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 –

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** 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)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ 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 04 / 01 / 2016 through 06 / 30 / 2016

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 07 / 15 / 2016

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							

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 02/2003)

Write or Type Committee Name

Healthcare Freedom Fund

Report Covering the Period: From: 04 / 01 / 2016 To: 06 / 30 / 2016

	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	113970.59	
(c) Total Receipts (from Line 19)	46500.00	190000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	160470.59	225289.22
7. Total Disbursements (from Line 31)	80408.88	145227.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	80061.71	80061.71
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	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

FEC **Form 3X** (Rev. 06/2004)

Write or Type Committee Name

Healthcare Freedom Fund

Report Covering the Period: From: 04 / 01 / 2016 To: 06 / 30 / 2016

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)	3500.00	3500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	3500.00	3500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	43000.00	186500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▶	46500.00	190000.00
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)) ▶	46500.00	190000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	46500.00	190000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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	50408.88	65227.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	50408.88	65227.51
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	30000.00	80000.00
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))	80408.88	145227.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	80408.88	145227.51

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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)	46500.00	190000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	46500.00	190000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	50408.88	65227.51
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	50408.88	65227.51

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)
[X] 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

A.
Full Name (Last, First, Middle Initial): James Derderian
Mailing Address: 4720 32nd Street North
City: Arlington State: VA Zip Code: 22207
FEC ID number of contributing federal political committee: C
Name of Employer: Stanton Park Group
Occupation: Founder/Managing Partner
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 06 / 15 / 2016
Transaction ID : SA11AI.5316
Amount of Each Receipt this Period: 1000.00
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Jack McKee
Mailing Address: 9530 Glynn Downing Drive
City: Ooltewah State: TN Zip Code: 37363
FEC ID number of contributing federal political committee: C
Name of Employer: McKee Foods
Occupation: CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2500.00
Date of Receipt: 06 / 24 / 2016
Transaction ID : SA11AI.5317
Amount of Each Receipt this Period: 2500.00
[ ] Memo Item

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 / D D / Y Y Y Y
Amount of Each Receipt this Period:
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 3500.00

TOTAL This Period (last page this line number only) ▶ 3500.00

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)
☐ 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)
ACADIA HEALTHCARE COMPANY INC FEDPAC

Mailing Address 6100 TOWER CIRCLE ROAD
SUITE 1000

City: FRANKLIN State: TN Zip Code: 37067

FEC ID number of contributing federal political committee. C C00496919

Name of Employer

Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 05 / 03 / 2016

Transaction ID : SA11C.5241

Amount of Each Receipt this Period: 2500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
ACADIA HEALTHCARE COMPANY INC FEDPAC

Mailing Address 6100 TOWER CIRCLE ROAD
SUITE 1000

City: FRANKLIN State: TN Zip Code: 37067

FEC ID number of contributing federal political committee. C C00496919

Name of Employer

Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 06 / 30 / 2016

Transaction ID : SA11C.5267

Amount of Each Receipt this Period: 2500.00

☐ Memo Item

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

Mailing Address 800 CONNECTICUT AVENUE NW
SUITE 600

City: WASHINGTON State: DC Zip Code: 20006

FEC ID number of contributing federal political committee. C C00300707

Name of Employer

Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 27 / 2016

Transaction ID : SA11C.5245

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 6000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

A. Full Name (Last, First, Middle Initial)
ALPHA NATURAL RESOURCES, INC. POLITICAL ACTION COMMITTEE

Mailing Address 975 F STREET, NW
SUITE 530

City: WASHINGTON State: DC Zip Code: 20004

FEC ID number of contributing federal political committee. C C00348524

Name of Employer

Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 15 / 2016

Transaction ID : SA11C.5249

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
AMGEN INC. POLITICAL ACTION COMMITTEE

Mailing Address 601 13TH STREET, NW
12TH FLOOR

City: WASHINGTON State: DC Zip Code: 20005

FEC ID number of contributing federal political committee. C C00251876

Name of Employer

Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 06 / 30 / 2016

Transaction ID : SA11C.5269

Amount of Each Receipt this Period: 2500.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
BURGER KING FRANCHISEE PAC

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 ▼ 5000.00

Date of Receipt: 04 / 18 / 2016

Transaction ID : SA11C.5233

Amount of Each Receipt this Period: 4000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 7500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

A.
Full Name (Last, First, Middle Initial)
CITIGROUP INC. POLITICAL ACTION COMMITTEE - FEDERAL (CITIGROUP PAC-FEDERAL)
Mailing Address 1101 PENNSYLVANIA AVENUE NW #1000
City: WASHINGTON State: DC Zip Code: 20004
FEC ID number of contributing federal political committee. C C00008474
Name of Employer
Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 3000.00
Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11C.5265
Amount of Each Receipt this Period 3000.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
DUKE ENERGY CORPORATION PAC
Mailing Address 550 SOUTH TRYON STREET
City: CHARLOTTE State: NC Zip Code: 28202
FEC ID number of contributing federal political committee. C C00083535
Name of Employer
Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 04 / 29 / 2016
Transaction ID : SA11C.5237
Amount of Each Receipt this Period 500.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
GENERAL MOTORS COMPANY POLITICAL ACTION COMMITTEE (GM PAC)
Mailing Address 25 MASSACHUSETTS AVENUE, NW SUITE 400
City: WASHINGTON State: DC Zip Code: 20001
FEC ID number of contributing federal political committee. C C00076810
Name of Employer
Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00
Date of Receipt: 06 / 24 / 2016
Transaction ID : SA11C.5257
Amount of Each Receipt this Period 1500.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 5000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (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.P.H.F.H.A. INC. POLITICAL ACTION COMMITTEE INC.

Mailing Address 7829 E. ROCKHILL #201

City: WICHITA State: KS Zip Code: 67206

FEC ID number of contributing federal political committee. C C00251447

Name of Employer

Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

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

Transaction ID : SA11C.5271

Amount of Each Receipt this Period 2500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
MORE CONSERVATIVES PAC (MCPAC)

Mailing Address 228 S WASHINGTON ST STE 115

City: ALEXANDRIA State: VA Zip Code: 22314

FEC ID number of contributing federal political committee. C C00540187

Name of Employer

Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt M M 06 / D D 24 / Y Y Y Y 2016

Transaction ID : SA11C.5261

Amount of Each Receipt this Period 2500.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
PACIFIC LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 700 NEWPORT CENTER DRIVE

City: NEWPORT BEACH State: CA Zip Code: 92660

FEC ID number of contributing federal political committee. C C00068528

Name of Employer

Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt M M 04 / D D 26 / Y Y Y Y 2016

Transaction ID : SA11C.5235

Amount of Each Receipt this Period 1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 6000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (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)
PHARMACEUTICAL RESEARCH & MANUFACTURERS OF AMERICA BETTER GOVERNMENT COMMITTEE

Mailing Address 950 F STREET, NW
SUITE 300

City: WASHINGTON
State: DC
Zip Code: 20004

FEC ID number of contributing federal political committee. C C00021972

Name of Employer:
Occupation:

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 30 / 2016
Transaction ID : SA11C.5266

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
TEACHERS INSURANCE ANNUITY ASSOCIATION OF AMERICA PAC (TIAA PAC)

Mailing Address 601 THIRTEENTH STREET, NW
SUITE 700 NORTH

City: WASHINGTON
State: DC
Zip Code: 20005

FEC ID number of contributing federal political committee. C C00431361

Name of Employer:
Occupation:

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 06 / 16 / 2016
Transaction ID : SA11C.5251

Amount of Each Receipt this Period: 2500.00

☐ Memo Item

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

Mailing Address 40 WESTMINSTER STREET

City: PROVIDENCE
State: RI
Zip Code: 02903

FEC ID number of contributing federal political committee. C C00123612

Name of Employer:
Occupation:

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 20 / 2016
Transaction ID : SA11C.5253

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 4500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☐ 11a ☐ 11b ☒ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

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

Mailing Address 100 N.E. ADAMS STREET

City: PEORIA | State: IL | Zip Code: 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 ▼ 5000.00

Date of Receipt: 04 / 29 / 2016

Transaction ID : SA11C.5239

Amount of Each Receipt this Period: 5000.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
THE VANGUARD GROUP COMMITTEE FOR RESPONSIBLE GOVERNMENT

Mailing Address 975 F STREET NW
SUITE 500

City: WASHINGTON | State: DC | Zip Code: 20004

FEC ID number of contributing federal political committee. C C00410266

Name of Employer | Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 06 / 27 / 2016

Transaction ID : SA11C.5263

Amount of Each Receipt this Period: 2000.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
UNITED PARCEL SERVICE INC. PAC

Mailing Address 55 GLENLAKE PARKWAY NE

City: ATLANTA | State: GA | Zip Code: 30328

FEC ID number of contributing federal political committee. C C00064766

Name of Employer | Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2428.50

Date of Receipt: 04 / 19 / 2016

Transaction ID : SA11C.5218

Amount of Each Receipt this Period: 200.00

☐ Memo Item

In-kind - Facility Rental

SUBTOTAL of Receipts This Page (optional) ▶ 7200.00

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)
☐ 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)
UNITED PARCEL SERVICE INC. PAC

Mailing Address 55 GLENLAKE PARKWAY NE

City: ATLANTA State: GA Zip Code: 30328

FEC ID number of contributing federal political committee. C C00064766

Name of Employer

Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2228.50

Date of Receipt: 04 / 19 / 2016

Transaction ID : SA11C.5219

Amount of Each Receipt this Period: 84.00

☐ Memo Item

In-kind - Beverage

B. Full Name (Last, First, Middle Initial)
UNITED PARCEL SERVICE INC. PAC

Mailing Address 55 GLENLAKE PARKWAY NE

City: ATLANTA State: GA Zip Code: 30328

FEC ID number of contributing federal political committee. C C00064766

Name of Employer

Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2144.50

Date of Receipt: 04 / 19 / 2016

Transaction ID : SA11C.5220

Amount of Each Receipt this Period: 994.50

☐ Memo Item

In-kind - B.Lin Catering

C. Full Name (Last, First, Middle Initial)
UNITED PARCEL SERVICE INC. PAC

Mailing Address 55 GLENLAKE PARKWAY NE

City: ATLANTA State: GA Zip Code: 30328

FEC ID number of contributing federal political committee. C C00064766

Name of Employer

Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt: 04 / 19 / 2016

Transaction ID : SA11C.5221

Amount of Each Receipt this Period: 1150.00

☐ Memo Item

In-kind - Catering Fees (Creative4Asian)

SUBTOTAL of Receipts This Page (optional) ▶ 2228.50

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)
☐ 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)
UNITED PARCEL SERVICE INC. PAC

Mailing Address 55 GLENLAKE PARKWAY NE

City: ATLANTA State: GA Zip Code: 30328

FEC ID number of contributing federal political committee. C C00064766

Name of Employer

Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 3208.50

Date of Receipt: 04 / 20 / 2016

Transaction ID : SA11C.5222

Amount of Each Receipt this Period: 200.00

☐ Memo Item

In-kind - Facility Rental

B. Full Name (Last, First, Middle Initial)
UNITED PARCEL SERVICE INC. PAC

Mailing Address 55 GLENLAKE PARKWAY NE

City: ATLANTA State: GA Zip Code: 30328

FEC ID number of contributing federal political committee. C C00064766

Name of Employer

Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 3008.50

Date of Receipt: 04 / 20 / 2016

Transaction ID : SA11C.5223

Amount of Each Receipt this Period: 280.00

☐ Memo Item

In-kind - Beverage

C. Full Name (Last, First, Middle Initial)
UNITED PARCEL SERVICE INC. PAC

Mailing Address 55 GLENLAKE PARKWAY NE

City: ATLANTA State: GA Zip Code: 30328

FEC ID number of contributing federal political committee. C C00064766

Name of Employer

Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2728.50

Date of Receipt: 04 / 20 / 2016

Transaction ID : SA11C.5224

Amount of Each Receipt this Period: 300.00

☐ Memo Item

In-kind - B.Lin Catering Services

SUBTOTAL of Receipts This Page (optional) ▶ 780.00

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)
☐ 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)
UNITED PARCEL SERVICE INC. PAC
Mailing Address 55 GLENLAKE PARKWAY NE
City: ATLANTA State: GA Zip Code: 30328
FEC ID number of contributing federal political committee. C C00064766
Name of Employer
Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 05 / 24 / 2016
Transaction ID : SA11C.5243
Amount of Each Receipt this Period: 1791.50
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT
Mailing Address 702 S.W. 8TH STREET
City: BENTONVILLE State: AR Zip Code: 72716
FEC ID number of contributing federal political committee. C C00093054
Name of Employer
Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 06 / 24 / 2016
Transaction ID : SA11C.5259
Amount of Each Receipt this Period: 2000.00
☐ Memo Item

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 / D D / Y Y Y Y
Amount of Each Receipt this Period
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 3791.50

TOTAL This Period (last page this line number only) ▶ 43000.00

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

A. Full Name (Last, First, Middle Initial): BB&T
Mailing Address: PO Box 200
City: Wilson State: NC Zip Code: 27894-0200
Purpose of Disbursement: Food/Beverage (See Memo)
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 04 / 14 / 2016
Transaction ID : SB21B.5278
Amount of Each Disbursement this Period: 820.84
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Capitol Hill Club
Mailing Address: 300 1st Street SE
City: Washington State: DC Zip Code: 20003
Purpose of Disbursement: Food/Beverage
Candidate Name:
Category/Type: 003
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 15 / 2016
Transaction ID : SB21B.5278.0
Amount of Each Disbursement this Period: 820.84
[X] Memo Item

C. Full Name (Last, First, Middle Initial): BB&T
Mailing Address: PO Box 200
City: Wilson State: NC Zip Code: 27894-0200
Purpose of Disbursement: Food/Beverage (See Memo)
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 05 / 04 / 2016
Transaction ID : SB21B.5282
Amount of Each Disbursement this Period: 1572.56
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2393.40

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

A. Full Name (Last, First, Middle Initial): Capitol Hill Club
Mailing Address: 300 1st Street SE
City: Washington State: DC Zip Code: 20003
Purpose of Disbursement: Food/Beverage
Candidate Name:
Category/Type: 003
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 04 / 15 / 2016
Transaction ID : SB21B.5282.0
Amount of Each Disbursement this Period: 1572.56
[X] Memo Item

B. Full Name (Last, First, Middle Initial): BB&T
Mailing Address: PO Box 200
City: Wilson State: NC Zip Code: 27894-0200
Purpose of Disbursement: Credit Card Charges (See Memos)
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 06 / 15 / 2016
Transaction ID : SB21B.5289
Amount of Each Disbursement this Period: 2304.43
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): American Airlines
Mailing Address: 4333 Amon Carter Boulevard MD 567
City: Fort Worth State: TX Zip Code: 76155
Purpose of Disbursement: Airfare
Candidate Name:
Category/Type: 002
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 04 / 28 / 2016
Transaction ID : SB21B.5289.0
Amount of Each Disbursement this Period: 332.10
[X] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2304.43

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

A. Full Name (Last, First, Middle Initial): Giuseppe's Italian Dining & Cafe
Mailing Address: 2539 East Stone Drive
City: Kingport State: TN Zip Code: 37660
Purpose of Disbursement: Food/Beverage
Category/Type: 003
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 05 / 03 / 2016
Transaction ID : SB21B.5289.1
Amount of Each Disbursement this Period: 1236.96
[X] Memo Item

B. Full Name (Last, First, Middle Initial): Capitol Hill Club
Mailing Address: 300 1st Street SE
City: Washington State: DC Zip Code: 20003
Purpose of Disbursement: Food/Beverage
Category/Type: 003
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 05 / 16 / 2016
Transaction ID : SB21B.5289.2
Amount of Each Disbursement this Period: 735.37
[X] Memo Item

C. Full Name (Last, First, Middle Initial): Concentric Office, LLC
Mailing Address: PO Box 2485
City: Springfield State: VA Zip Code: 22152
Purpose of Disbursement: Compliance Services
Category/Type: 001
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 05 / 17 / 2016
Transaction ID : SB21B.5284
Amount of Each Disbursement this Period: 935.94
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 935.94

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

A. Full Name (Last, First, Middle Initial)
Entertainment Sound Production, Inc.

Mailing Address 2311 Kansas Avenue

City: Silver Spring State: MD Zip Code: 20910

Purpose of Disbursement: Event Entertainment

Candidate Name:

Category/Type: 003

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 04 / 13 / 2016

Transaction ID : SB21B.5275

Amount of Each Disbursement this Period: 1755.00

[ ] Memo Item

B. Full Name (Last, First, Middle Initial)
Levy Restaurants

Mailing Address 2801 Highway 11 E

City: Bristol State: TN Zip Code: 37620

Purpose of Disbursement: Food/Beverage

Candidate Name:

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 06 / 06 / 2016

Transaction ID : SB21B.5286

Amount of Each Disbursement this Period: 837.51

[ ] Memo Item

C. Full Name (Last, First, Middle Initial)
Machado & Company

Mailing Address 6111 Newman Road

City: Fairfax State: VA Zip Code: 22030-5918

Purpose of Disbursement: Fundraising Consulting

Candidate Name:

Category/Type: 003

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 04 / 11 / 2016

Transaction ID : SB21B.5273

Amount of Each Disbursement this Period: 12375.00

[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 14967.51

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

A. Full Name (Last, First, Middle Initial): Machado & Company
Mailing Address: 6111 Newman Road
City: Fairfax State: VA Zip Code: 22030-5918
Purpose of Disbursement: Fundraising Consulting/Expenses (See Memos)
Candidate Name:
Category/Type: 003
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 06 / 30 / 2016
Transaction ID : SB21B.5292
Amount of Each Disbursement this Period: 23964.17
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Machado & Company
Mailing Address: 6111 Newman Road
City: Fairfax State: VA Zip Code: 22030-5918
Purpose of Disbursement: Fundraising Consulting
Candidate Name:
Category/Type: 003
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 04 / 01 / 2016
Transaction ID : SB21B.5292.0
Amount of Each Disbursement this Period: 21525.00
[X] Memo Item

C. Full Name (Last, First, Middle Initial): Mastro's Steakhouse
Mailing Address: 600 13th St NW
City: Washington State: DC Zip Code: 20005
Purpose of Disbursement: Food/Beverage
Candidate Name:
Category/Type: 003
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 06 / 20 / 2016
Transaction ID : SB21B.5292.4
Amount of Each Disbursement this Period: 2138.35
[X] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 23964.17

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

A. Full Name (Last, First, Middle Initial): Songs from the Heart
Mailing Address: 5451 Waddell Hollow Road
City: Franklin State: TN Zip Code: 37064
Purpose of Disbursement: Event Entertainment
Candidate Name:
Category/Type: 003
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 04 / 21 / 2016
Transaction ID : SB21B.5281
Amount of Each Disbursement this Period: 1750.00
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): United Parcel Service
Mailing Address: 316 Pennsylvania Avenue, SE Suite 300
City: Washington State: DC Zip Code: 20003
Purpose of Disbursement: Facility Rental
Candidate Name:
Category/Type: 003
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 04 / 13 / 2016
Transaction ID : SB21B.5277
Amount of Each Disbursement this Period: 600.00
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): UNITED PARCEL SERVICE INC. PAC
Mailing Address: 55 GLENLAKE PARKWAY NE
City: ATLANTA State: GA Zip Code: 30328
Purpose of Disbursement: In-kind - Catering Fees (Creative4Asian)
Candidate Name:
Category/Type: 003
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 04 / 19 / 2016
Transaction ID : SB21B.5229
Amount of Each Disbursement this Period: 1150.00
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

A. Full Name (Last, First, Middle Initial)
UNITED PARCEL SERVICE INC. PAC

Mailing Address 55 GLENLAKE PARKWAY NE

City: ATLANTA State: GA Zip Code: 30328

Purpose of Disbursement: In-kind - B.Lin Catering

Candidate Name:

Category/Type: 003

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 04 / 19 / 2016

Transaction ID : SB21B.5230

Amount of Each Disbursement this Period: 994.50

[ ] Memo Item

B. Full Name (Last, First, Middle Initial)
UNITED PARCEL SERVICE INC. PAC

Mailing Address 55 GLENLAKE PARKWAY NE

City: ATLANTA State: GA Zip Code: 30328

Purpose of Disbursement: In-kind - Beverage

Candidate Name:

Category/Type: 003

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 04 / 19 / 2016

Transaction ID : SB21B.5231

Amount of Each Disbursement this Period: 84.00

[ ] Memo Item

C. Full Name (Last, First, Middle Initial)
UNITED PARCEL SERVICE INC. PAC

Mailing Address 55 GLENLAKE PARKWAY NE

City: ATLANTA State: GA Zip Code: 30328

Purpose of Disbursement: In-kind - B.Lin Catering Services

Candidate Name:

Category/Type: 003

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 04 / 20 / 2016

Transaction ID : SB21B.5226

Amount of Each Disbursement this Period: 300.00

[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1378.50

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

A.
Full Name (Last, First, Middle Initial): UNITED PARCEL SERVICE INC. PAC
Mailing Address: 55 GLENLAKE PARKWAY NE
City: ATLANTA State: GA Zip Code: 30328
Purpose of Disbursement: In-kind - Beverage
Category/Type: 003
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 04 / 20 / 2016
Transaction ID : SB21B.5227
Amount of Each Disbursement this Period: 280.00
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): UNITED PARCEL SERVICE INC. PAC
Mailing Address: 55 GLENLAKE PARKWAY NE
City: ATLANTA State: GA Zip Code: 30328
Purpose of Disbursement: In-kind - Facility Rental
Category/Type: 003
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 04 / 20 / 2016
Transaction ID : SB21B.5228
Amount of Each Disbursement this Period: 200.00
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Category/Type:
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 480.00

TOTAL This Period (last page this line number only) ▶ 49923.95

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

A.
Full Name (Last, First, Middle Initial): NRSC
Mailing Address: 425 2ND STREET NE
City: WASHINGTON State: DC Zip Code: 20002
Purpose of Disbursement: Committee Contribution
Category/Type: 011
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 15 / 2016
Transaction ID : SB23.5291
Amount of Each Disbursement this Period: 30000.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Category/Type:
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:
☐ Memo Item

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Category/Type:
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 30000.00

TOTAL This Period (last page this line number only) ▶ 30000.00