

# **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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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Healthcare Freedom Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Austin, Tani Dru, , ,**

Mailing Address 5563 Rustic Manor Drive

City  
Brownsville

State  
TX

Zip Code  
78526-4209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Starkey Hearing Foundation

Occupation (for Individual)  
Founder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2017

**Transaction ID : SA11AI.5816**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dreyfus, Mark, , ,**

Mailing Address 5104 Oceanfront Avenue

City  
Virginia Beach

State  
VA

Zip Code  
23451

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ECPI University

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2017

**Transaction ID : SA11AI.5817**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gunas, Peter, J., , III**

Mailing Address 2105 S. Randolph Street

City  
Arlington

State  
VA

Zip Code  
22204

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Investment Company Institute

Occupation (for Individual)  
Government Affairs Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2017

**Transaction ID : SA11AI.5789**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

4000.00