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Image# 202212089547509643

FEC

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Othe	r Than An Autl	horized Com	mittee		Office Use Only	
NAME OF     COMMITTEE (in full)	TYPE OR	PRINT ▼	Example: over the li	f typing, type nes.	12FE4M	5	
HEALTHCARE F	REEDOM FU	JND	1 1 1 1 1				
ADDRESS (number and str	reet)	( 2485					
Check if differenthan previously reported. (ACC)	t SPRING	GFIELD			VA	22152	
2. <b>FEC IDENTIFICATI</b>	ON NUMBER <b>V</b>	CIT	YA		STATE ▲	ZIP C	ODE A
C C00528414			S THIS REPORT	NEW (N) OR	AN (A)	1ENDED	
4. TYPE OF REPOR (Choose One)  (a) Quarterly Reports	Rej Du	port e On: Mar	20 (M2) 20 (M3) 20 (M4)	May 20 (M5  Jun 20 (M6)  Jul 20 (M7)	Sep	20 (M8) 20 (M9) 20 (M10)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly Re July 15 Quarterly Re October 15 Quarterly Re January 31 Year-End Re	eport (Q2)	12-Day PRE-Election Report for the:	Conve	y (12P)  ntion (12C)	General Special (		
July 31 Mid- Report (Non Year Only) ( Termination (TER)	Year -election MY) (d)	30-Day POST-Election Report for the:	<b>X</b> Genera	al (30G)	Runoff (3	in the	Special (30S)
5. Covering Period	M M / D 2			08 ugh 11	2022	State	of
I certify that I have exam Type or Print Name of Tr	Carlin, F	and to the best of Robert, F., ,	my knowledge	and belief it is t	rue, correct and	d complete.	
Signature of Treasurer	Carlin, Robert, F.	, ,	[Electro	onically Filed]	Date 12	/ 08 /	2022
NOTE: Submission of false	, erroneous, or inc	complete information	n may subject th	e person signing	this Report to the	ne penalties of 5	2 U.S.C. § 30109
Office Use Only						FEC FOI Rev. 05/	

#### **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

#### HEALTHCARE FREEDOM FUND

10 20 2022 11 28 2022 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 89076.30 January 1, 2022 (b) Cash on Hand at 76248.79 Beginning of Reporting Period..... 2500.00 76500.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 165576.30 78748.79 6(a) and 6(c) for Column B)..... 18983.22 105810.73 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 59765.57 59765.57 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

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

#### For further information contact:

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

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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

#### HEALTHCARE FREEDOM FUND

R	eport Covering the Period: From:		11 28 2022				
	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)	0.00	5500.00				
	(ii) Unitemized(iii) TOTAL (add	0.00	0.00				
	Lines 11(a)(i) and (ii)	0.00	5500.00				
	(b) Political Party Committees	0.00	0.00				
	(such as PACs)(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry	2500.00	71000.00				
12.	Totals to Line 33, page 5)  Transfers From Affiliated/Other	2500.00	76500.00				
	Party Committees	0.00	0.00				
13.	All Loans Received	0.00	0.00				
	Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00				
16.	(Carry Totals to Line 37, page 5)	0.00	0.00				
17	Political Committees	0.00	0.00				
	(Dividends, Interest, etc.)Transfers from Non-Federal and Levin Funds	0.00	0.00				
	(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))▶	2500.00	76500.00				
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	2500.00	76500.00				

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
Operating Expenditures:     (a) Allocated Federal/Non-Federal     Ashirity (form Orbitals III)					
Activity (from Schedule H4)  (i) Federal Share	0.00	0.00			
(i) i ederal offare	4 1 1 1 1 1 1 1 1 1				
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating	10002 22	61810.73			
Expenditures(c) Total Operating Expenditures	18983.22	01010.73			
(add 21(a)(i), (a)(ii), and (b))	18983.22	61810.73			
2. Transfers to Affiliated/Other Party	4 4 4				
Committees	0.00	0.00			
Federal Candidates/Committees and Other Political Committees	0.00	44000.00			
Independent Expenditures	0.00	0.00			
(use Schedule E)	0.00	0.00			
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00			
	4 4	5.55			
Loan Repayments Made	0.00	0.00			
Loans Made	0.00	0.00			
Refunds of Contributions To:	0.00	0.00			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00			
	4 4	4 4			
(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			
(444 211100 20(4), (5), 4114 (0),	0.00	0.00			
Other Disbursements (Including					
Non-Federal Donations)	0.00	0.00			
Federal Election Activity (52 U.S.C. § 30101	(20))				
(a) Allocated Federal Election Activity	· "				
(from Schedule H6)					
(i) Federal Share	0.00	0.00			
(ii) "Levin" Share	2.22	0.00			
(b) Federal Election Activity Paid	0.00	0.00			
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			
Total Disbursements (add Lines 21(c), 22,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	18983.22	105810.73			
. Total Federal Disbursements					
(subtract Line 21(a)(ii) and Line 30(a)(ii)					
from Line 31)	18983.22	105810.73			
•	10000.22	103810.73			

34. Total Contribution Refunds

38. Net Operating Expenditures

#### **DETAILED SUMMARY PAGE**

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

of Disbursements

Page 5 **COLUMN A** COLUMN B **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 2500.00 76500.00 (from Line 11(d), page 3) ..... 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 76500.00 2500.00 (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures 18983.22 61810.73 (add Line 21(a)(i) and Line 21(b)) .......▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 61810.73 18983.22 (subtract Line 37 from Line 36) ......

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

FEC ID number of contributing

Name of Employer (for Individual)

General

federal political committee.

Other (specify)

Receipt For:

Primary

10 FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) for each category of the **X** 11c 11b 11a 12 Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) HEALTHCARE FREEDOM FUND Full Name of Individual (Last, First, Middle Initial) or Full Organization Name AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL COMMITTEE (OPHTHPAC) Date of Receipt Mailing Address 655 BEACH STREET 11 07 2022 City Zip Code State Transaction ID: SA11C.6726 CA SAN FRANCISCO 94109 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 C00196246 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period

Occupation (for Individual)

Aggregate Year-to-Date ▼

C

Memo Item

SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s)				FOR LINE NUMBER: PAG (check only one)						7	OF	10
TEMIZED DISBONSEMENTS		category of the Summary Page	<b> </b> ` [		21b	22		23		26	27		
					28a	28b		28c		29	30b		
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam													
NAME OF COMMITTEE (In Full) HEALTHCARE FREEDOM FUND													
Full Name (Last, First, Middle Initial)  A. Concentric Office, LLC  Mailing Address PO Box 2485						Date of	of Di	sburse	D /	Y	у ш у 2022	Y	
	N-1-	7:- O- d-											
Springfield	State VA	Zip Code 22152					denti	fication	Num	ber		l	
Purpose of Disbursement Compliance Services Candidate Name		[		_				action	_			<u>.</u>	
	ant Fam.		Cate Ty <sub>l</sub>		y/ 	Amou	nt of	Each	DISDU	rseme	ent this	_	a
	nent For: Primary Other (spec	General <b>▼</b>					emo	Item		,	1300.	00	
State: District:						IVI	emo	iteiii					
Full Name (Last, First, Middle Initial)  Machado & Company  Mailing Address 6111 Newman Road						Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
•	State VA	Zip Code 22030-5918				FEC I	denti	ificatior	n Num	ber			
Fundraising (See Memos)  Candidate Name  Category/ Type							Transaction ID : SB21B.6728 Amount of Each Disbursement this Period					d	
	nent For: Primary Other (spec	General	- 71			17682.62							
State: District:	Other (open	···y)				M	emo	Item					
Full Name (Last, First, Middle Initial)  Machado & Company						Date of	_	sburse			Y I Y	V	
Mailing Address 6111 Newman Road						11	7	04			2022		
City S Fairfax	State VA	Zip Code 22030-5918				FEC I	denti	fication	n Num	ber			
Purpose of Disbursement Fundraising Consulting						C Transaction ID : SB21B.6728.							
Candidate Name  Category/ Type									_		nt this	Perio	d
President	nent For: Primary Other (spec	General ify) ▼				X M	emo	Item		<del>,</del>	1500	00	
						_	-		-	_	18983	.22	7
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only).					<u> </u>	H	÷	7	-		. 3000		╡

### S 17

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 8 OF								
ITEMIZED DISBURSEMENTS		parate schedule(s) category of the	(check o	<i></i>							
		Summary Page	<b>X</b> 21		23 28c	26 27 29 30b					
Anninformation conicd from such Departs and Olah		mat ha sald av									
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NAME OF COMMITTEE (In Full)											
angle HEALTHCARE FREEDOM FUND	)										
Full Name (Last, First, Middle Initial)											
A. Machado & Company	Date of Disbursement										
				M M / D D / Y Y Y Y							
Mailing Address 6111 Newman Road				10	2	8 2022					
City	State	Zip Code									
Fairfax	VA	22030-5918		FEC Id	lentification	n Number					
Purpose of Disbursement				С							
Fundraising Consulting					ansaction	ID : SB21B.6728.1					
Candidate Name			Category/ Type	Amoun	t of Each	Disbursement this Period					
Office Sought: House Disburs	ement For:		туре			5000.00					
Senate	Primary	General		7 7 7							
President	Other (sp	ecify) ▼		<b>✗</b> Memo Item							
State: District:											
Full Name (Last, First, Middle Initial)  B. Hermitage Hotel				Date o	f Disburse	ement					
- Hemilage Hotel				M M	M = M / D = D / Y = Y = Y						
Mailing Address 231 6th Ave N				10		2022					
-	Ta										
City Nashville	State TN	Zip Code 37219		FEC Id	lentificatio	n Number					
Purpose of Disbursement		67210			C						
Food/Beverage			L	Transaction ID : SB21B.6728.5 Amount of Each Disbursement this Per							
Candidate Name			Category/								
Office Sought: House Disburs	ement For:		Туре	46.53							
Senate	Primary										
President	Other (sp	ecify)		X Memo Item							
State: District:											
Full Name (Last, First, Middle Initial)				Data	f Disburse	amont					
C. Bluebird Cafe, Inc.				M M	/ D						
Mailing Address 4104 Hillsboro Pike				09		0 2022					
	Ta										
City Nashville	State TN	Zip Code 37215		FEC Id	lentificatio	n Number					
Purpose of Disbursement		C									
Event Supplies & Gifts		ansaction	ID : SB21B.6728.								
Candidate Name	Category/	Amount of Each Disbursement this Period									
Office Sought: House Disburs	ement For:		Туре	1		527.10					
Senate	Primary	General		32110							
President	Other (sp	Other (specify) ▼			X Memo Item						
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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 9 OF							
ITEMIZED DISBURSEMENTS		parate schedule(s) category of the	(check or	<i>'</i> ′ _			7.07			
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NAME OF COMMITTEE (In Full)										
$ \hspace{.05cm} \rangle$ HEALTHCARE FREEDOM FUND	)									
Full Name (Last, First, Middle Initial)										
A. Bluebird Cafe, Inc.	Date of Disbursement									
Matthew Address 4404 Hillshore Dile				09 30 Y Y Y Y Y Y						
Mailing Address 4104 Hillsboro Pike				09	30	, 21	022			
City	State	Zip Code		FEC Ide	ntification	Number				
Nashville	TN	37215					-			
Purpose of Disbursement Food/Beverage			· · · ·	C						
Candidate Name						ID : SB21B.6				
			Category/ Type	Amount	of Each L	Disbursement	t this Period			
Office Sought: House Disburse	ement For:	I		1 I 🗀		1 00 1	637.68			
Senate	Primary	General		, , , , , , , , , , , , , , , , , , , ,						
State: District:	Other (spe	ecify) 🔻		<b>✗</b> Mem	no Item					
Full Name (Last, First, Middle Initial)										
B. Husk				Date of	Disburser	ment				
			M = M / D = D / Y = Y = Y							
Mailing Address 37 Rutledge Street				10	01	2	022			
City	State TN	Zip Code		FEC Ide	ntification	Number				
Nashville Purpose of Disbursement	0.2.0						-			
Food/Beverage			C Transaction ID : SB21B.6728.9							
Candidate Name			Category/	Amount of Each Disbursement this Period						
Office Occupies		nent For: Primary General Other (specify)			2400.52					
Office Sought: House Disburse Senate	1				3498.52					
President					<b>V</b>					
State: District:	, , ,			Memo Item						
Full Name (Last, First, Middle Initial)										
C. Hermitage Hotel					Disburser					
Mailing Address 231 6th Ave N			10 04 2022							
City	State	Zip Code								
Nashville	TN	37219		FEC Ide	ntification	Number				
Purpose of Disbursement Lodging & Food/Beverage			C							
Candidate Name			Transaction ID : SB21B.6728.							
Candidate Name			Category/ Type	Amount	of Each [	Disbursement	t this Period			
Office Sought: House Disburse	ement For:				4817.43					
Senate	Primary General			4 4						
President	Other (spe	ecify) ▼		<b>X</b> Mem	no Item					
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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 10							
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NAME OF COMMITTEE (In Full)										
HEALTHCARE FREEDOM FUND										
Full Name (Last, First, Middle Initial)										
A. American Airlines	Date of Disbursement									
Mailing Address 4333 Amon Carter Boulevard  MD 567				08	31		2022			
City Fort Worth	State TX	Zip Code 76155		FEC Ider	ntification	Number				
Purpose of Disbursement	17	76155								
Airfare				C						
Candidate Name			Category/	1		D : SB21B Disburseme	<b>.6728.</b> 1 ent this Peri	iod		
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Office Sought: House Disburse	ment For:			1 L	-95-1-	1 45 1	440.20			
Senate	Primary	General		, ,						
State: District:	Other (spe	ecify) $lacktriangleright$		<b>✗</b> Mem	o Item					
Full Name (Last, First, Middle Initial)										
B. Blu Ox Restaurant				Date of I	Disbursem	nent				
Bid Ox Residurant				M M / D D / Y Y Y Y						
Mailing Address 648 Fogg St				10	01	J L	2022			
City	State	Zip Code		FEC Ider	ntification	Number				
Nashville Purpose of Disbursement	TN	37203					-			
Food/Beverage				C Transaction ID : SB21B.6728.1						
Candidate Name			Category/			_	. <b>6728.1</b> ent this Peri	íod		
Office Sought: House Disburse	ment For:		Туре	541.44						
Senate Disburse		Primary General Other (specify)			J-11					
President					<b>V</b>					
State: District:		• ,		<b>X</b> Mem	o Item					
Full Name (Last, First, Middle Initial)										
C. Bluebird Cafe, Inc.				Date of I	Disbursem	nent				
Mailing Address 4104 Hillsboro Pike				10	06	/ Y	2022			
City	State	Zip Code								
Nashville	TN	37215		FEC Ider	ntification	Number				
Purpose of Disbursement Food/Beverage	C									
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