PAGE 1 / 28

### **FEC** FORM 3X

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

TOKIII OX	For Other Than An Aut	norized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Healthcare Freedom F	Fund		
ADDRESS (number and street)	PO Box 2485		
Check if different			
than previously reported. (ACC)	Springfield		VA 22152 -   -   -
2. FEC IDENTIFICATION N	UMBER ▼ CI	TY 🛦	STATE ▲ ZIP CODE ▲
C C00528414		S THIS REPORT (N) O	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	0 20 (M2) May 20 (M2)	(Non-Election Year Only)
(a) Quarterly Reports:	Ma	r 20 (M3) Jun 20 (M	(Non-Election Year Only)
April 15 Quarterly Report (		20 (M4) Jul 20 (M7	7) Oct 20 (M10) Jan 31 (YE)
July 15	(C) 12-Day	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (	Report for the:	Convention (12C)	Special (12S)
Quarterly Report ( January 31 Year-End Report (	Floati	on on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	on (d) 30-Day POST-Election	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Report for the: t	on on	in the State of
5. Covering Period 0	M / D D / Y Y Y		M / D D / Y Y Y Y Y 30 2016
I certify that I have examined t	his Report and to the best of Grandy, Joe, , ,	f my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure			
Signature of Treasurer	ndy, Joe, , ,	[Electronically Filed]	Date 10 / 14 / 2016
NOTE: Submission of false, error	neous, or incomplete information	on may subject the person signin	g this Report to the penalties of 52 U.S.C. § 30109
Office			FEC FORM 3X
Use Only			Rev. 05/2016

# **SUMMARY PAGE**

FEC <b>Form 3X</b> (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
Write or Type Committee Name		
Healthcare Freedom Fund		
Report Covering the Period: From:	07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		35289.22
(b) Cash on Hand at  Beginning of Reporting Period	. 80061.71	
(c) Total Receipts (from Line 19)	. 66500.00	256500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	. 146561.71	291789.22
7. Total Disbursements (from Line 31)	79912.65	225140.16
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	. 66649.06	66649.06
Debts and Obligations Owed TO     the Committee (Itemize all on     Schedule C and/or Schedule D)	. 0.00	
Debts and Obligations Owed BY     the Committee (Itemize all on     Schedule C and/or Schedule D)	0.00	
This committee has qualified as a mu	llticandidate 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 07 01 2016 09 30 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 8500.00 12000.00 (i) Itemized (use Schedule A)..... (ii) Unitemized ..... 0.00 0.00 (iii) TOTAL (add 12000.00 8500.00 Lines 11(a)(i) and (ii).................▶ 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 58000.00 244500.00 (such as PACs)..... (d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)  12. Transfers From Affiliated/Other	66500.00	256500.00
Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
<ul><li>14. Loan Repayments Received</li><li>15. Offsets To Operating Expenditures</li></ul>	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00

16. Retunds 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
(IIOIII GGIIGGGIG 110)		
(b) Levin Funds (from Schedule H5)	0.00	00

(b) Levin Funds (from Schedule H5)	_		-			7		0.00				7			7	_		0.00	
(c) Total Transfers (add 18(a) and 18(b))	Ξ	Ξ	-	Ξ	Ξ	-		0.00		Ι	Ι	-7	Ι	Ξ	-7	Ι	I	0.00	

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	66500.00	256500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	66500.00	256500.00

### **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     Activity (from Schedule H4)		Calcination Foundation				
(i) Federal Share	0.00	0.00				
(ii) Non-Federal Share	0.00	0.00				
(b) Other Federal Operating						
Expenditures(c) Total Operating Expenditures	29912.65	95140.16				
(add 21(a)(i), (a)(ii), and (b))▶	29912.65	95140.16				
Transfers to Affiliated/Other Party Committees	0.00	0.00				
Contributions to Federal Candidates/Committees	4 4					
and Other Political Committees Independent Expenditures	50000.00	130000.00				
(use Schedule E) Coordinated Party Expenditures	0.00	0.00				
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00				
Loan Repayments Made	0.00	0.00				
Loans MadeRefunds of Contributions To:	0.00	0.00				
(a) Individuals/Persons Other Than Political Committees	0.00	0.00				
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees	0.00	45 45				
(such as PACs)(d) Total Contribution Refunds	0.00	0.00				
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00				
Other Disbursements (Including						
Non-Federal Donations)	0.00	0.00				
Federal Election Activity (52 U.S.C. § 30101(20 (a) Allocated Federal Election Activity (from Schedule H6)						
(i) Federal Share	0.00	0.00				
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00				
Entirely With Federal Funds	0.00	0.00				
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))	79912.65	225140.16				
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)						
from Line 31)	79912.65	225140.16				

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	66500.00	256500.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	66500.00	256500.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	29912.65	95140.16
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	29912.65	95140.16

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

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

EOD LINE NUMBER: DAGE 6

	1 0	LIINL	IVO	וושטואוי	-	IIAGE	U	Oi	
Use separate schedule(s)	(che	ck only	or	ne)					
for each category of the Detailed Summary Page	×	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 of Individual (Last, First, Middle Initial) or Full Organization Name Dreyfus, Mark, , , Date of Receipt Mailing Address 5104 Oceanfront Avenue 2016 19 City Zip Code State Transaction ID: SA11AI.5407 VA Virginia Beach 23451 Amount of Each Receipt this Period FEC ID number of contributing C 2700.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) President **ECPI University** Receipt For: Aggregate Year-to-Date ▼ Primary General 2700.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gunas, Peter, J., , III Date of Receipt Mailing Address 2105 S. Randolph Street 07 2016 City State Zip Code Transaction ID: SA11AI.5493 VA Arlington 22204 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Investment Company Institute Gov. Affairs Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Jacobs, Joey, A., , Date of Receipt Mailing Address 9229 Hunterboro Drive 20 2016 City State Zip Code Transaction ID: SA11AI.5491 TN **Brentwood** 37027 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Acadia Healthcare CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) 8200.00 SUBTOTAL of Receipts This Page (optional).....

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

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

Use separate schedule(s)

FOR LINE NUMBER:						PAGE		7	OF	28
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Healthcare Freedom Fund Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Trott, David, A.,, Date of Receipt Mailing Address 158 Lake Park Drive 2016 City State Zip Code Transaction ID: SA11AI.5492 Birmingham MI 48009 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **United States** Congressman Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 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 FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional).....

8500.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 OF 28 (check only one)  11a 11b
Any information copied from such Reports and Stor for commercial purposes, other than using the			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund			
Full Name of Individual (Last, First, Middle Initi ABBVIE POLITICAL ACTION COMMITT  Mailing Address 1 N. WAUKEGAN ROAD		Organization Name	Date of Receipt
City NORTH CHICAGO	State	Zip Code 60064	7 28 2016 Transaction ID : SA11C.5387
FEC ID number of contributing federal political committee.	C co	0536573	Amount of Each Receipt this Period  2500.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	
Full Name of Individual (Last, First, Middle Initi  ALKERMES, INC. POLITICAL ACTION			Date of Receipt
Mailing Address 852 WINTER STREET  City	State	Zip Code	07 22 2016
WALTHAM	MA	02451	Transaction ID : SA11C.5375  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C co	0525063	1000.00
Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000,00	
Full Name of Individual (Last, First, Middle Initi AMERICAN HEALTH CARE ASSOCIATIO			Date of Receipt
Mailing Address PO BOX 75357		l=: 0 .	09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City WASHINGTON	State DC	Zip Code 20013	Transaction ID : SA11C.5415  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C co	0006080	1000.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	]
SUBTOTAL of Receipts This Page (optional)			4500.00

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 OF 28 (check only one)  11a 11b
	ly information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Healthcare Freedom Fund			
Α.	Full Name of Individual (Last, First, Middle Initi AMERICAN SOCIETY OF PLASTIC SUR			Date of Receipt
	Mailing Address 444 E ALGONQUIN RD			07 26 2016
	City ARLINGTON HEIGHTS	State IL	Zip Code 60005	Transaction ID : SA11C.5384  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C co	0249342	2500.00
	Name of Employer (for Individual)	Occ	supation (for Individual)	Memo Item
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	]
В.	Full Name of Individual (Last, First, Middle Initi ARGENTUM'S SILVER PAC	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 1650 KING STREET SUITE 602	1-		09 29 2016
	City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SA11C.5412  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C co	0338020	5000.00
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼  5000.00	]
<del>С</del> .	Full Name of Individual (Last, First, Middle Initi AT&T INC. FEDERAL POLITICAL ACTION	al) or Full C	Organization Name TEE (AT&T FEDERAL PAC)	Date of Receipt
	Mailing Address 208 S. AKARD STREET SUITE 1812			08 31 2016
	City DALLAS	State TX	Zip Code 75202	Transaction ID : SA11C.5405  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C co	0109017	2000.00
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2000.00	]
s	UBTOTAL of Receipts This Page (optional)			9500.00

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SC	HEDULE A (FEC Form 3X)		Lies consusts cohedule(s)	FOR LINE		R: PAG	iE 10 O	F 28
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only	一 ´			
	HEMIZED RECEIPTS		11a 13	11b	<b>X</b> 11c	12		
Anv	information copied from such Reports and Sta	atemente m	av not he sold or used by any no			15	16	17 tions
	or commercial purposes, other than using the							
I \	NAME OF COMMITTEE (In Full)							
	Healthcare Freedom Fund							
	Full Name of Individual (Last, First, Middle Initial CELGENE CORPORATION POLITICAL			Date of	Doggint			
	Mailing Address 86 MORRIS AVENUE	7.011011	OWNER	M M M		D / Y	- Y - Y -	V
				08	0		2016	
	City	State	Zip Code	Transa	ction ID	: SA11C.	5393	
-	SUMMIT	NJ	07901	Amount	of Each	Receipt th	nis Period	
	FEC ID number of contributing ederal political committee.	C co	0514331				2500.	00
	•							
	Name of Employer (for Individual)	Occ	upation (for Individual)	IVIE	mo Item			
Ī	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General	riggrogato		1				
	Other (specify) ▼		2500.00					
_	Full Name of Individual (Last, First, Middle Initia	al) or Full (	Organization Name					
	CERNER CORPORATION PAC	ai) or ruii c	riganization Name	Date of	Receipt			
Ī	Mailing Address 2800 ROCKCREEK PARKWAY	,		M = M		D / Y	2040	Υ
-	Dity	State	Zip Code	09	3		2016	
	KANSAS CITY	MO	64117			: SA11C.		
-	FEC ID number of contributing						5000	00
1	ederal political committee.	C co	0410589		7		5000.	00
Ī	Name of Employer (for Individual)	Occ	cupation (for Individual)	Me	mo Item			
ī	Receipt For:							
	Primary General	Aggregate	Year-to-Date ▼					
	Other (specify) ▼	1::	5000.00					
			, ,	*				
C.	Full Name of Individual (Last, First, Middle Initial COZEN O'CONNOR POLITICAL A	al) or Full C ACTION (	Organization Name COMMITTEE	Date of	Receipt			
Ī	Mailing Address ONE LIBERTY PLACE			M = M	/ D		Y 1 Y 1	Υ
-	1650 MARKET STREET Dity	State	Zip Code	U7	2	<sup>0</sup> : <b>SA11C</b> .	2016	
`	PHILADELPHIA	PA	19103			Receipt th		
-	FEC ID number of contributing		0040777				500.	
1	ederal political committee.	C co	0312777		,		300.	00
Ī	Name of Employer (for Individual)	Occ	upation (for Individual)	Me	mo Item			
Ī	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General		500.00	1				
	Other (enecify)							
	Other (specify)		300.00	4				
Г	Other (specify)			1				

SCH	HEDULE A (FEC Form 3X)	[			FOR LINE NUMBER: PAGE 11 OF 28							
TEI	MIZED RECEIPTS		Use separate schedule(s)	(che	ck only	on on	e)					
1 = 1	WIZED RECEIP 13	for each category of the  Detailed Summary Page		11a		11b	X	11c	12			
					13		14		15	16		17
	information copied from such Reports and Stater commercial purposes, other than using the na											;
\ N	AME OF COMMITTEE (In Full)											
<i>&gt;</i> ⊦	lealthcare Freedom Fund											
	ıll Name of Individual (Last, First, Middle Initial ELI LILLY AND COMPANY POLITICAL AC				Date of	Re	ceipt					
M	ailing Address LILLY CORPORATE CENTER				M M	/	25		/ Y	2016	Y	
Ci		State	Zip Code	ш	Transa	acti	on ID	: S/	A11C.5	397		
	NDIANAPOLIS	IN	46285		mount	of	Each	Red	ceipt th	is Period		
	EC ID number of contributing deral political committee.	C coo	0082792				,	_	-	2500.	00	
Na	ame of Employer (for Individual)	Occi	upation (for Individual)		Me	emo	Item					
R	eceipt For:	Aggregate	Year-to-Date ▼									
	Primary General	00 0	0500.00									
	Other (specify) ▼		2500.00									
	III Name of Individual (Last, First, Middle Initial		rganization Name		Date of	Ro	caint					
_	ailing Address 600 13TH STREET, N.W.			١,	M = M	1 10	D	D	/ Y	YY	Υ	
	SUITE 400				07	ľ	26	- 1		2016		
Ci	ty	State	Zip Code		Transa	actio	on ID	: S/	A11C.5	382		
M	/ASHINGTON	DC	20005		mount	of	Each	Rec	eipt th	is Period		
	EC ID number of contributing deral political committee.	C c00	0193177							1000.	00	
_	dorar pomical committee.			4 1	7				-,-			
N	ame of Employer (for Individual)	Оссі	upation (for Individual)		Me	emo	Item					
R		Aggregate	Year-to-Date ▼									
-	Primary General		1000.00									
L	Other (specify) ▼		1000.00									
	ıll Name of Individual (Last, First, Middle Initial FMR LLC POLITICAL ACTION COMMIT				Date of	Re	ceipt					
M	ailing Address 200 SEAPORT BOULEVARD, V	9B		<b>]</b> [	M = M 08	/	29	_	/ Y	2016	Y	
Ci	ty	State	Zip Code	┦ "	Trans	acti	on ID	: S	A11C.5	5401		
_B	OSTON	MA	02210		mount	of	Each	Rec	ceipt th	is Period		
	EC ID number of contributing deral political committee.	C cod	0380550		_	_	,	_	5	1500.	00	
Na	ame of Employer (for Individual)	Occi	upation (for Individual)		Me	emo	Item					
R		Aggregate	Year-to-Date ▼									
-	Primary General		1500.00									
	Other (specify)		1500.00									
					_	-	-		-	F000	00	$\overline{}$
SUE	BTOTAL of Receipts This Page (optional)		<b>&gt;</b>	إ	-	_	,	4	,	5000.	UU	4

SCHEDULE A (FEC Form 3X)		Har arranta di Lilia	FOR LINE NUMBER: PAGE 12 OF 28					
TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)					
		Detailed Summary Page	11a 11b <b>X</b> 11c 12					
Any information copied from such Reports and S	Statements mo	av not he sold or used by any no	13   14   15   16   17					
or for commercial purposes, other than using the								
NAME OF COMMITTEE (In Full)								
Healthcare Freedom Fund								
Full Name of Individual (Last, First, Middle In	itial) or Full O	rganization Name						
GROOM LAW GROUP, CHARTERED I			Date of Receipt					
Mailing Address 1701 PENNSYLVANIA AVEN	UE, NW		M - M / D - D / Y - Y - Y					
Oth	01-1-	7' O d	09 26 2016					
City WASHINGTON	State	Zip Code 20006	Transaction ID : SA11C.5408					
		20000	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C co	0394775	1000.00					
Nove of Everlance (for Individual)	0.00	unation (for Individual)	Memo Item					
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo item					
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General	Aggregate		1					
Other (specify) ▼		1000.00						
Full Name of Individual (Last First Middle In	#i-1\ F	unaniastian Nama						
Full Name of Individual (Last, First, Middle In B. LPL FINANCIAL LLC POLITICAL A			Date of Receipt					
Mailing Address 75 STATE STREET			M M / D D / Y Y Y Y					
24TH FLOOR	T-		09 30 2016					
City	State MA	Zip Code	Transaction ID : SA11C.5416					
BOSTON	IVIA	02109	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C cod	)486217	2500.00					
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General	Aggregate	Teal-to-Date •						
Other (specify) ▼		2500.00						
Full Name of Individual (Lat. 51 t. Add.)	#i=1) = E !! •	manipaling Norma						
Full Name of Individual (Last, First, Middle In MASSACHUSETTS MUTUAL LIFE INSURANCE	COMPANY P	rganization iname OLITICAL ACTION COMMITTEE	Date of Receipt					
Mailing Address 1295 STATE STREET			M = M / D = D / Y = Y = Y					
	le:	T. O. :	07 20 2016					
City SPRINGFIELD	State MA	Zip Code 01111	Transaction ID : SA11C.5373					
	1417	01111	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C co	0118943	2000.00					
·			Memo Item					
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo rem					
Receipt For:	Angregate	Year-to-Date ▼						
Primary General	Aggregate		1					
Other (specify)		5000.00						
SUBTOTAL of Receipts This Page (optional)			5500.00					
ODDITINE OF TRECEIPES THIS Page (Optional)								

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94	CHEDITIE A (EEC Form 2V)			FOR LINE NUMBER. BACE 40 OF CO.						
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 OF 28 (check only one)						
ITEMIZED RECEIPTS		RECEIPTS for each category of the								
			Detailed Summary Page	11a 11b <b>X</b> 11c 12 13 14 15 16 17						
	ny information copied from such Reports and State for commercial purposes, other than using the			erson for the purpose of soliciting contributions						
	NAME OF COMMITTEE (In Full)									
$ \rangle$	Healthcare Freedom Fund									
Α.	Full Name of Individual (Last, First, Middle Initia MERCK & CO., INC., EMPLOYEES POLITICAL PROPERTY OF THE PRO			Date of Receipt						
	Mailing Address 601 PENNSYLVANIA AVE., NV			M = M / D = D / Y = Y = Y						
	NORTH BUILDING, SUITE 120 City	0 State	Zip Code	08 18 2016						
	WASHINGTON	DC	20004	Transaction ID : SA11C.5395						
		1		Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C co	0097485	2500.00						
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item						
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General	33 13								
	Other (specify) ▼		2500.00							
В.	Full Name of Individual (Last, First, Middle Initial METLIFE INC. EMPLOYEES' POLIT			Date of Receipt						
	Mailing Address 1095 AVENUE OF THE AMERI	CAS		09 26 2016						
	City	State	Zip Code	Transaction ID : SA11C.5409						
	NEW YORK	NY	10036	Amount of Each Receipt this Period						
	FEC ID number of contributing	C co	00.40000	2000.00						
	federal political committee.	C CO	0040923	2000.00						
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item						
	Receipt For:	Aggregate	Year-to-Date ▼	_						
	Primary General	Aggregate	rear-to-date •							
	Other (specify) ▼		4500.00							
<del>С</del> .	Full Name of Individual (Last, First, Middle Initial MORTGAGE BANKERS ASSOCIATION POLI	al) or Full C TICAL ACT	Organization Name TON COMMITTEE (MORPAC)	Date of Receipt						
	Mailing Address 1919 M STREET, NW 5TH FLOOR			09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City WASHINGTON	State	Zip Code 20036	Transaction ID : SA11C.5414						
		100	20030	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C co	00004812	2500.00						
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item						
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General	23 0								
	Other (specify)		2500.00							
				7000.00						
5	SUBTOTAL of Receipts This Page (optional)			7000.00						

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 OF 28 (check only one)						
TEMIZED RECEIPTS			for each category of the							
•			Detailed Summary Page	11a 11b <b>x</b> 11c 12						
				13 14 15 16 17						
	y information copied from such Reports and State for commercial purposes, other than using the na									
$\overline{}$	NAME OF COMMITTEE (In Full)									
$\rangle$	Healthcare Freedom Fund									
١.	Full Name of Individual (Last, First, Middle Initial NOSSAMAN LLP POLITICAL ACTION CO			Date of Receipt						
	Mailing Address 1666 K STREET, NW SUITE 500			09 30 2016						
	City	State	Zip Code	Transaction ID : SA11C.5413						
	WASHINGTON	DC	20006	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C cod	0473652	500.00						
	Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item						
		Aggregate	Year-to-Date ▼							
	Primary General  Other (specify) ▼		500.00							
	Full Name of Individual (Last, First, Middle Initial	) or Full O	rganization Name							
3.	NOVO NORDISK INC. PAC (NOVO N Mailing Address 920 MASSACHUSETTS AVE, N		( PAC)	Date of Receipt						
	SUITE 500		7:n Code	09 27 2016						
	City	State	Zip Code	Transaction ID : SA11C.5410						
	WASHINGTON	DC	20001	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C coo	0424838	1000.00						
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item						
		Aggregate	Year-to-Date ▼							
	Primary General									
	Other (specify) ▼		1000.00							
<u> </u>	Full Name of Individual (Last, First, Middle Initial PFIZER INC. PAC	) or Full O	rganization Name	Date of Receipt						
	Mailing Address 235 EAST 42ND STREET			07 26 2016						
	City	State	Zip Code	Transaction ID : SA11C.5386						
	NEW YORK	NY	10017	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C co	0016683	2500.00						
	Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item						
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General	33. 334.0								
	Other (specify)		2500.00							
				4000.00						
S	UBTOTAL of Receipts This Page (optional)		·····	4000.00						

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SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15 OF 28 (check only one)						
		for each category of the	11a 11b <b>X</b> 11c 12						
		Detailed Summary Page	13 14 15 16 17						
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			erson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
Healthcare Freedom Fund									
/ Freditireary Frederic Faira									
Full Name of Individual (Last, First, Middle									
A. PRIMERICA INC POLITICAL ACTION	ON COMMITTE	E (PRIMERICA PAC)	Date of Receipt						
Mailing Address 1 PRIMERICA PARKWAY	Υ		M = M / D = D / Y = Y = Y						
		I=:	07 28 2016						
City	State	Zip Code	Transaction ID : SA11C.5389						
DULUTH	GA	30099	Amount of Each Receipt this Period						
FEC ID number of contributing	C co	0521914	2000.00						
federal political committee.	C Coo	3321914	2505.00						
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item						
rame of Employer (for marriadar)		apation (for marriada)							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General	Aggregate	Teal-to-Date V							
Other (specify) ▼		2000.00							
		4 4							
Full Name of Individual (Last, First, Middle		rganization Name							
B. RITE AID CORPORATION PAC			Date of Receipt						
Mailing Address 30 HUNTER LANE			M = M / D = D / Y = Y = Y						
City	State	Zip Code	08 29 2016						
CAMP HILL	PA	17011	Transaction ID : SA11C.5399						
	170	17011	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C cod	0104083	1000.00						
rederal pentical committee.									
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
Descipt For									
Receipt For:  Primary  General	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		1000.00							
Other (specify)		1000.00							
Full Name of Individual (Last, First, Middle	l e Initial) or Full ∩	rganization Name							
SPECTRA ENERGY CORP POLITICAL	ACTION COMMIT	TTEE (SPECTRA-DCP PAC)	Date of Receipt						
Mailing Address 5400 WESTHEIMER CO	URT		M M / D D / Y Y Y Y						
			08 02 2016						
City	State	Zip Code	Transaction ID : SA11C.5392						
HOUSTON	TX	77056	Amount of Each Receipt this Period						
FEC ID number of contributing	C co	0429662	2500.00						
federal political committee.	0 00	3423002							
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item						
, , , ,			_						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General	00 0								
Other (specify)		2500.00							
			5500.00						
SUBTOTAL of Receipts This Page (optiona		······	5555.55						
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	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 OF 28 (check only one)  11a 11b
	r information copied from such Reports and Sta or commercial purposes, other than using the n			
\	NAME OF COMMITTEE (In Full) Healthcare Freedom Fund			
\	Full Name of Individual (Last, First, Middle Initia TEACHERS INSURANCE ANNUITY ASSOC Mailing Address 601 THIRTEENTH STREET, NV SUITE 700 NORTH City WASHINGTON FEC ID number of contributing ederal political committee. Name of Employer (for Individual)  Receipt For: Primary General Other (specify)  General	State DC Coo		Date of Receipt  07
3	Full Name of Individual (Last, First, Middle Initia TEACHERS INSURANCE ANNUITY ASSOCI Mailing Address 601 THIRTEENTH STREET, NV SUITE 700 NORTH  City  WASHINGTON  FEC ID number of contributing ederal political committee.  Name of Employer (for Individual)  Receipt For:  Primary  General  Other (specify)	State DC Coo		Date of Receipt  M M M / D D / 2016  Transaction ID : SA11C.5406  Amount of Each Receipt this Period  1500.00  Memo Item
). 	Full Name of Individual (Last, First, Middle Initia THE HOME DEPOT INC. POLITICA Mailing Address 1155 F STREET, NW SUITE 400  City WASHINGTON FEC ID number of contributing ederal political committee.  Name of Employer (for Individual)  Receipt For: Primary General Other (specify)	State DC Co		Date of Receipt  M M M / 29 / 2016  Transaction ID : SA11C.5403  Amount of Each Receipt this Period  3000.00  Memo Item
SL	IBTOTAL of Receipts This Page (optional)			5500.00

COLLEDING A VEEO E COS								
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 17 OF 28					
TEMIZED RECEIPTS		for each category of the	(check only one)					
		Detailed Summary Page	11a   11b   <b>X</b>   11c   12   13   14   15   16   17					
Any information copied from such Reports and Sta or for commercial purposes, other than using the n			erson for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full)		то						
Healthcare Freedom Fund								
Full Name of Individual (Last, First, Middle Initia VERIZON COMMUNICATIONS INC. GOOD			Date of Receipt					
Mailing Address 1300 I ST NW, STE 400 WEST			M = M / D = D / Y = Y = Y					
ATTN: TAYLOR CRAIG City	State	Zip Code	07 28 2016					
WASHINGTON	DC	20005	Transaction ID : SA11C.5390  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C co	0186288	2500.00					
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00						
Full Name of Individual (Last, First, Middle Initial ZENECA INC. POLITICAL ACTION C			Date of Receipt					
Mailing Address C/O ZENECA INC.			M = M / D = D / Y = Y = Y					
1800 CONCORD PIKE, PO BOX		Zin Codo	09 27 2016					
City WILMINGTON	State	Zip Code 19850	Transaction ID : SA11C.5411  Amount of Each Receipt this Period					
FEC ID number of contributing		10000	Amount of Each Neceipt this Period					
federal political committee.	C coo	0279455	1000.00					
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
	Aggregate	Year-to-Date ▼						
Primary General  Other (specify) ▼		1000.00						
Full Name of Individual (Last, First, Middle Initia	l) or Full C	rganization Name	Date of Receipt					
Mailing Address			M = M / D = D / Y = Y = Y					
City	State	Zip Code	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С							
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼						
SUBTOTAL of Receipts This Page (optional)			3500.00					

58000.00

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SCHEDULE B (FEC Form 3X)	llaa	nata a alacelete ( )	FOR LINE NUMBER: PAGE 18 OF				F 28			
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	· ·	(check only one)  x 21b 22 23				<u> </u>	7.07	
	Detailed S	Summary Page		1b 22 8a 28	<u>,</u>	23 28c	$\begin{bmatrix} 2 \\ 2 \end{bmatrix}$		27 30b	
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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)				Dot-	of D:	churcs	mor*			
A. American Express				Date	OI DI	sburser			YIY	V
Mailing Address PO Box 1270				0	7	14			2016	Ť
,	tate	Zip Code		FEC	Identi	fication	Num	ber		
Newark Purpose of Disbursement	NJ	07101-1270						÷		
Credit Card Charges (SEE MEMO)			001							
Candidate Name			Category/			action I Each I	_		<b>5418</b> nt this P	eriod
			Type	AIIIO	ant 01	Lucii	וטטטוט	301116		-
Office Sought: House Disbursem				٦ L.				,	8453.00	)
	Primary	General								
State: District:	Other (spec	:iiy) <b>▼</b>			Memo	Item				
Full Name (Last, First, Middle Initial)										
B. Hill Country BBQ Market				Date	of Di	sburser	ment			
				М	M /	D	D /	Υ	Y	Υ
Mailing Address 410 7th Street, NW				0	7	11	1	<u></u>	2016	
,	tate DC	Zip Code 20004		FEC	Identi	fication	Num	ber		
Washington Purpose of Disbursement		20004		C						
Food/Beverage					France	action I	ים י	221D	5/19 (	
Candidate Name			Category/ Type	_			_		nt this P	eriod
Office Sought: House Disbursem									8453.00	)
	Primary	General								
State: District:	Other (spec	шу)		×	Memo	Item				
Full Name (Last, First, Middle Initial)										
C. American Express				Date	of Di	sburser	ment			
·				М		D			Y	Υ
Mailing Address PO Box 1270				0	7	15	5		2016	
City	tate	Zip Code		EEC	Idon	fication	Nlum	her		
Newark	NJ	07101-1270			iuenil	ncalion	i ivuiii	n <del>e</del> i		
Purpose of Disbursement Credit Card Charges (SEE MEMO)		T		C						
Candidate Name			Category/			action Each I			. <b>5420</b> nt this P	eriod
Office Sought: House Disbursem	ent For		Туре						677.10	0
	Primary	General			_	,			3.7.1	
	Other (spec				Memo	Item				
State: District:					vicilio	ILEIII				
						-		-	0400 :	
SUBTOTAL of Disbursements This Page (optional)			······································	<u> </u>	_	7		,	9130.1	U
TOTAL This Period (last page this line number only).										

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NAME OF COMMITTEE (In Full)			ed by any perso	on for the purpose of soliciting contributions			
Healthcare Freedom Fund							
Full Name (Last, First, Middle Initial) - Matchbox				Date of Disbursement			
Mailing Address 521 8th Street SE				07 14 2016			
City Washington Purpose of Disbursement	State DC	Zip Code 20003		FEC Identification Number			
Food/Beverage  Candidate Name			Category/	Transaction ID : SB21B.5420.0 Amount of Each Disbursement this Period			
Office Sought: House Disburser Senate President State: District:	ment For: Primary Other (spec	General	Туре	650.00 <b>X</b> Memo Item			
Full Name (Last, First, Middle Initial)  - American Express  Mailing Address PO Box 1270			Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City  Newark  Purpose of Disbursement  Credit Card Charges (Meal & Transportation)	State NJ	Zip Code 07101-1270		FEC Identification Number			
Candidate Name			Category/ Type	Transaction ID: SB21B.5421 Amount of Each Disbursement this Period			
Office Sought: House Disburser Senate President State: District:	ment For: Primary Other (spec	General		Memo Item			
Full Name (Last, First, Middle Initial) - Bank of America				Date of Disbursement			
Mailing Address PO Box 15019				08 24 2016			
Wilmington Purpose of Disbursement Credit Card Charges (SEE MEMO)	State DE	Zip Code 19886-5019		FEC Identification Number  C  Transaction ID : SB21B.5426			
Candidate Name	Category/ Type	Amount of Each Disbursement this Period					
Office Sought: House Disburser Senate President State: District:	ment For: Primary Other (spec	General cify) ▼		360.00 Memo Item			
SUBTOTAL of Disbursements This Page (optional)				530.70			

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CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	
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ny information copied from such Reports and Stat for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)  Healthcare Freedom Fund	,,		
Full Name (Last, First, Middle Initial)			
Delta Air Lines, Inc.			Date of Disbursement
Mailing Address P.O. Box 20706			08 22 2016
City Atlanta	State Zip Code 30320-6001		FEC Identification Number
Purpose of Disbursement Airfare  Candidate Name			Transaction ID : SB21B.5426.(
		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburs Senate President	ement For:  Primary General  Other (specify) ▼		360.00
State: District:	Girler (opcony)		Memo Item
Full Name (Last, First, Middle Initial) BB&T			Date of Disbursement
Mailing Address PO Box 200		07 14 2016	
City Wilson Purpose of Disbursement		FEC Identification Number	
Credit Card Charges (SEE MEMOS)  Candidate Name		001 Category/ Type	Transaction ID : SB21B.5419 Amount of Each Disbursement this Period
Senate	ement For:  Primary General  Other (coesify)	туре	1498.87
President State: District:	Other (specify)		Memo Item
Full Name (Last, First, Middle Initial) Agua 301		Date of Disbursement	
Mailing Address 301 Water Street SE			06 09 / 2016
City Washington	State Zip Code DC 20003		FEC Identification Number
Purpose of Disbursement Food/Beverage Candidate Name	003	Transaction ID : SB21B.5419.	
	Category/ Type	Amount of Each Disbursement this Period 626.84	
Senate President	ement For:  Primary General  Other (specify) ▼		X Memo Item
State: District:	_		

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CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS		arate schedule(s)	FOR LINE (check only	
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ny information copied from such Reports and State for commercial purposes, other than using the n				
NAME OF COMMITTEE (In Full)  Healthcare Freedom Fund				
Full Name (Last, First, Middle Initial)  Capitol Hill Club				Date of Disbursement
Mailing Address 300 1st Street SE				06 15 2016
City Washington	State DC	Zip Code 20003		FEC Identification Number
Purpose of Disbursement Food/Beverage Candidate Name			003	Transaction ID : SB21B.5419.2
	sement For:		Category/ Type	Amount of Each Disbursement this Period 868.03
State: Senate  President  State: District:	Primary Other (spe	General cify) ▼		<b>✗</b> Memo Item
Full Name (Last, First, Middle Initial)  BB&T				Date of Disbursement
Mailing Address PO Box 200				07 25 2016
City Wilson Purpose of Disbursement	State NC	Zip Code 27894-0200		FEC Identification Number
Credit Card Charges (SEE MEMOS)  Candidate Name			001 Category/ Type	Transaction ID : SB21B.5422 Amount of Each Disbursement this Period
Office Sought: House Disburs Senate President	Primary Other (spe	General	.,,,,	5608.33
State: District:	Other (spe	City)		Memo Item
Full Name (Last, First, Middle Initial)  American Airlines				Date of Disbursement
Mailing Address 4333 Amon Carter Boulevard MD 567				07 15 2016
City Fort Worth	State TX	Zip Code 76155		FEC Identification Number
Purpose of Disbursement Airfare			002	C Transaction ID : SB21B.5422.
Candidate Name			Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburs Senate President	sement For: Primary Other (spe	General		912.51
				Niemo item

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Use separate schedule(s) to check only one) (check one) (chec	SC	HEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 22						
Detailed Summary Page   28   28   28   20   20   20   20   20	ITE	MIZED DISBURSEMENTS									
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for for commetce by purpose, other than using the name and address of any political committee to solicit contributions from such committee.    Mailing Address State   Mailing Address 300 tast Street SE											
NAME OF COMMITTEE (in part)  Healthcare Freedom Fund  Full Name (Last, Fist, Middle Initial)  A. Capitol Hill Club  Mailing Address 300 1st Street SE  City Washington Purpose of Disbursement Food Bowinage Carididate Name  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Category/ Type  Disbursement Food Bowinage Carididate Name  Category/ Type  District  Full Name (Last, First, Middle Initial)  Ritz Caritton  Mailing Address 1515 W 3rd Street  City City Claveland Purpose of Disbursement Lodging Carididate Name  City City City City City City City Cit	Δην	r information conied from such Reports and States	Ments may r	not he sold or us							
Healthcare Freedom Fund  Full Name (Last, First, Middle Initial)  A. Capitol Hill Club  Mailing Address 300 1st Street SE  City Washington Disbursement Poodfeverage Candidate Name  City State: Disinct: Full Name (Last, First, Middle Initial) B. Ritz Caritton  Mailing Address 1515 W 3rd Street  City Cleveland Cleveland Cleveland Cleveland Cleveland Cleveland Cleveland Cleveland Commodiste Name  City Condidate Name Clast, First, Middle Initial) State: Disinct: Full Name (Last, First, Middle Initial) Candidate Name Clast, First, Middle Initial) Candidate Name Clast, First, Middle Initial) Candidate Name Clast, First, Middle Initial) Candidate Name Cliv City City Condidate Name Cliv City City Condidate Name Cliv City City City City Condidate Name Cliv City City City City Condidate Name Cliv City City City City City City City City											
Full Name (Last First, Middle initial)  A. Capitol Hill Club  Mailing Address 300 1st Street SE  City		NAME OF COMMITTEE (In Full)									
A. Capitol Hill Club  Mailing Address 300 1st Street SE  City Washington Purpose of Disbursement FoodBeverage Candidate Name  Office Sought:    Name (Last, First, Middle Initiat)		Healthcare Freedom Fund									
Mailing Address 300 fst Street SE											
Mailing Address 300 1st Street SE  City Clity Cleveland Cleveland Cleveland Cleveland Cleveland Cleveland Cleveland Cleveland Condidate Name  Cleveland Cle	Α.	Capitol Hill Club				Date of					
Washington Purpose of Disbursement Food/Beverage Candidate Name Office Sought: House Senate Primary General City Cleveland Name Category/ Type  City State Zip Code Cleveland Name Category/ Type  Office Sought: House Primary General Code Cleveland Office Sought: House Disbursement For: City State Zip Code Cleveland Name Category/ Type  Office Sought: House Disbursement For: Senate President State: Disbursement Coding Candidate Name  Office Sought: House Disbursement For: Senate President Disbursement For: Senate Primary General Cher (specify)  FEC Identification Number  Category/ Type  FEC Identification Number  FEC Identification Number  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  FEC Identification Number  FEC Identification Number  FEC Identification Number  Category/ Type  FEC Identification Number  FEC Identification Number  FEC Identification Number  Transaction ID: SB21B.5422. Amount of Each Disbursement  Transaction ID: SB21B.5422. Amount of Each Disbursement  Transaction ID: SB21B.5422.  Amount of Each Disbursement  Transaction ID: SB21B.5422.  Transaction ID: SB21B.5422.  Amount of Each Disbursement  Transaction ID: SB21B.5422.  Transaction ID: SB21B.5422.  Transaction ID: SB21B.5422.  Amount of Each Disbursement  The Purpose of	1	Mailing Address 300 1st Street SE				07					
Washington Purpose of Disbursement Food/Beverage Candidate Name Office Sought: House Senate President Disbursement For: Senate President Disbursement Foul Name (Last, First, Middle Initial) Purpose of Disbursement City Cleveland Purpose of Disbursement Lodging Candidate Name Office Sought: House Senate President Disbursement Disbursement Date of Disbursement Disbursement Disbursement Disbursement Disbursement Disbursement Disbursement Disbursement Date of Disburseme	(	City		Zip Code		FFC Id	entification	n Number			
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) (check of	E NUMBER: PAGE 23 OF 28
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NAME OF COMMITTEE (In Full) Healthcare Freedom Fund		
Full Name (Last, First, Middle Initial)  A. BB&T		Date of Disbursement
Mailing Address PO Box 200		07 24 2016
City Wilson	State Zip Code NC 27894-0200	FEC Identification Number
Purpose of Disbursement Bank Fee Candidate Name	001	Transaction ID : SB21B.5422.7
	Category/ Type ursement For:	Amount of Each Disbursement this Period  35.00
Senate President	Primary General Other (specify) ▼	<b>✗</b> Memo Item
State: District:		Monte Rom
Full Name (Last, First, Middle Initial)  3. BB&T		Date of Disbursement
Mailing Address PO Box 200		09 12 2016
City Wilson Purpose of Disbursement	State         Zip Code           NC         27894-0200	FEC Identification Number
Credit Card Charges (SEE MEMOS)  Candidate Name	001 Category/ Type	Transaction ID : SB21B.5430 Amount of Each Disbursement this Period
Senate	ursement For: Primary General	1412.21
State: President District:	Other (specify)	Memo Item
Full Name (Last, First, Middle Initial)  C. Delta Air Lines, Inc.		Date of Disbursement
Mailing Address P.O. Box 20706		08 / 03 / 2016
City Atlanta	State Zip Code GA 30320-6001	FEC Identification Number
Purpose of Disbursement Airfare  Candidate Name	002	Transaction ID : SB21B.5430.  Amount of Each Disbursement this Period
Senate	Category/ Type  ursement For:  Primary General	670.20
State: District:	Other (specify)	Memo Item
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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 24 OF						
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NAME OF COMMITTEE (In Full)									
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A. Capitol Hill Club				M = M	f Disburse	D / Y Y Y Y Y			
Mailing Address 300 1st Street SE	1			08		2 2016			
City	State DC	Zip Code 20003		FEC Id	lentificatio	n Number			
Washington Purpose of Disbursement	DC	20003							
Food/Beverage			003	C					
Candidate Name						ID: SB21B.5430.2 Disbursement this Period			
			Category/ Type	Allioui	it of Each	Disbursement this Period			
Office Sought: House Disburs	ement For:	I				740.96			
Senate	Primary	General							
President	Other (sp	ecify) $\blacktriangledown$		X Me	emo Item				
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Full Name (Last, First, Middle Initial)  B. Concentric Office LLC				Doto	f Disburse	omant			
B. Concentric Office, LLC				Date					
Mailing Address PO Box 2485				08		2016			
City	State	Zip Code		EEC. Ic	lentification	n Number			
Springfield	VA	22152				Trumbor			
Purpose of Disbursement Compliance Services									
Candidate Name					ID : SB21B.5425				
Caradate Hame			Category/ Type	Amoun	t of Each	Disbursement this Period			
Office Sought: House Disburs	ement For:		1,700	-		924.90			
Senate	Primary	General			4	4 4			
President	Other (sp	ecify)		☐ Me	emo Item				
State: District:				Ц					
Full Name (Last, First, Middle Initial)  C. Derr, Joshua, , ,				Date o	f Disburse	ement			
				М = М	/ D				
Mailing Address 102 Barnswallow Lane				08	2	2016			
City	State	Zip Code		FFC Id	lentification	n Number			
Stafford	VA	22556							
Purpose of Disbursement Event Expense-CD Production			T	C	ansaction	ID : SB21B.5428			
Candidate Name			Category/ Type			Disbursement this Period			
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City Nashville	State TN	Zip Code 37214		FEC I	dentificati	on Numbe	r			
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Event Expense			Г							
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Full Name (Last, First, Middle Initial)  B. Machado & Company				Date	of Disburs	sement				
- Machado & Company				M	M M / D D / Y Y Y Y					
Mailing Address 6111 Newman Road				07		26	2016			
,	State	Zip Code		FEC I	dentificati	on Numbe	r			
Fairfax Purpose of Disbursement	VA	22030-5918								
Food/Beverage (SEE MEMO)										
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	ment For:	Conoral			-		992.88			
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Full Name (Last, First, Middle Initial)										
C. Bearnaise				Date	of Disburs	sement	Y			
Mailing Address 315 Pennsylvania Avenue, SE				07	J L	12	2016			
City	State	Zip Code		FFC I	dentificati	on Numbe	ır			
Washington	DC	20002								
Purpose of Disbursement Food/Beverage				C	ransactio	n ID : SB2	21B.5423.			
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B. Machado &						Date o	f Disl			_		
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C. Machado & 0	Company					Date 0	ופוט וי	Duisei		V	Y Y Y	
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Healthcare Freedom Fund									
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A. Bearnaise				Date of L	Disburseme	nt			
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,	State	Zip Code		FEC Ider	ntification N	umber			
Washington Purpose of Disbursement	DC	20002							
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Detailed Summary Page 28 28 28 29 30 300  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)  NAME OF COMMITTEE (in Full)  Health Care Freedom Fund  Full Name (last, First, Middle Initial)  A. HOUSE MAJORITY TRUST  Mailing Address 228 SWASHINGTON STREET SUITE 115  City  ALEXANDRIA  Purpose of Disbursement  Candidate Name  Office Sought  Fell Islame (Last, First, Middle Initial)  B. WIN IN 2016  Mailing Address 320 1ST ST SE  City  WASHINGTON  Disbursement  Disbursement  Disbursement  Candidate Name  Office Sought  House  Disbursement  Disbursement  Disbursement  Candidate Name  Office Sought  Fell Islame (Last, First, Middle Initial)  Committee Contribution  Candidate Name  Office Sought  House  Disbursement  Disbursement  Disbursement  Candidate Name  Office Sought  Fell Islame (Last, First, Middle Initial)  Committee Contribution  Candidate Name  Office Sought  House  Disbursement For:  Purpose of Disbursement  Candidate Name  Office Sought  Fell Islame (Last, First, Middle Initial)  Committee Contribution  Candidate Name  Category  Transaction in D. S823.5433  Anount of Each Disbursement this Period  Transaction in D. S823.5433  Anount of Each Disbursement this Period  Office Sought  House  Disbursement  Candidate Name  Office Sought  Fell Islame (Last, First, Middle Initial)  Candidate Name  Office Sought  House  Disbursement  Candidate Name  Office Sought  Fell Islame (Last, First, Middle Initial)  Candidate Name  Office Sought  Fell Islame (Last, First, Middle Initial)  District  SubstortAl of Disbursement This Page (optional)  Fell Islame (Last, First, Middle Initial)  District  SubstortAl of Disbursement This Page (optional)  Fell Islame (Last, First, Middle Initial)  District  SubstortAl of Disbursement This Page (optional)	ITEMIZED DISBURSEMENTS			1 ` ′		76 77				
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 Purpose)  Healthcare Freedom Fund  Full Name (Last, First, Middel Initial)  A. HOUSE MAJORITY TRUST  Mailing Address 228 S WASHINGTON STREET SUITE 115  City ALEXANDRIA  Purpose of Disbursement Committee Contribution  Candidate Name  Candidate Name  City MASHINGTON  State Distinct  Full Name (Last, First, Middel Initial)  B. WIN IN 2016  City MASHINGTON  State Distinct  Full Name (Last, First, Middel Initial)  B. WIN Name (Last, First, Middel Initial)  B. WIN Name (Last, First, Middel Initial)  B. WIN Name (Last, First, Middel Initial)  Candidate Name  Category/ Type  Office Sought  House Disbursement For:  Committee Contribution  Candidate Name  Category/ Type  Transaction ID: S823-5433  Amount of Each Disbursement this Period  Transaction ID: S823-5433  Amount of Each Disbursement  Committee Contribution  Category/ Type  Transaction ID: S823-5433  Amount of Each Disbursement  Distinct  Full Name (Last, First, Middel Initial)  City Mashing Address  City State: Distinct  Full Name (Last, First, Middel Initial)  Category/ Type  Transaction ID: S823-5433  Amount of Each Disbursement this Period  Transaction ID: S823-5433  Amount of Each Disbursement this Period  Transaction ID: S823-5433  Amount of Each Disbursement this Period  Transaction ID: S823-5433  Amount of Each Disbursement this Period  Transaction ID: S823-5433  Amount of Each Disbursement this Period  Transaction ID: S823-5433  Amount of Each Disbursement this Period  Transaction ID: S823-5433  Amount of Each Disbursement this Period  Transaction ID: S823-5433  Amount of Each Disbursement this Period  Transaction ID: S823-5433  Amount of Each Disbursement this Period  Transaction ID: S823-5433  Amount of Each Disbursement this Period  Transaction ID: S823-543										
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