full Name (Last, First, Middle Initial)  
**A. Metlife Employees Political Participation Fund A**

Mailing Address 1095 Avenue of the Americas

City State Zip Code  
New York NY 10036

FEC ID number of contributing federal political committee. **C C00040923**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.0

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2016  
**Transaction ID : 1465060942121**

Amount of Each Receipt this Period  
2000.0

Memo Item  
 Check

Full Name (Last, First, Middle Initial)  
**B. Property Casualty Insurers Association of America PAC**

Mailing Address 8700 West Bryn Mawr Avenue, Suite

City State Zip Code  
Chicago IL 60631-3512

FEC ID number of contributing federal political committee. **C C00066472**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.0

Date of Receipt  
MM / DD / YYYY  
06 / 09 / 2016  
**Transaction ID : 1465471674838**

Amount of Each Receipt this Period  
2000.0

Memo Item  
 Check

Full Name (Last, First, Middle Initial)  
**C. Realtors PAC**

Mailing Address 430 N. Michigan Avenue

City State Zip Code  
Chicago IL 60611

FEC ID number of contributing federal political committee. **C C00030718**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.0

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2016  
**Transaction ID : 1465060534124**

Amount of Each Receipt this Period  
5000.0

Memo Item  
 Check

<b>SUBTOTAL</b> of Receipts This Page (optional).....	9000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 14
<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)  
**Freedom Fund**

Full Name (Last, First, Middle Initial)  
**A. Union Pacific Corp. Fund for Effective Govt**

Mailing Address 700 13th Street NW  
Suite 350

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.0

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2016  
**Transaction ID : 1465060424985**

Amount of Each Receipt this Period  
2500.0

Memo Item  
 Check

Full Name (Last, First, Middle Initial)  
**B. Wal-mart Stores, Inc. PAC for Responsible Gov't**

Mailing Address 702 SW 8th Street

City Bentonville State AR Zip Code 72716

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.0

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2016  
**Transaction ID : 1465060761643**

Amount of Each Receipt this Period  
2500.0

Memo Item  
 Check

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	33500.00

# 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 14  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Freedom Fund**

Full Name (Last, First, Middle Initial)  
**A. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Avenue

City McLean State VA Zip Code 22101

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1157.73

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : 1467725708748**

Amount of Each Receipt this Period  
197.64

Memo Item  
Interest

Full Name (Last, First, Middle Initial)  
**B.**

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	197.64
<b>TOTAL</b> This Period (last page this line number only).....▶	197.64

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Freedom Fund**

Full Name (Last, First, Middle Initial)

**A. First Bankcard**

Mailing Address P.O. Box 2818

City Omaha State NE Zip Code 68103

Purpose of Disbursement  
PAC Credit Card payment - see below

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2016

**Transaction ID : 1466605630084**

Amount of Each Disbursement this Period

796.38

Memo Item

Full Name (Last, First, Middle Initial)

**B. 1-800-Flowers.Com**

Mailing Address 576 Third Avenue

City New York State NY Zip Code 10016

Purpose of Disbursement  
PAC Flowers

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2016

**Transaction ID : 1466605750574**

Amount of Each Disbursement this Period

67.56

Memo Item

Full Name (Last, First, Middle Initial)

**C. U.S. Senate Gift Shop**

Mailing Address Senate Dirksen 42

City Washington State DC Zip Code 20510

Purpose of Disbursement  
PAC donor gifts

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2016

**Transaction ID : 1466606143001**

Amount of Each Disbursement this Period

99.5

Memo Item

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

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

796.38

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Freedom Fund**

Full Name (Last, First, Middle Initial)

**A. We The Pizza**

Mailing Address 305 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
PAC Food & Beverage

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 1466606723172**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. First Bankcard**

Mailing Address P.O. Box 2818

City Omaha State NE Zip Code 68103

Purpose of Disbursement  
PAC Credit Card payment - see below

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 1466608539870**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. First Data Services**

Mailing Address NA

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
PAC merchant fees

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 1467725167723**

Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
**Freedom Fund**

Full Name (Last, First, Middle Initial)

**A. McDermott Will & Emery LLP**

Mailing Address P.O. Box 6043

City Chicago State IL Zip Code 60680

Purpose of Disbursement  
PAC Legal Services and expenses

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 1467038071677**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. PCI Payments**

Mailing Address 902 Chinguapin Road

City McLean State VA Zip Code 22102

Purpose of Disbursement  
PAC Merchant Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 1465384008118**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Freedom Fund**

Full Name (Last, First, Middle Initial)

**A. Friends of John McCain**

Mailing Address 228 S Washington Street, Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
PAC Political Contribution

011

Category/  
Type

Candidate Name

**John McCain**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AZ District: 00

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2016

**Transaction ID : 1466111233003**

Amount of Each Disbursement this Period

5000.0

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Todd Young**

Mailing Address P.O. Box 1053

City Bloomington State IN Zip Code 47402

Purpose of Disbursement  
PAC Political Contribution

011

Category/  
Type

Candidate Name

**Todd Young**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IN District: 00

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2016

**Transaction ID : 1465558992798**

Amount of Each Disbursement this Period

5000.0

Memo Item  
2016 Primary Debt Retirement

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

10000.00

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

10000.00