

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 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:
- 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) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 07 / 01 / 2013 through [MM] / [DD] / [YYYY] 12 / 31 / 2013

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 Joe Grandy

Signature of Treasurer Joe Grandy [Electronically Filed] Date 01 / 31 / 2014

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

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Healthcare Freedom Fund

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="8025.13"/>	<input type="text" value="8025.13"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="55346.80"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="78600.00"/>	<input type="text" value="195402.54"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="133946.80"/>	<input type="text" value="203427.67"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="76363.30"/>	<input type="text" value="145844.17"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="57583.50"/>	<input type="text" value="57583.50"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Healthcare Freedom Fund

Report Covering the Period: From: 07 / 01 / 2013 To: 12 / 31 / 2013

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).....	1500.00	15750.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1500.00	15750.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	77100.00	179652.54
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	78600.00	195402.54
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))..... ▶	78600.00	195402.54
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	78600.00	195402.54

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	43963.30	48644.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	43963.30	48644.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32400.00	97200.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	76363.30	145844.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	76363.30	145844.17

DETAILED SUMMARY PAGE
of Disbursements

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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)	78600.00	195402.54
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	78600.00	195402.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	43963.30	48644.17
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	43963.30	48644.17

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

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

FOR LINE NUMBER: PAGE 6 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)
A. Behrends B. Foster

Mailing Address 1722 N. Nelson Street

City State Zip Code
Arlington VA 22207

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

Name of Employer Occupation
Bluestone Strategies Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2013
Transaction ID : SA11AI.4343

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Marc S. Lampkin

Mailing Address 1640 Davidson Road

City State Zip Code
McLean VA 22101

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

Name of Employer Occupation
BrownsteinHyattFarber&Schreck Attorney

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
 12 / 16 / 2013
Transaction ID : SA11AI.4345

Amount of Each Receipt this Period
1000.00

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 23
<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. AHS MEDICAL HOLDINGS LLC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

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 Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 07 / 23 / 2013
Transaction ID : SA11C.4271

Amount of Each Receipt this Period: 2500.00

B. AMERICAN ACADEMY OF NEUROLOGY BRAINPAC

Full Name (Last, First, Middle Initial)

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 Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 09 / 26 / 2013
Transaction ID : SA11C.4291

Amount of Each Receipt this Period: 1500.00

C. AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL COMMITTEE (OPHTHPAC)

Full Name (Last, First, Middle Initial)

Mailing Address 655 BEACH STREET

City SAN FRANCISCO State CA Zip Code 94109

FEC ID number of contributing federal political committee. **C** C00196246

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3500.00

Date of Receipt: 09 / 19 / 2013
Transaction ID : SA11C.4287

Amount of Each Receipt this Period: 1500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 23
<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 (Last, First, Middle Initial) A. AMERICAN COLLEGE OF CARDIOLOGY POLITICAL ACTION COMMITTEE		Date of Receipt
Mailing Address 2400 N ST NW		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
WASHINGTON	DC	20037
FEC ID number of contributing federal political committee.	<input type="text" value="C00375360"/>	Transaction ID : SA11C.4358
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) B. AMERICAN COLLEGE OF SURGEONS PROFESSIONAL ASSOCIATION PAC		Date of Receipt
Mailing Address 20 F ST NW, STE 1000 ATTN: SARA MORSE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
WASHINGTON	DC	20001
FEC ID number of contributing federal political committee.	<input type="text" value="C00382424"/>	Transaction ID : SA11C.4297
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="2500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3500.00"/>	

Full Name (Last, First, Middle Initial) C. AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE		Date of Receipt
Mailing Address 1111 14TH STREET, NW SUITE 1100		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City	State	Zip Code
WASHINGTON	DC	20005
FEC ID number of contributing federal political committee.	<input type="text" value="C00000729"/>	Transaction ID : SA11C.4307
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="2000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="9500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 23
<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 (Last, First, Middle Initial)
A. AMERICAN HOSPITAL ASSOCIATION

Mailing Address 325 SEVENTH STREET NW
SUITE 700

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C30001788

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
09 / 16 / 2013
Transaction ID : SA11C.4285

Amount of Each Receipt this Period
1500.00

Full Name (Last, First, Middle Initial)
B. AMERICAN SOCIETY OF PLASTIC SURGEONS PLASTYPAC

Mailing Address 20 F STREET NW
#310A

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00249342

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
09 / 27 / 2013
Transaction ID : SA11C.4293

Amount of Each Receipt this Period
2500.00

Full Name (Last, First, Middle Initial)
C. ARKANSAS BEST CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 3801 OLD GREENWOOD ROAD
PO BOX 10048

City FORT SMITH State AR Zip Code 72903

FEC ID number of contributing federal political committee. **C** C00193383

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
11 / 26 / 2013
Transaction ID : SA11C.4328

Amount of Each Receipt this Period
1000.00

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 10 OF 23
(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. ASSOCIATED GENERAL CONTRACTORS OF AMERICA POLITICAL ACTION COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2300 WILSON BLVD.
 SUITE 400
 City ARLINGTON State VA Zip Code 22201
 FEC ID number of contributing federal political committee. **C** C00082917
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2013
Transaction ID : SA11C.4356
 Amount of Each Receipt this Period
 1000.00

B. BHFS-E, PC PAC (BROWNSTEIN HYATT FARBER SCHRECK POLITICAL ACTION COMMITTEE)
 Full Name (Last, First, Middle Initial)
 Mailing Address 410 SEVENTEENTH STREET
 SUITE 2200
 City DENVER State CO Zip Code 80202
 FEC ID number of contributing federal political committee. **C** C00390583
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2013
Transaction ID : SA11C.4349
 Amount of Each Receipt this Period
 1000.00

C. BURGER KING FRANCHISEE PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1701 BARRETT LAKES BLVD. NW
 SUITE 180
 City KENNESAW State GA Zip Code 30144
 FEC ID number of contributing federal political committee. **C** C00329425
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2013
Transaction ID : SA11C.4332
 Amount of Each Receipt this Period
 2000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 4000.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 11 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)
A. CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE
 Mailing Address 501 CORPORATE CENTRE DRIVE STE 200
 City State Zip Code
 FRANKLIN TN 37067
 FEC ID number of contributing federal political committee. **C C00421420**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2013
Transaction ID : SA11C.4265
 Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
B. COMMUNITY HEALTH SYSTEM PROFESSIONAL SERVICES CORPORATION POL ACTION CMTE (A/K/A CHS PAC)
 Mailing Address 4000 MERIDIAN BLVD.
 City State Zip Code
 FRANKLIN TN 37067
 FEC ID number of contributing federal political committee. **C C00485896**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2013
Transaction ID : SA11C.4276
 Amount of Each Receipt this Period
 5000.00

Full Name (Last, First, Middle Initial)
C. DCI PAC
 Mailing Address 1828 L STREET NW
 SUITE 400
 City State Zip Code
 WASHINGTON DC 20036
 FEC ID number of contributing federal political committee. **C C00412395**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2013
Transaction ID : SA11C.4347
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 6500.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 23
<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 (Last, First, Middle Initial)
A. FEDERATION OF AMERICAN HOSPITALS PAC

Mailing Address 750 9TH STREET NW
SUITE 600

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00002261

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
08 / 26 / 2013

Transaction ID : SA11C.4283

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. FMR LLC POLITICAL ACTION COMMITTEE (FIDELITY PAC)

Mailing Address 82 DEVONSHIRE STREET
N5A

City BOSTON State MA Zip Code 02109

FEC ID number of contributing federal political committee. **C** C00215046

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
10 / 07 / 2013

Transaction ID : SA11C.4301

Amount of Each Receipt this Period
1500.00

Full Name (Last, First, Middle Initial)
C. FOOD MARKETING INSTITUTE POLITICAL ACTION COMMITTEE FOODPAC

Mailing Address 2345 CRYSTAL DRIVE
SUITE 800

City ARLINGTON State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00014555

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
10 / 02 / 2013

Transaction ID : SA11C.4298

Amount of Each Receipt this Period
1500.00

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: (check only one)	PAGE 13 OF 23
<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 (Last, First, Middle Initial) A. FREEDOM PROJECT; THE		Date of Receipt
Mailing Address 320 1ST STREET SE		<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code
WASHINGTON	DC	20003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00305805"/>	Transaction ID : SA11C.4303
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) B. GROOM LAW GROUP, CHARTERED POLITICAL ACTION COMMITTEE		Date of Receipt
Mailing Address 1701 PENNSYLVANIA AVENUE, NW		<input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City	State	Zip Code
WASHINGTON	DC	20006
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00394775"/>	Transaction ID : SA11C.4352
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) C. HCA INC. GOOD GOVERNMENT FUND		Date of Receipt
Mailing Address PO BOX 550 ONE PARK PLAZA		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
NASHVILLE	TN	37203
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00067231"/>	Transaction ID : SA11C.4274
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="11000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 23
(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 (Last, First, Middle Initial)
I-VOTE HEALTH OF IASIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 117 SEABOARD LANE STE E

City State Zip Code
FRANKLIN TN 37067

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2013

Transaction ID : SA11C.4267

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
INSURED RETIREMENT INSTITUTE POLITICAL ACTION COMMITTEE (IRI PAC)

Mailing Address 1101 NEW YORK AVENUE NW
SUITE 825

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00490474

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2013

Transaction ID : SA11C.4341

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE

Mailing Address 1401 H STREET NW SUITE 1200

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00105981

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2013

Transaction ID : SA11C.4289

Amount of Each Receipt this Period
1500.00

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: (check only one)	PAGE 15 OF 23
<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. LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND
 Full Name (Last, First, Middle Initial)
 Mailing Address 103 POWELL COURT SUITE 200
 City BRENWOOD State TN Zip Code 37027
 FEC ID number of contributing federal political committee. **C** C00347955
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2013
Transaction ID : SA11C.4269
 Amount of Each Receipt this Period
 2500.00

B. NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 NEW YORK AVE NW SUITE 1100
 City WASHINGTON State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C** C00283135
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2013
Transaction ID : SA11C.4305
 Amount of Each Receipt this Period
 1500.00

C. NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2013
Transaction ID : SA11C.4277
 Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	6500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 23
<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. NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
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 Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 09 / 23 / 2013
Transaction ID : SA11C.4290

Amount of Each Receipt this Period: 2500.00

B. RITE AID CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 30 HUNTER LANE

City CAMP HILL State PA Zip Code 17011

FEC ID number of contributing federal political committee. **C** C00104083

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11C.4295

Amount of Each Receipt this Period: 500.00

C. RITE AID CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 30 HUNTER LANE

City CAMP HILL State PA Zip Code 17011

FEC ID number of contributing federal political committee. **C** C00104083

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 31 / 2013
Transaction ID : SA11C.4327

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional).....▶ 3500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 23
<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 (Last, First, Middle Initial)
A. SOCIETY FOR VASCULAR SURGERY POLITICAL ACTION COMMITTEE

Mailing Address 633 N. ST. CLAIR ST.
24TH FLOOR

City CHICAGO State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C** C00381459

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 09 / 23 / 2013
Transaction ID : SA11C.4288

Amount of Each Receipt this Period 1000.00

Full Name (Last, First, Middle Initial)
B. TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 1445 ROSS AVENUE
SUITE 1400

City DALLAS State TX Zip Code 75202

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 26 / 2013
Transaction ID : SA11C.4279

Amount of Each Receipt this Period 2500.00

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

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00388421

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 12 / 02 / 2013
Transaction ID : SA11C.4330

Amount of Each Receipt this Period 2000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5500.00

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

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

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

FOR LINE NUMBER: PAGE 18 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)
A. THE CATERPILLAR INC. EMPLOYEE POLITICAL ACTION COMMITTEE

Mailing Address 100 N.E. ADAMS STREET

City State Zip Code
PEORIA IL 61629

FEC ID number of contributing federal political committee. **C** C00148031

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2013
Transaction ID : SA11C.4354

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. THE EYE OF THE TIGER POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 2485

City State Zip Code
SPRINGFIELD VA 22152

FEC ID number of contributing federal political committee. **C** C00467431

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2013
Transaction ID : SA11C.4337

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. UNAKA COMPANY POLITICAL ACTION COMMITTEE INC

Mailing Address 1500 INDUSTRIAL RD

City State Zip Code
GREENEVILLE TN 37743

FEC ID number of contributing federal political committee. **C** C00371229

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2013
Transaction ID : SA11C.4281

Amount of Each Receipt this Period
2600.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 4600.00

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 23
(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 (Last, First, Middle Initial)
VERIZON COMMUNICATIONS INC./VERIZON WIRELESS GOOD GOVERNMENT CLUB (VERIZON/VERIZON WIRELES)

Mailing Address 1300 I ST NW, STE 400 WEST
ATTN: TAYLOR CRAIG

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2013

Transaction ID : SA11C.4339

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
VERIZON COMMUNICATIONS INC./VERIZON WIRELESS GOOD GOVERNMENT CLUB (VERIZON/VERIZON WIRELES)

Mailing Address 1300 I ST NW, STE 400 WEST
ATTN: TAYLOR CRAIG

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2013

Transaction ID : SA11C.4351

Amount of Each Receipt this Period
1500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	77100.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 1270

City Neward State NJ Zip Code 07101-1270

Purpose of Disbursement
Airfare

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4320

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Capitol Hill Club

Mailing Address 300 1st Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Food & Beverage

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4316

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Concentric Office, LLC

Mailing Address 8136 Old Keene Mill Road
Suite A300

City Springfield State VA Zip Code 22152

Purpose of Disbursement
Compliance Services

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4311

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. Concentric Office, LLC

Mailing Address 8136 Old Keene Mill Road
Suite A300

City Springfield State VA Zip Code 22152

Purpose of Disbursement
Compliance Services

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2013

Transaction ID : SB21B.4318

Amount of Each Disbursement this Period

752.84

Full Name (Last, First, Middle Initial)

B. Brian Kaegi

Mailing Address 222 Wilsonia Avenue

City Nashville State TN Zip Code 37205-2819

Purpose of Disbursement
Fundraising Consulting

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2013

Transaction ID : SB21B.4323

Amount of Each Disbursement this Period

12000.00

Full Name (Last, First, Middle Initial)

C. Machado & Co.

Mailing Address 6111 Newman Road

City Fairfax State VA Zip Code 22030-5918

Purpose of Disbursement
Fundraising Consulting

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2013

Transaction ID : SB21B.4326

Amount of Each Disbursement this Period

16050.04

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

28802.88

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. Machado & Co.

Mailing Address 6111 Newman Road

City Fairfax State VA Zip Code 22030-5918

Purpose of Disbursement
Fundraising Consulting

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 18 / 2013

Transaction ID : SB21B.4360

Amount of Each Disbursement this Period

10740.00

Full Name (Last, First, Middle Initial)

B. Machado & Co.

Mailing Address 6111 Newman Road

City Fairfax State VA Zip Code 22030-5918

Purpose of Disbursement
Food & Beverage

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 18 / 2013

Transaction ID : SB21B.4361

Amount of Each Disbursement this Period

1159.60

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

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

Amount of Each Disbursement this Period

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

11899.60

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

43963.30

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)
Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Recount Fund

011
Category/
Type

Candidate Name
NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) Recount

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2013

Transaction ID : SB23.4314

Amount of Each Disbursement this Period

32400.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

32400.00

32400.00