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 M M / D D / Y Y Y Y in the State of

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

Election on 11 / 04 / 2014 in the State of

5. Covering Period 10 / 16 / 2014 through 11 / 24 / 2014

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 12 / 04 / 2014

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

Office Use Only

FEC FORM 3X
Rev. 12/2004

FE6AN026

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: 10/16/2014 To: 11/24/2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		57583.50
(b) Cash on Hand at Beginning of Reporting Period	60278.03	
(c) Total Receipts (from Line 19)	32000.00	215100.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	92278.03	272683.50
7. Total Disbursements (from Line 31)	13396.59	193802.06
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	78881.44	78881.44
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: 10 / 16 / 2014 To: 11 / 24 / 2014

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)	2500.00	6500.00
(ii) Unitemized	0.00	1600.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	2500.00	8100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	29500.00	207000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▶	32000.00	215100.00
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)) ▶	32000.00	215100.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	32000.00	215100.00

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	13396.59	96602.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	13396.59	96602.06
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	97200.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	13396.59	193802.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	13396.59	193802.06

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)	32000.00	215100.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32000.00	215100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	13396.59	96602.06
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	13396.59	96602.06

Image# 14952802949

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
PAGE 6 OF 18

- [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)
Kevin Binger
Mailing Address 12910 Creamery Hill Drive
City: Germantown | State: MD | Zip Code: 20874
FEC ID number of contributing federal political committee: C
Name of Employer: Cassidy & Associates
Occupation: Senior VP
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 / 24 / 2014
Transaction ID : SA11AI.4657
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Timothy S. Smyth
Mailing Address 101 Med Tech Parkway Suite 200
City: Johnson City | State: TN | Zip Code: 37604-4001
FEC ID number of contributing federal political committee: C
Name of Employer: Pain Medicine Associates
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 11 / 04 / 2014
Transaction ID : SA11AI.4659
Amount of Each Receipt this Period: 2000.00

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date:

Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) ▶ 2500.00

TOTAL This Period (last page this line number only) ▶ 2500.00

Image# 14952802950

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

NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

A. Full Name (Last, First, Middle Initial)
AHS MEDICAL HOLDINGS LLC GOOD GOVERNMENT FUND
Mailing Address ONE BURTON HILLS BOULEVARD
SUITE 250
City: NASHVILLE State: TN Zip Code: 37215
FEC ID number of contributing federal political committee: C C00390963
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 10 / 24 / 2014
Transaction ID : SA11C.4640
Amount of Each Receipt this Period: 2500.00

B. Full Name (Last, First, Middle Initial)
AMERICAN GASTROENTEROLOGICAL ASSOCIATION INC. PAC
Mailing Address 4926 DELRAY AVENUE
City: BETHESDA State: MD Zip Code: 20814
FEC ID number of contributing federal political committee: C C00423228
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 11 / 05 / 2014
Transaction ID : SA11C.4654
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
ASIAN AMERICAN HOTEL OWNERS ASSOCIATION PAC (AAHOA PAC)
Mailing Address 228 S. WASHINGTON STREET
SUITE 115
City: ALEXANDRIA State: VA Zip Code: 22314
FEC ID number of contributing federal political committee: C C00336743
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 20 / 2014
Transaction ID : SA11C.4632
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 4500.00

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

Image# 14952802951

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

NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

A. Full Name (Last, First, Middle Initial)
BRYAN CAVE LLP POLITICAL ACTION COMMITTEE
Mailing Address 1155 F STREET NW
SUITE 700
City: WASHINGTON State: DC Zip Code: 20004
FEC ID number of contributing federal political committee: C C00332643
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 10 / 31 / 2014
Transaction ID : SA11C.4687
Amount of Each Receipt this Period: 1500.00

B. Full Name (Last, First, Middle Initial)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE
Mailing Address 501 CORPORATE CENTRE DRIVE STE 200
City: FRANKLIN State: TN Zip Code: 37067
FEC ID number of contributing federal political committee: C C00421420
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 11 / 03 / 2014
Transaction ID : SA11C.4646
Amount of Each Receipt this Period: 1500.00

C. Full Name (Last, First, Middle Initial)
COMMUNITY HEALTH SYSTEM PROFESSIONAL SERVIES CORPORATION POL ACTION CMTE (A/K/A CHS PAC)
Mailing Address 4000 MERIDIAN BLVD.
City: FRANKLIN State: TN Zip Code: 37067
FEC ID number of contributing federal political committee: C C00485896
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 10 / 24 / 2014
Transaction ID : SA11C.4639
Amount of Each Receipt this Period: 2500.00

SUBTOTAL of Receipts This Page (optional) ▶ 5500.00

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

Image# 14952802952

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

NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

A. Full Name (Last, First, Middle Initial)
FEDERATION OF AMERICAN HOSPITALS PAC

Mailing Address 750 9TH STREET NW
SUITE 600

City: WASHINGTON | State: DC | Zip Code: 20001

FEC ID number of contributing federal political committee: C C00002261

Name of Employer:

Occupation:

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

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 11 / 04 / 2014

Transaction ID : SA11C.4652

Amount of Each Receipt this Period: 2500.00

B. Full Name (Last, First, Middle Initial)
HCA INC. GOOD GOVERNMENT FUND

Mailing Address PO BOX 550
ONE PARK PLAZA

City: NASHVILLE | State: TN | Zip Code: 37203

FEC ID number of contributing federal political committee: C C00067231

Name of Employer:

Occupation:

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

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 11 / 04 / 2014

Transaction ID : SA11C.4651

Amount of Each Receipt this Period: 2500.00

C. Full Name (Last, First, Middle Initial)
HEALTH DIAGNOSTIC LABORATORY INC. PAC

Mailing Address 737 N. 5TH STREET
SUITE 200

City: RICHMOND | State: VA | Zip Code: 23219

FEC ID number of contributing federal political committee: C C00526491

Name of Employer:

Occupation:

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

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 10 / 21 / 2014

Transaction ID : SA11C.4636

Amount of Each Receipt this Period: 1500.00

SUBTOTAL of Receipts This Page (optional) ▶ 6500.00

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

Image# 14952802953

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

NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

A. Full Name (Last, First, Middle Initial)
I-VOTE HEALTH OF IASIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 117 SEABOARD LANE STE E

City: FRANKLIN | State: TN | Zip Code: 37067

FEC ID number of contributing federal political committee: C C00540435

Name of Employer | Occupation

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

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 10 / 24 / 2014

Transaction ID : SA11C.4638

Amount of Each Receipt this Period: 1500.00

B. Full Name (Last, First, Middle Initial)
MERCK & CO., INC., EMPLOYEES POLITICAL ACTION COMMITTEE (MERCK PAC)

Mailing Address 601 PENNSYLVANIA AVE., NW
NORTH BUILDING, SUITE 1200

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

FEC ID number of contributing federal political committee: C C00097485

Name of Employer | Occupation

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 20 / 2014

Transaction ID : SA11C.4634

Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
NATIONAL ATHLETIC TRAINERS' ASSOCIATION INC POLITICAL ACTION COMMITTEE (NATA

Mailing Address 2952 STEMMONS FREEWAY

City: DALLAS | State: TX | Zip Code: 75247

FEC ID number of contributing federal political committee: C C00408518

Name of Employer | Occupation

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 30 / 2014

Transaction ID : SA11C.4644

Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 3500.00

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

Image# 14952802954

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

NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

A. Full Name (Last, First, Middle Initial)
NATIONAL HEALTH CORPORATION POLITICAL ACTION COMMITTEE
Mailing Address P.O. BOX 1398
City: MURFREESBORO State: TN Zip Code: 37130
FEC ID number of contributing federal political committee: C C00153445
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00
Date of Receipt: 10 / 27 / 2014
Transaction ID : SA11C.4642
Amount of Each Receipt this Period: 2500.00

B. Full Name (Last, First, Middle Initial)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE
Mailing Address 1445 ROSS AVENUE SUITE 1400
City: DALLAS State: TX Zip Code: 75202
FEC ID number of contributing federal political committee: C C00119354
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00
Date of Receipt: 11 / 04 / 2014
Transaction ID : SA11C.4653
Amount of Each Receipt this Period: 2500.00

C. 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 ▼ 1000.00
Date of Receipt: 11 / 24 / 2014
Transaction ID : SA11C.4655
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 6000.00

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

Image# 14952802955

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

NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

A. Full Name (Last, First, Middle Initial)
UBS AMERICAS INC. POLITICAL ACTION COMMITTEE (UBS PAC)

Mailing Address 400 ATLANTIC STREET
C/O PER DYRVIK

City: STAMFORD | State: CT | Zip Code: 06901

FEC ID number of contributing federal political committee: C C00012245

Name of Employer | Occupation

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

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 11 / 03 / 2014

Transaction ID : SA11C.4647

Amount of Each Receipt this Period: 2500.00

B. Full Name (Last, First, Middle Initial)
UNIVERSAL HEALTH SERVICES INC EMPLOYEES' GOOD GOVERNMENT FUND

Mailing Address 367 SOUTH GULPH ROAD

City: KING OF PRUSSIA | State: PA | Zip Code: 19406

FEC ID number of contributing federal political committee: C C00185520

Name of Employer | Occupation

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 11 / 04 / 2014

Transaction ID : SA11C.4649

Amount of Each Receipt this Period: 1000.00

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

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer | Occupation

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

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶ 3500.00

TOTAL This Period (last page this line number only) ▶ 29500.00

Image# 14952802956

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

NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

A. Full Name (Last, First, Middle Initial)
Bank of America

Mailing Address PO Box 15019

City: Wilmington | State: DE | Zip Code: 19886-5019

Purpose of Disbursement: Ruth's Chris Steak House

Candidate Name:

Category/Type: 003

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 10 / 24 / 2014

Transaction ID : SB21B.4661

Amount of Each Disbursement this Period: 2293.54

B. Full Name (Last, First, Middle Initial)
BB&T

Mailing Address 1909 K Street, NW

City: Washington | State: DC | Zip Code: 20006

Purpose of Disbursement: Credit Card Charges

Candidate Name:

Category/Type: 001

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 11 / 04 / 2014

Transaction ID : SB21B.4667

Amount of Each Disbursement this Period: 3589.81

C. 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: 10 / 19 / 2014

Transaction ID : SB21B.4682

Amount of Each Disbursement this Period: 386.18

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 5883.35

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

Image# 14952802957

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

NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

A. Full Name (Last, First, Middle Initial)
Concentric Office, LLC

Mailing Address 8136 Old Keene Mill Road
Suite A300

City: Springfield | State: VA | Zip Code: 22152

Purpose of Disbursement: Compliance Services

Category/Type: 001

Candidate Name:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 10 / 31 / 2014

Transaction ID : SB21B.4666

Amount of Each Disbursement this Period: 933.99

B. Full Name (Last, First, Middle Initial)
Delta Air Lines, Inc.

Mailing Address P.O. Box 20706

City: Atlanta | State: GA | Zip Code: 30320-6001

Purpose of Disbursement: Airfare

Category/Type: 002

Candidate Name:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 10 / 09 / 2014

Transaction ID : SB21B.4670

Amount of Each Disbursement this Period: 890.70

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Delta Air Lines, Inc.

Mailing Address P.O. Box 20706

City: Atlanta | State: GA | Zip Code: 30320-6001

Purpose of Disbursement: Airfare

Category/Type: 002

Candidate Name:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 10 / 12 / 2014

Transaction ID : SB21B.4673

Amount of Each Disbursement this Period: 380.20

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 933.99

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

NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

A. Full Name (Last, First, Middle Initial)
Dollar Rent A Car

Mailing Address 334 Lucas Drive

City: Detroit | State: MI | Zip Code: 48242

Purpose of Disbursement: Transportation

Category/Type: 002

Candidate Name:

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

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

Date of Disbursement: 10 / 17 / 2014

Transaction ID : SB21B.4674

Amount of Each Disbursement this Period: 104.26

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Hertz Rent-A-Car

Mailing Address 30 Lodge Street

City: Albany | State: NY | Zip Code: 12207

Purpose of Disbursement: Transportation

Category/Type: 002

Candidate Name:

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

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

Date of Disbursement: 10 / 19 / 2014

Transaction ID : SB21B.4676

Amount of Each Disbursement this Period: 19.49

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Hilton Garden Inn

Mailing Address 800 Albany Shaker Road

City: Albany | State: NY | Zip Code: 12211

Purpose of Disbursement: Lodging

Category/Type: 002

Candidate Name:

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

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

Date of Disbursement: 10 / 20 / 2014

Transaction ID : SB21B.4683

Amount of Each Disbursement this Period: 253.08

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

A. Full Name (Last, First, Middle Initial)
Loew's Vanderbilt

Mailing Address 2100 West End Avenue

City: Nashville | State: TN | Zip Code: 37203

Purpose of Disbursement: Transportation

Category/Type: 002

Candidate Name:

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

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

Date of Disbursement: 10 / 22 / 2014

Transaction ID : SB21B.4685

Amount of Each Disbursement this Period: 28.41

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Machado & Co.

Mailing Address 6111 Newman Road

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

Purpose of Disbursement: Fundraising Consulting

Category/Type: 003

Candidate Name:

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

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

Date of Disbursement: 11 / 24 / 2014

Transaction ID : SB21B.4665

Amount of Each Disbursement this Period: 6550.50

C. Full Name (Last, First, Middle Initial)
Ruth's Chris Steak House

Mailing Address 2400 West End Avenue

City: Nashville | State: TN | Zip Code: 37203

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: 10 / 20 / 2014

Transaction ID : SB21B.4662

Amount of Each Disbursement this Period: 2293.54

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 6550.50

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

Image# 14952802960

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

NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

A. Full Name (Last, First, Middle Initial)
Sunoco

Mailing Address 656 Albany-Shaker Road

City: Albany | State: NY | Zip Code: 12211

Purpose of Disbursement: Transportation

Category/Type: 002

Candidate Name:

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

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

Date of Disbursement: 10 / 19 / 2014

Transaction ID : SB21B.4680

Amount of Each Disbursement this Period: 26.97

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
The Westin Detroit Metropolitan Airport

Mailing Address 2501 WorldGateway Place

City: Detroit | State: MI | Zip Code: 48242

Purpose of Disbursement: Lodging

Category/Type: 002

Candidate Name:

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

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

Date of Disbursement: 10 / 19 / 2014

Transaction ID : SB21B.4678

Amount of Each Disbursement this Period: 357.92

[MEMO ITEM]

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

Mailing Address 4000 E. Sky Harbor Blvd.

City: Phoenix | State: AZ | Zip Code: 85034

Purpose of Disbursement: Airfare

Category/Type: 002

Candidate Name:

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

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

Date of Disbursement: 10 / 09 / 2014

Transaction ID : SB21B.4668

Amount of Each Disbursement this Period: 378.70

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

Image# 14952802961

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

NAME OF COMMITTEE (In Full)
Healthcare Freedom Fund

A.
Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 4000 E. Sky Harbor Blvd.

City: Phoenix | State: AZ | Zip Code: 85034

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: M M 10 / D D 10 / Y Y Y Y 2014

Transaction ID : SB21B.4672

Amount of Each Disbursement this Period: 763.90

[MEMO ITEM]

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

Mailing Address

City | State | Zip Code

Purpose of Disbursement

Candidate Name

Category/ Type

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

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

Mailing Address

City | State | Zip Code

Purpose of Disbursement

Candidate Name

Category/ Type

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

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 13367.84